



WHAT IS A COLON POLYP?

A colon polyp is a mass of abnormal tissue that projects from the inner surface of the large intestine (also called the colon).

WHAT DOES A COLON POLYP LOOK LIKE?

Colon polyps may assume several different shapes and may be of variable size. They may be rounded like a berry or flat and attached to the colon wall by a small stalk or by a broad base.

HOW OR WHY DOES A COLON POLYP DEVELOP?

We do not understand exactly how or why polyps develop, but there is some research evidence to suggest that polyps may be determined by your genetic make-up (like eye color, hair color, etc.) or may be related to your dietary habits. It is thought that the colon cells may "overgrow" and a new growth, or polyp, may then develop.

AM I AT RISK OF DEVELOPING A COLON POLYP?

We talk about risk in two ways: average risk and high risk.

The person at average risk of developing colon cancer is 40 or more years of age, without any symptoms or complaints of colon problems.

The person at average risk of developing colon cancer may have one or more of the following conditions.

- previous cancer (especially of the colon)
- polyps of the pre-malignant type (adenomatous, villoglandular, villous)
- inflammatory bowel disease (chronic ulcerative colitis or Chron's disease)
- family history of cancer (especially colon, breast, and uterine [womb] cancer)
- genetic polyposis syndromes

HOW DO I KNOW IF I HAVE A COLON POLYP?

Polyps usually do not produce any symptoms at all. If a symp-

tom does occur, the most common complaint is rectal bleeding. This bleeding may be either red, burgundy, or black in color and may happen infrequently, usually in association with bowel movements.

If you have any of the following, you should see your physician as soon as possible:

- rectal bleeding
- change in bowel habits
- decrease in stool caliber or diameters
- rectal pain or pressure with a sensation of incomplete emptying or evacuation
- anemia
- chronic weakness or fatigue

WHICH POLYPS ARE DANGEROUS? PRE-CANCEROUS? CANCEROUS?

There are several categories of colon polyps - the most common types are hyperplastic and adenomatous.

Hyperplastic polyps occur when the normal colon tissue simply "overgrows." These polyps are usually very small in size and grow very slowly. They usually remain benign and are not thought to be pre-cancerous or have a tendency to develop into cancer. They should, however, be removed when identified.

Adenomatous (or glandular) polyps contain abnormal cells that are usually benign but are pre-cancerous in nature. These polyps are usually larger in size than the hyperplastic polyps, and can be located throughout the large bowel or colon. As these polyps increase in size their chance or likelihood of becoming cancerous increase. Removal of this type of polyps may help prevent colon cancer from developing.

WHAT IF MY DOCTOR TELLS ME I HAVE A COLON POLYP?

Most colon and rectal polyps are benign and therefore are not very dangerous but should still be removed. However, if a polyp is found on screening examination of the colon, then the entire colon or large intestine must be examined, usually with the aid of a fiberoptic instrument called a "colonoscope", or barium enema (lower GI x-ray) to identify any additional polyps.

HOW ARE POLYPS REMOVED?

Polyps are frequently removed by a procedure called polypectomy, which may be carried out in the physician's office or in an outpatient surgery hospital setting. The procedure usually involves the use of coagulation or thermal energy to sever or cut the polyp from the bowel lining. The polyps are then sent to the pathologist for analysis to specifically classify whether the polyps are hyperplastic, adenomatous, or cancerous types.

WHAT FUTURE PLANS OR GUIDELINES SHOULD I FOLLOW AFTER I HAVE HAD A POLYP IDENTIFIED AND REMOVED?

Patients with polyps or cancer of the colon have a greater chance of developing other polyps or cancer and should therefore undergo surveillance examinations at regular intervals.