

### Definition

The word polyp refers to any visible structure which projects from the lining of the inner (mucosal) surface of the bowel wall. A polyp typically has the appearance of a small, warty outgrowth.

### What Does a Polyp Look Like?

Polyps vary in their shape, size and location within the large bowel. They may be single or multiple. A typical polyp has the appearance of a cherry with a short stalk or pedicle. Most polyps are less than about one centimetre in diameter. Some have no stalk and are flat or carpet-like, spreading over the inner lining of the bowel.

### Polyps and Cancer

The vast majority of polyps are benign (not cancer) but some contain suspicious cells that are early cancers. It is difficult to accurately recognise these visually so when polyps are discovered they are best removed at colonoscopy and assessed by a pathologist. It usually takes many years for a benign adenoma to progress

to an invasive cancer. The risk of the polyp is increased as it increases in size.

### Adenomatous Polyps (Adenoma)

There are different varieties of polyps but those associated with bowel cancer are termed “adenomatous polyps” or simply “adenomas”. This variety of polyp is important because there is strong evidence that some adenomas may undergo malignant change to produce cancer. Patients who are found to have multiple or large adenomas are considered at increased risk of bowel cancer. Patients with large or multiple adenomas should have periodic surveillance of the entire large bowel by colonoscopy.

### Symptoms

Although polyps are very common, they rarely produce symptoms and are usually discovered by chance at the time of colonoscopy. However, large adenomas may cause bleeding, usually seen as blood mixed with the stool.

### Who is at Risk?

People who have suspicious bowel symptoms (especially bleeding) and are approaching 40 years of age or older, may need a colonoscopic examination. Other people at risk include those with a significant family history of one or more first degree relatives (mother, father, brother or child) who have had bowel cancer.

People who have had a previous adenoma or bowel cancer successfully treated have a risk of developing polyps which continues through their life. Familial Adenomatous Polyposis (FAP) is a rare, inherited disorder in which some members of the family will develop hundreds of polyps ultimately causing bowel cancer if not treated appropriately.

### Treatment

Colonoscopy is the most accurate way to diagnose polyps. The purpose of the test is to obtain a clear view of the whole length of the inner surface of the large bowel, to search for and remove any polyps. Any polyps removed will be examined under the microscope. More than 90% of polyps can be safely and completely removed at colonoscopy.

### Future Checks

If adenomas are confirmed by a pathologist, it is recommended that the patient have regular “check-ups” by repeated colonoscopy. The frequency of examinations varies and this needs to be discussed with the doctor who performed the colonoscopy.



### Colorectal Surgical Society of Australia and New Zealand (CSSANZ)

Members of the Society are surgical specialists practising exclusively in colorectal surgery - the management of diseases of the large bowel (colon), rectum, anus and small bowel. After completing general surgery training they have completed a further period of training and research in colorectal surgery. The Society's mission is the maintenance of high standards in colorectal surgery and colonoscopy in Australia and New Zealand through the training of colorectal surgeons and the education of its members, and to promote awareness, prevention and early detection of colorectal diseases in the community.

The CSSANZ Foundation is a trust with a board of governors whose objective is to support high quality research projects for colorectal surgeons in training and our members. Donations to the CSSANZ Foundation are fully tax deductible in Australia and can be sent to:

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