

Overview

When discussing colon polyps, the following points should be considered:

- Polyps are common (they occur in 30 to 50 percent of adults)
- Not all polyps will become cancer
- It takes many years for a polyp to become cancerous
- Polyps can be completely and safely removed

The best course of action when a polyp is found depends upon the number, type, size, and location of the polyp. People who have an adenoma removed will require a follow-up examination; new polyps may develop over time that need to be removed.

Causes

Polyps are very common in men and women of all races who live in industrialized countries, suggesting that dietary and environmental factors play a role in their development.

Lifestyle — Although the exact causes are not completely understood, lifestyle risk factors include the following:

- A high-fat diet
- A diet high in red meat
- A low-fiber diet
- Cigarette smoking
- Obesity

On the other hand, use of aspirin and other nonsteroidal anti-inflammatory drugs and a high-calcium diet may protect against the development of colon cancer. (

Ageing — Colorectal cancer and polyps are uncommon before age 40. Ninety percent of cases occur after age 50, with men somewhat more likely to develop polyps than women; therefore, colon cancer screening is usually recommended starting at age 50 for both sexes. It takes approximately 10 years for a small polyp to develop into cancer.

Family history and genetics — Polyps and colon cancer tend to run in families, suggesting that genetic factors are important in their development.

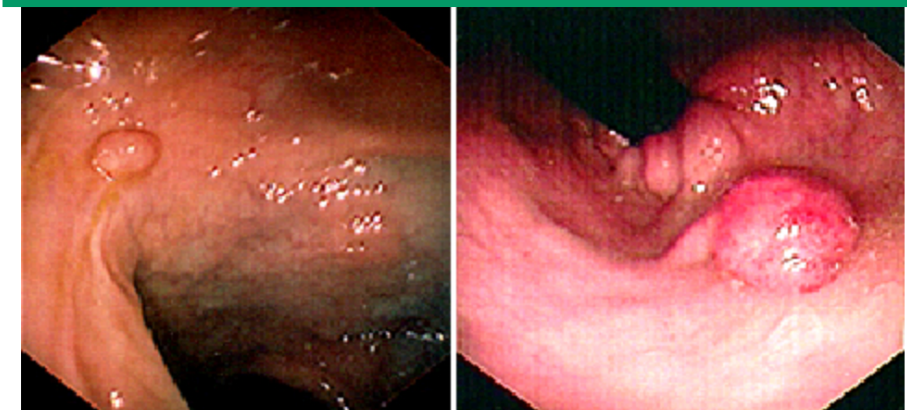
Any history of colon polyps or colon cancer in the family should be discussed with a healthcare provider, particularly if cancer developed at an early age, in close relatives, or in multiple family members. As a general rule, screening for colon cancer begins at an earlier age in people with a family history of cancer or polyps.

Diagnosis

Polyps usually do not cause symptoms but may be detected during a colon cancer screening examination (such as flexible sigmoidoscopy or colonoscopy) or after a positive screening test for occult blood in the stool.

Colonoscopy is the best way to evaluate the colon because it allows the clinician to see the entire lining of the colon and remove most polyps that are found (occasionally, large polyps need to be removed during a separate procedure). During colonoscopy, a clinician inserts a very thin, flexible tube with a light source and small camera into the anus. The tube is advanced through the entire length of the large intestine (colon).

Colonic polyps

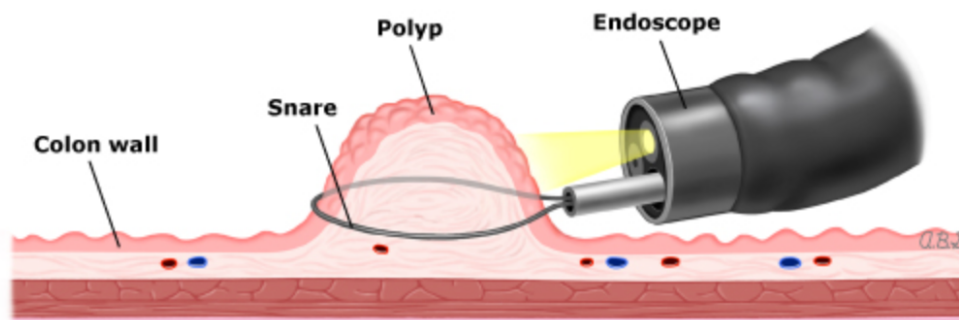


Treatment

Colorectal cancer is preventable if precancerous polyps (ie, adenomas) are detected and removed before they become malignant (cancerous). Over time, small polyps can change their structure and become cancerous. Polyps are usually removed when they are found on colonoscopy, which eliminates the chance for that polyp to become cancerous.

Procedure — The medical term for removing polyps is polypectomy. Most polypectomies can be performed through a colonoscope. Small polyps can be removed with an instrument that is inserted through the colonoscope and snips off small pieces of tissue. Larger polyps are usually removed by placing a noose, or snare, around the polyp base and burning through it with electric cautery. The cautery also helps to stop bleeding after the polyp is removed.

Removing a colon polyp



Polyp removal is not painful because the lining of the colon does not have the ability to feel pain. In addition, a sedative medication is given before the colonoscopy to prevent pain caused by stretching of the colon. Rarely, a polyp will be too large to remove during colonoscopy, which means that a surgical procedure will be needed at a later time.

Medication use — Nonsteroidal anti-inflammatory drugs including aspirin, ibuprofen, and naproxen (can usually be continued before your colonoscopy. Acetaminophen is safe to take. People who require anti-clotting medications such as warfarin (brand name: marevan) should discuss how and when to stop and resume this medication with their clinician.