



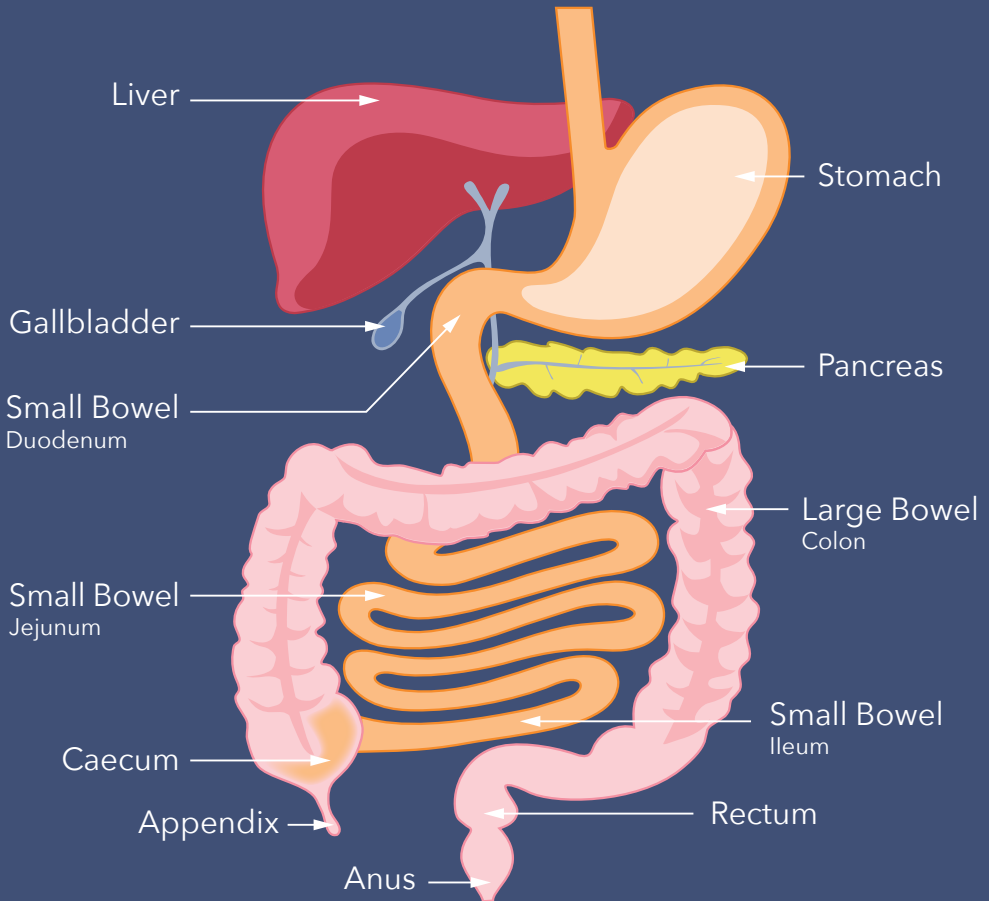
All you need
to know about

POLYPS IN THE LARGE BOWEL



Our Digestive System

The Digestive System runs from the mouth to the anus and includes the stomach, the large and small bowels (intestines) and a number of accessory organs. The role of the digestive system is to turn food and liquid into the building blocks that the body needs to function effectively.



This leaflet was published by Guts UK charity in 2022 and will be reviewed in 2024. The leaflet was written by Guts UK and reviewed by experts in polyps and has been subject to both lay and professional review. All content in this leaflet is for information only. The information in this leaflet is not a substitute for professional medical care by a qualified doctor or other healthcare professional. ALWAYS check with your doctor if you have any concerns about your health, medical condition or treatment. The publishers are not responsible or liable, directly or indirectly, for any form of damages whatsoever resulting from the use (or misuse) of information contained or implied in this leaflet. Please contact Guts UK if you believe any information in this leaflet is in error.



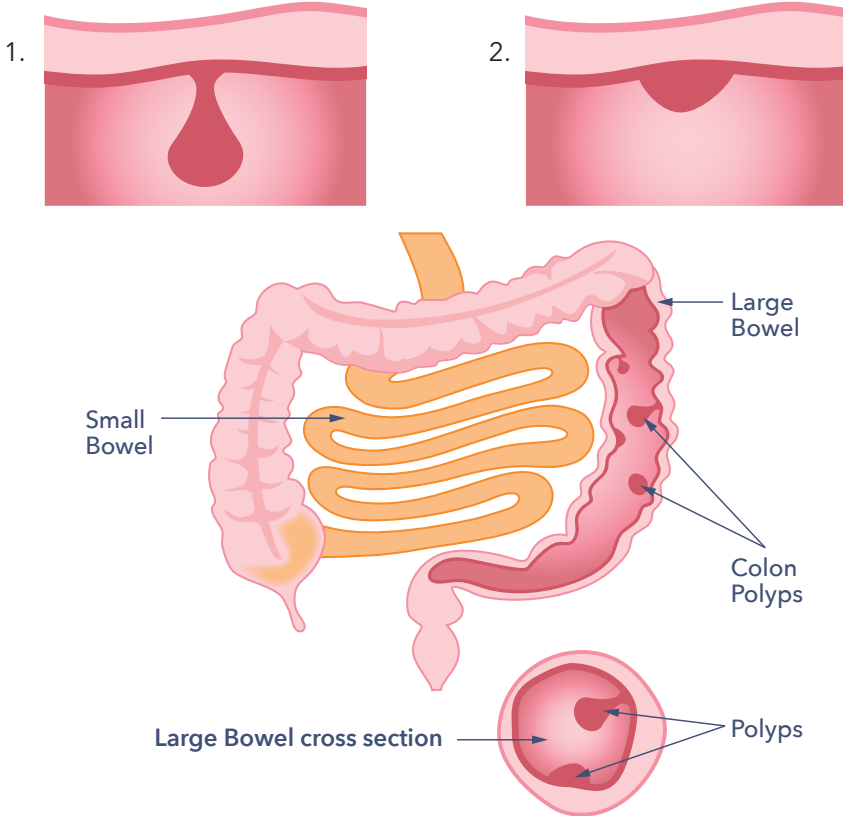
This booklet is about polyps in the large bowel

A polyp is a fleshy growth on the inside of the large bowel. Some people may develop just one or two polyps, while others may develop many.

Polyps are very common, especially in the Western world, and are a little more commonly found in men than women. They are unusual below the age of 40 and seem to occur most often in people over the age of 60. They affect one in four people over the age of 50 years.

What does a polyp look like?

When a doctor or nurse looks inside the large bowel with a special camera called a colonoscope, they might see polyps. Polyps can look very different. Some polyps have a stalk (which can look like a mushroom growing from the lining of the bowel) (Fig.1) or it can be much flatter and even have quite a broad base. (Fig. 2)



Polyps are usually benign (harmless - not containing cancer). But it's important they are removed because some of them may eventually develop cancer inside them. Most experts now believe that most bowel cancers develop from polyps. Doctors are most worried about detecting and treating a type of polyp called an adenoma polyp. This is because adenomas are the type of polyps that are most likely to become cancerous in the future. It is thought that if left alone around 1 in 10 adenomas would develop into cancer.

What causes the development of polyps in the bowel?

The lining of the bowel, like other organ linings, constantly renews itself throughout our lives. There are many millions of tiny cells in the lining, which grow, serve their purpose and die. New cells then take their place. Each of these millions of cells contains genes, which give instructions to the cell on how to behave and grow. If genes become faulty, this can cause the cells to grow quicker. Cells that are faster growing eventually produce a small bump on the bowel surface that we call a polyp.

Some polyps remain very small (less than one centimetre) while others continue to enlarge up to several centimetres.

Most polyps remain harmless (non-cancerous) but it is thought that most cancers of the bowel begin as benign polyps. So by removing benign polyps we can help to prevent the development of the rare ones that may become cancer.

Can polyps be inherited?

Most people with polyps and cancers in the bowel do not have a genetic condition in their family. However up to 1 in 10 people who have polyps may have them because they are inherited (runs in families). When several members of the same family have had polyps or bowel cancer there is an increased risk. The risk is higher if they have developed polyps or bowel cancer at a young age. Some of the conditions which are inherited and can cause bowel cancer are:

- Lynch Syndrome.
- Peutz Jeghers syndrome (PJS)
- Juvenile Polyposis syndrome (JPS)
- Multiple endocrine neoplasia (MEN) type 1 and 2
- Familial adenomatous polyposis

Tell your GP if you have a family history of the above conditions or if more than one person in your family has had bowel cancer.

How are polyps in the bowel diagnosed?

Bleeding from the back passage (rectal bleeding) is a symptom of both benign and malignant polyps, as well as other potentially serious conditions. Investigations will be carried out to figure out whether any of these conditions are the cause of the bleeding.

Faecal Immunochemical test (FIT)

FIT home testing kits can pick up hidden blood in poo that is not visible to the naked eye. The results of this test can help doctors decide whether someone needs to see a specialist or have more tests done. FIT is not a direct test for polyps, but it can show that polyps might be present in the large bowel, leading to a referral from your doctor for a colonoscopy (see below). You might be asked to do a FIT test as part of the UK bowel cancer screening programme.

Even if you have done a FIT as part of the screening programme, it is still also important to look for any change in bowel habits. If you have any of the following symptoms then seek advice from your GP:

- An ongoing change in your bowel habit
- Abdominal pain
- Bleeding from the bottom without any obvious reason
- A lump in your belly (abdomen)

Colonoscopy

This is where a tube, linked to a highly magnified video system is passed via the anus, into the large bowel. Plus, where possible, the nearest part of the small bowel. A colonoscopy gives a very accurate picture of the lining of the bowel. It also allows the doctor, or nurse endoscopist, to check for polyps. The endoscopist can remove polyps during the procedure. Sometimes a shorter camera called a sigmoidoscopy is used. The sigmoidoscopy only allows inspection of the lower bowel. If it reveals a polyp, a full colonoscopy may be needed to check that there are no more polyps further into the large bowel. You can choose to have sedation to minimise any feelings of discomfort or anxiety.

CT Pneumocolon Scans

This involves air being introduced into the bowel by a small tube. The air improves the views of the bowel while the scanning is happening.

Except for FIT all of the above will require the bowel to be as clear as possible before the procedure. An empty bowel is needed so that any polyps can be seen. A special diet is followed for a short period, and laxatives (medicines to make you poo) are taken at home the day before the procedure. Although this is not pleasant, the laxatives are taken in the right amount to clear the bowel. This will cause diarrhoea therefore and it is a good idea to stay near a toilet.

We encourage everyone who is eligible to take part in the FIT test screening programme.

In England everyone aged 60 to 74, who is registered with a GP, will be automatically sent a bowel screening test. The tests are sent every 2 years. In 2021 this included people aged 56. The age range is planned to be expanded to age 50 over the next 4 years.

In Scotland screening starts at age 50 to 74. In Wales the age range is 58 to 74. In Ireland the age range is 60 to 69.

If you live in England and are over 75 years of age you can ask for a kit every 2 years. You can request one by phoning 0800 707 6060.

Another time you might be asked to do a FIT test is if you go to your doctor with bowel symptoms.

If the test is positive your doctor will discuss this with you and might refer you for a colonoscopy - as long as this is safe and you don't mind having it.

The FIT test might be unpleasant, but it is a small job to perform that has real and potentially life-saving benefits.



How can polyps in the large bowel affect you?

Usually polyps do not cause symptoms and most people will never know if they have them. They are usually found when people have a colonoscopy for another reason.



Symptoms

Polyps are often discovered during colonoscopy, which is being done to investigate bowel changes or symptoms. Usually the polyps are not the cause of those symptoms. Occasionally they can cause bleeding from the back passage. Or may produce an excess of mucus or slime, which can be noticed on motions when opening the bowels. Very occasionally a polyp can grow so big it can cause a blockage of the bowel but, unless this occurs, polyps are not painful.

Will polyps in the bowel affect me over time?

Polyps rarely cause day to day problems. However, the main concern is that they may become harmful and cause cancer in the future. Most polyps can be taken off at the time of your colonoscopy, however in some cases, such as for very large polyps, another procedure may be required. If polyps are found and removed, they are looked at under a microscope. If cancer changes are found within the polyp then further tests, such as scans, will be needed at that time.

If the polyps do not contain cancer you will be told either that nothing else is needed or that you should have another colonoscopy in a few years to keep an eye on things. This depends on the number of polyps found and whether they were low or high risk types. The British Society of Gastroenterology (BSG) have developed some guidance on who needs surveillance, and the guidance is available from the BSG website. If you need a printed copy, please contact Guts UK.

You should still complete the FIT screening test every 2 years (if you are eligible) as things can change. If you have a family history of either polyps or bowel cancer, then your doctor may also recommend that you have a regular colonoscopy.

It should be remembered that the risk of colonoscopy is small, but in some people even though small it might outweigh the benefits of screening. Discuss this with your doctor.

Diet

You do not need a special diet and can eat normally. However, a healthy diet, which includes a wide variety of foods and plenty of fruit and vegetables, is good for your general health and to produce good bowel movements. Aim to have regular fruit

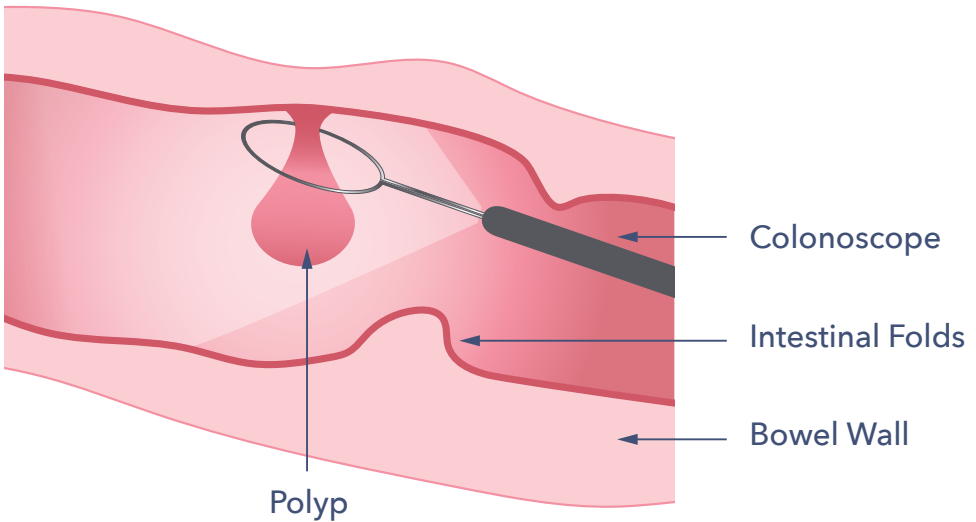
and vegetables (with meals as well as snacks) and to drink at least two litres (8-10 cups) of fluid every day.

You can also request the Guts UK 'Healthy eating and the digestive system' booklet or download it from the Guts UK website. www.gutscharity.org.uk

What treatment is available?

There are a variety of different techniques to remove polyps. Most consist of passing a wire through the colonoscope and looping it around the polyp - like a lasso - to remove it. This procedure is quite painless and only one examination is usually needed to clear the bowel of polyps. Every once in a while there may be too many polyps for all of them to be removed safely at once. In these cases the procedure may need to be repeated.

Removal of a polyp using a colonoscope and a looping wire.



Once they have been removed, the polyps are sucked up through the colonoscope if possible. They can then be sent to the laboratory to be looked at under a microscope. This will show whether the polyp has been completely removed, whether there are any pre-cancerous changes and of course, to be sure that cancer has not already developed.



What to ask your doctor

These are some useful questions you can ask your doctor:

- *What type of polyp do I have, is it benign or malignant?*
- *How often should I have a follow up colonoscopy?*
- *Has my family history been noted and taken into account?*
- *What other follow up do I need?*



Where can I get more information?

The British Society of Gastroenterology (the professional body for gastroenterologists) produce guidelines with a summary for people with polyps and their families and carers and it can be found on the British Society of Gastroenterology website. www.bsg.org.uk

You can find out more about FIT testing here www.nhs.uk/conditions/bowel-cancer-screening/home-test/

How can I be involved in research?

Guts UK are proud to be funding research by Professor Colin Rees, COLO-COHORT (Colorectal Cancer Cohort Study) which aims to identify and build a more detailed screening programme for those who are at increased risk of developing bowel cancer.

You can donate to Guts UK and join our community using the donation form on the back of this leaflet.

Reference

References available on request.



Guts UK

The charity for the digestive system

People are suffering. People are dying. All because of a lack of knowledge about our guts. Guts UK charity exists to change this.

Our guts have been underfunded, undervalued and underrepresented for decades.

It's time the UK got to grips with guts.

With new knowledge, we will end the pain and suffering for the millions affected by digestive diseases. Guts UK's research leads to earlier diagnoses, kinder treatments and ultimately a cure.

Discover more about our fascinating digestive system at gutscharity.org.uk

At Guts UK we only want to send you information you want to receive, the way you want to receive it. We take great care of your personal data and never sell or swap data. Our privacy policy is online at www.gutscharity.org.uk and you can always change your preferences by contacting us at info@gutscharity.org.uk or calling 0207 486 0341.



Join us

Donate to Guts UK and join our community using the donation form on the back of this leaflet.



Let's get to grips with our guts, and save lives.

 020 7486 0341

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Grace's Story

Grace could wait a lifetime for a cure.

Grace's parents knew something was wrong with their beautiful baby when they tried to wean her onto finger food. Their usually happy little girl kept choking, coughing, and being sick. Terrified, they took Grace to hospital where she was eventually diagnosed with achalasia.

Grace is now three years old and unless we find a cure she will spend a lifetime struggling with the pain and shame of a condition that prevents her from swallowing food.

But there is hope. Research into achalasia could lead to a clinical trial. A clinical trial could lead to a cure. And by the time Grace may be thinking about starting a family of her own, achalasia could be a condition of the past.

When you support Guts UK, you can fund life-changing research that will end the pain and suffering of children like Grace.



Donation Form



I would like to make a donation to Guts UK and fund life-changing research.

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Surname
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Tel Email
Guts UK Reference: 0002

If you wish, please share with us your motivation for giving today. This will help us tailor our thank you:

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Signature(s) Date

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I am a UK taxpayer, please treat all donation I make or have made to Guts UK in the past 4 years as Gift Aid donations until further notice.
For more information on Gift Aid please see below.

Signature(s) Date

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I am happy for all gifts of money that I have made to Guts UK charity (Core) in the last four years and all future gifts of money that I make to be Gift Aid donations. I am a UK taxpayer and understand that if I pay less Tax & Capital Gains Tax in that year that the amount of Gift Aid claimed on all my donations across all charities, it is my responsibility to pay any difference. Guts UK charity claims 25p for every £1 you donate from the tax you pay for the current tax year. If your circumstances, name or address change please do let us know.

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