



**United Lincolnshire
Teaching Hospitals**
NHS Trust

Colonic Polyps: Information after polypectomy

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Please read this booklet as it contains important information and advice

Enquiries: (Monday to Friday 8.30am to 6.00pm)

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BOWEL CANCER SCREENING PROGRAMME PATIENTS: Please ring 01522 597548 for all enquiries

For more information please see: www.ulh.nhs.uk

Aim of the patient information

The aim of this patient information is to provide further information and advice about colonic polyps.

You will have been given this patient information because you have had polyps removed from the colon (polypectomy).

After your procedure, if you have any concerns, you may contact the relevant endoscopy unit (telephone numbers can be found on page 2 of this patient information leaflet).

What can I expect after the polypectomy?

You may experience some cramp-like discomfort or tenderness and/or bloating in the abdomen (tummy) or slight spotting of blood on the toilet paper - this is normal.

After removal of larger polyps (bigger than 1cm) there is a risk of bleeding and/or a hole forming in the bowel wall while the area heals. The healing process can take up to 2 weeks, and you should avoid heavy lifting or strenuous exercise during this time (this includes work, sport and heavy housework). This is to reduce your chance of complications and bleeding post procedure. You are also advised not to travel abroad for 2 weeks after having a larger polyp removed (anywhere in the UK is fine).

It is important that you read the following information which explains what to look out for and what to do if you are worried.

If you experience any of the following symptoms you should contact the relevant endoscopy unit for advice within office hours (Bowel Cancer Screening patients – please ring 01522 597548). Outside office hours you may contact your local Out of Hours service or the NHS non-emergency telephone line 111 for advice and in the case of an emergency, dial 999 or attend your local Accident & Emergency (A & E) Department, **taking your endoscopy report with you.**

- If you pass fresh blood or clots from your back passage (more than a few tablespoons)
- If you have severe pains in the abdomen that persist and do not improve
- If you have severe swelling of the abdomen
- If you feel generally unwell with a fever or flu-like symptoms

If you need to attend hospital, please take the copy of your procedure report with you and inform the endoscopy unit where you had your procedure as soon as possible.

What is a polyp?

A polyp is an overgrowth of the cells that line the inside of the bowel wall. Some people develop a single polyp while others may have two or more. About one in four people over the age of fifty will develop at least one colonic polyp.

Why do polyps develop?

It is not really known why polyps develop. The lining of the bowel constantly renews itself - millions of tiny cells grow, serve their purpose and die as new cells replace them. Each cell contains genes that determine the behaviour and function of the cell. If a gene becomes faulty it can cause the cells to grow more quickly and bunch up on the side of the bowel wall forming a polyp.

You may have a greater chance of developing polyps if:

- You are 50 years of age or older
- You have had polyps before
- Someone in your family has had polyps or cancer of the large bowel
- You eat a lot of fatty foods
- You smoke
- You drink alcohol
- You don't take regular exercise
- You are overweight

What sorts of polyps are there?

Hyperplastic polyps

These are very common and are usually small – less than half a centimetre in diameter. They are generally regarded as harmless and rarely develop into cancer.

Sessile serrated lesions/polyps (SSLs)

These are usually pale and flat and may be small or grow to several cm in size. Most are harmless but some may have the potential to become cancerous over time.

Adenomas

Most adenomas are less than one centimetre in diameter but may grow to be quite large (3 to 4cm). Most adenomas are benign (non-cancerous) but if left, about 1 in 10 will change and become malignant (cancerous). This process generally takes

place over several years. There are different types of adenomas. Some types are more prone to changing into cancer than others.

Most bowel cancers develop from a polyp that has been present for 5 to 15 years.

Polyps may be raised on a stalk (pedunculated) or flat (sessile).

What are the symptoms of polyps?

Most people with polyps do not have any symptoms at all.

Sometimes polyps bleed but the blood may be hidden in the bowel motions and is not always seen. They may also produce excess mucus (slime) that may be seen on wiping or on the motions. If polyps are large, they may cause diarrhoea or constipation. Very occasionally a polyp may grow so big it causes a partial or total blockage of the bowel, and this may give rise to abdominal pains and/or bloating.

Now I have had polyps removed what happens next?

The polyps that have been removed from your bowel will be sent to the laboratory to be examined under a microscope. This will show the type of polyp and if any of the cells within it have started to change into cancer cells.

Most polyps are benign but very occasionally a polyp may contain cancer cells. The results from the laboratory will usually say if the polyp (and the cancer, if present) has been completely removed. If it is felt that all the polyp or cancer has been removed, you may not need to have any further treatment.

Will I get an appointment to discuss my results?

The results from the lab are usually ready in around 2 to 4 weeks but sometimes take longer. Your hospital consultant will generally write to you and your GP with the results but may wish to discuss them with you in the clinic. Bowel Cancer Screening patients will be contacted directly with their results.

Will I need to have further checks?

There are national guidelines that recommend whether you will need to have further colonoscopies (surveillance) to check for more polyps. This depends on the size and number of polyps found in your bowel.

The endoscopist who did your procedure may have made a recommendation on the endoscopy report for surveillance colonoscopy but sometimes the lab report is needed before this can be planned.

If needed, surveillance colonoscopy is generally arranged for three years after the original procedure. Your name will be added to the waiting list and when the time comes you will be contacted to check on your general health and fitness and to book the procedure.

Contact details

If you have any questions about the information contained in this booklet, please contact one of the endoscopy units on the numbers given on page 2 of this booklet, or your consultant's secretary.

Other sources of Information for Patients

www.patient.co.uk - website providing medical information and support

www.netdoctor.co.uk - as above

Bowel charities including Beating Bowel Cancer and Cancer Research UK

United Lincolnshire Teaching Hospitals NHS Trust has worked with AccessAble to create detailed Access Guides to facilities, wards and departments at our sites.

www.accessable.co.uk/united-lincolnshire-hospitals-nhs-trust

United Lincolnshire Teaching Hospitals NHS Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language or alternative format, please email the Patient Information team at ulth.patient.information@nhs.net