

# DIGESTIVE HEALTH CLINIC, LLC

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## *Boise Gastroenterology Associates & Idaho Endoscopy Center*

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### COLON POLYPS

#### **WHAT IS A POLYP?**

The normal colon is a tubular organ about four to five feet long. The primary task of the colon is to remove fluid from the material that comes from the small intestine. The colon wall is composed of an orderly arrangement of several different types of cells. The inside lining of the colon is usually smooth when viewed through a colonoscope. A colon polyp is a mass of tissue that protrudes from the wall of the colon. Polyps can be very small, or they may grow to the size of several centimeters (2.54 centimeters equals one inch).

#### **ARE THERE DIFFERENT TYPES OF POLYPS?**

Several types of polyps are described, depending upon their microscopic appearance. Common polyps include hyperplastic polyps, adenomatous polyps and villous adenomas. These different types of polyps have different natural histories and different tendencies to become cancer. Hyperplastic polyps do not turn into cancer, but their presence in the colon may be a marker for the tendency of that colon to grow other types of polyps. Adenomatous polyps are glandular polyps that are commonly found. When these are small they are almost always benign. As they grow larger they have a higher risk of containing malignant tissue. For example, an adenomatous polyp has a 1 % risk of malignancy if it is less than 1 centimeter (cm) in diameter. If it is 1-2 cm in size, it has a 10% risk of malignancy. The villous adenomas have the greatest risk of malignancy. A 2 cm villous adenoma has a 50% risk of cancer. It is widely believed that almost every colon cancer had its origin in a benign colon polyp. For that reason, we feel that it is very important to remove all colon polyps in order to keep the colon free of the risk of developing cancer.

#### **WHO GETS POLYPS?**

Polyps are not usually found in young individuals. As a person ages, there is a greater incidence of polyps. A person has a 25% chance of having a polyp at the age of 60 years. However, certain patients have a higher risk of developing polyps, and therefore have a higher risk of developing colon cancer. For example, a genetically transmitted disorder called Familial Polyposis is marked by the appearance of literally thousands of colon polyps and the early development of colon cancer if the entire colon is not removed surgically. Fortunately, this is a rare situation.

It has recently been found that some families have a higher risk of developing adenomatous colon polyps. Therefore, individuals who have close relatives with colon polyps have a somewhat higher risk of developing colon polyps when compared to the average population. If you have colon polyps or cancer, it would be important that you tell your close relatives and children so that their physicians can institute appropriate screening of these family members.

Other individuals who should be closely followed for the development of colon cancer or colon polyps include patients with a long history of ulcerative colitis. Members of certain "cancer families" have a higher risk of developing cancer in general, particularly breast, uterine and colon cancer.

## **DO POLYPS CAUSE SYMPTOMS?**

Most polyps are "silent" and do not cause symptoms. Polyps may be found in the lower colon as part of routine sigmoidoscopy screening during an annual physical examination. They may be found on a barium enema x-ray examination that is done for some other reason. Some polyps present with rectal bleeding. Rarely, large rectal polyps will obstruct the colon.

Even a single polyp in the rectum is a marker that the colon has the potential for growing polyps and malignancies. Therefore, the entire colon must be studied when a polyp is found. When a colon cancer is found on a barium enema x-ray, there is a 30% chance of finding other polyps and a 2% chance of finding another colon cancer if the patient is colonoscoped.

## **WHAT FOLLOW-UP IS NECESSARY AFTER POLYPS ARE REMOVED?**

Patients who have previously had adenomatous colon polyps or colon cancer themselves are at a higher risk for developing additional polyps and colon cancer in future years. Therefore, after the initial colonoscopy and polypectomy, it is important to have periodic surveillance of the colon for the development of other colon polyps. Generally we like to colonoscope a patient 1 to 5 years after the initial procedure. This is to examine the site of the original polyp to be sure that it was totally removed and also to double check the rest of the colon. After a normal colon examination is obtained and the colon is free of polyps, it is then recommended that a patient has the lower part of the colon studied every three to five years with colonoscopy. This periodic surveillance should be carried out for the patient's lifetime.

The early detection and removal of colon polyps at an early stage should significantly decrease the incidence of colon cancer and lead to improved survival rates for patients found to have colon cancer.