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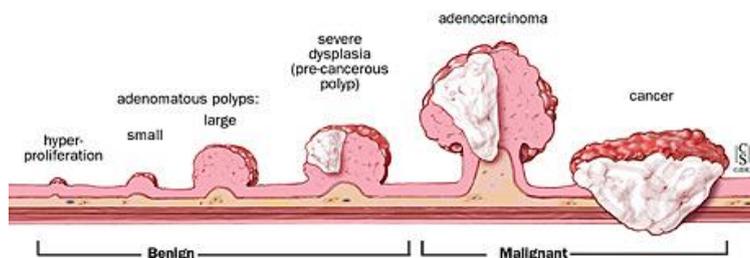
Colonic Polyps

Polyps look like small mushroom-like growths and are often on a stalk, but some are flat. Polyps in the colon are clinically important for two reasons:

- They may result in symptoms such as bleeding
- Some colonic polyps develop into cancers

There are polyps that are not pre-cancerous. However, only laboratory analysis can reliably detect the difference between those that do carry the risk of cancer development and those that don't. This is why the polyps are removed and then sent to the lab for testing. Polyps that are not pre-cancerous do not require any further therapy unless they result in symptoms. Those polyps that do predispose you to cancer development are usually called adenomas. Most often, these are benign at the time of removal.

Patients with adenomatous polyps of the colon are followed up carefully over the years to make sure that they do not grow any further polyps, or have them removed if they do. This is called surveillance. At this stage, you will be automatically entered into our surveillance program and a reminder letter will be sent to your referring doctor at a specified interval when Dr White feels that you are due for your next colonoscopy. By looking at your bowel at certain intervals over the years and picking up any polyps when they are still in their benign form, Dr White should be able to prevent you developing bowel cancer. Polyps should be removed when they are discovered.



Colonoscopy is the most sensitive means of determining whether you have polyps and how many polyps are present. Barium enema or virtual colonography is satisfactory only for detecting large lesions. Small lesions (less than 1cm) may not be detected by barium enema. Also, polyps cannot be removed by x-ray examination. Patients who have many polyps (greater than 100) are likely to have one of the hereditary polyp syndromes and further questions will be asked about your family history at this stage. The risk of cancer developing in a benign polyp increases with the size of the polyp. Patients with documented adenomatous polyps of the colon are at a high risk (10 to 30%) for the subsequent development of additional polyps or colon cancer (2 to 5-fold increase) and should be screened regularly with a colonoscopy. Dr White will let your doctor know when you are next due and an indication will be given to you when that is likely to be.

The incidence of bleeding following polyp removal is said to be about 1%. The risk increases with the size of the polyp. Most patients who are going to bleed will do so within 1 to 2 days of the procedure. Many patients notice some blood spotting in the toilet bowl after a colonoscopy within the clot falls from the surface of the bowel where the polyp has been removed. This is not serious and usually settles. Further action is very rarely required. After many years' experience in performing polyp removal, the percentage for complications is well below the world average.

All text herein is the intellectual property of Dr Melissa White. Article update June 2014.