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GASTROENTEROLOGY & LIVER DISEASES

COLON POLYPS

OVERVIEW: Colon polyps are tiny growths that form on the inside of the large intestine.

- They do not usually cause symptoms.
- Polyps are common (they occur in 30 to 50 % of adults).
- Not all polyps will become cancer.
- Polyps can be completely and safely removed.
- New polyps may develop over time and need to be removed.

CAUSES: Polyps are very common in men and women of all races.

- Lifestyle risk factors include the following: high fat diet, a diet high in red meat, a low fiber diet, cigarette smoking, and obesity.
- Aging: 90% of colon cancer cases occur after age 50; therefore, colon cancer screening is recommended starting at age 50 for both sexes; except in African Americans in whom screening starts at age 45. It takes approximately 10 years for a small polyp to develop into cancer.
- Family history & genetics: Polyps and colon cancer tend to run in families. As a general rule, screening for colon cancer begins at an earlier age in people with a family history of cancer or polyps. Rare genetic diseases can cause high rates of colorectal cancer early in adult life.

DIAGNOSIS: Polyps usually do not cause symptoms but may be detected during a colon cancer screening examination. Colonoscopy is the best way to evaluate the colon because it allows the physician to see the entire lining of the colon and remove any polyps that are found.

COLON POLYP REMOVAL: 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 snare around the polyp base and burning through it with electric cautery. Polyp removal is not painful because the lining of the colon does not have the ability to feel pain. Rarely, a polyp will be too large to remove during colonoscopy, which means that a surgical procedure will be needed at a later time.

COLON POLYP PREVENTION: After polyps are removed, repeat colonoscopy is recommended, usually 3 to 5 years after the initial colonoscopy. However, this time interval depends upon some factors:

- Microscopic characteristics of the polyp.
- Number and size of the polyps.
- The appearance of the colon during the colonoscopy. If the bowel prep was not completed, feces may remain in the colon, making it more difficult to see small to moderate size polyps. In this situation, follow up colonoscopy may be recommended sooner than three to five years later.

Guidelines issued by the American College of Gastroenterology suggest the following to prevent polyps from recurring:

- Eat a diet that is low in fat and high in fruits, vegetables, and fiber.

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- Maintain a normal body weight.
- Avoid smoking and excessive alcohol use

IMPLICATIONS FOR THE FAMILY: Relatives can be told the following:

- People who have one first-degree relative (parent, brother, sister, or child) with colorectal cancer or an advanced type of polyp at a young age (before the age of 60 years), or two first-degree relatives diagnosed at any age, should begin screening for colon cancer earlier, typically at age 40, or 10 years younger than the earliest diagnosis in their family, whichever comes first. Screening usually includes colonoscopy, which should be repeated every five years.
- People with a second-degree relative (grandparent, aunt, or uncle) or third-degree relative (great-grandparent or cousin) with colorectal cancer should be screened for colon cancer similar to a person with an average risk.

