



Patient Counseling Report

➤ ADENOMATOUS POLYPS

WHAT ARE ADENOMATOUS POLYPS?

Polyps are growths that develop in the colon or the rectum. There are two types of polyps: adenomatous and hyperplastic. Adenomatous polyps (adenomas) are believed to have a low, but increased risk, of becoming cancerous. Hyperplastic polyps, on the other hand, are believed to have a very low risk of becoming cancerous. Adenomatous colorectal polyps are small, fleshy, mushroom-shaped growths. These polyps show abnormal cellular changes and, if not removed, they may turn cancerous.

Colorectal polyps are common and may be found in approximately nine of every 10,000 persons. Colorectal cancer is the second leading cause of cancer deaths in the United States. Although many people will develop colon polyps in their lifetime, most polyps will not develop into cancer.

HOW ARE ADENOMATOUS POLYPS DETECTED?

The most common screening test which can reveal a polyp is a colonoscopy (an examination of the large bowel with a telescope like device), a sigmoidoscopy (an examination of the lowest part of the bowel using a flexible telescope) or a barium enema (an x-ray taken after consuming a barium liquid).

WHAT ARE THE SYMPTOMS OF ADENOMATOUS POLYPS?

Adenomas typically cause few symptoms; however, painless rectal bleeding and abdominal pain are the most common symptoms.

WHO IS AT RISK FOR DEVELOPING ADENOMATOUS POLYPS?

Most polyps are the result of a genetic mutation in the lining of the colon. The following factors increase the risk of developing adenomatous polyps:

- Older age
- Multiple polyps
- Family history of colorectal polyps or colorectal cancer, including inherited disorders such as Gardner's syndrome or familial adenomatous polyposis.

WHAT TREATMENT OPTIONS DO I HAVE?

The treatment that your physician selects depends on the type and severity of your polyp(s). The two main treatment options for adenomatous polyps are polypectomy and surgery. Only a physician can determine the most appropriate treatment.

Polypectomy: During this procedure the entire polyp is removed during a colonoscopy. The tissue sample is reviewed by a pathologist to determine whether the tissue contains a cancer or other disease. A polyp that has been completely cut out will not grow back, however some individuals tend to form multiple polyps, so there is the chance that new polyps could develop after a polypectomy.

Surgery: If a polyp is too large to be removed during a polypectomy procedure, surgery may be required. This generally occurs usually when the diameter is more than 4 cm and, particularly, if the base of the polyp is broad and not well-defined. In these situations, endoscopic removal can carry an unacceptably high risk of bleeding or perforation. These types of polyps are also more likely to already contain cancer. Removal by surgery can be the safest option to ensure that the cancer is completely removed.

It is important to have follow up colonoscopies to monitor your condition and assure that new polyps have not developed.

WHAT ELSE SHOULD I ASK MY DOCTOR?

Are there any other tests that we need to perform?
Do you recommend the removal of my polyp(s)?
Does my polyp put me at increased risk for colorectal cancer?
What treatment do you suggest?
What are the benefits and risks of this type of treatment?
What are the chances of recurrence after my treatment plan?

WHERE CAN I FIND MORE INFORMATION?

American Gastroenterological Association: www.gastro.org
American College of Gastroenterology: www.acg.gi.org
American Society for Gastrointestinal Endoscopy: www.asge.org