

## Patient information

# Inpatient Polypectomy

### Gastroenterology Department

Your doctor has identified a polyp in your bowel, which will need to be removed.

#### **What is a polyp?**

A polyp is an area of abnormal growth from the lining of the bowel. Most polyps are relatively small and harmless. The larger polyps (sometimes referred to as adenoma) carry a risk of being cancer or becoming cancerous, and therefore removal of these polyps is a good way of reducing the risk of bowel cancer. A procedure to remove these polyps is called a polypectomy and is performed at the same time as a colonoscopy or flexible sigmoidoscopy.

#### **How is a polypectomy performed?**

Polypectomy is performed during either a colonoscopy or flexible sigmoidoscopy depending on the location of the polyp (see separate information sheet).

Most polyps seen are less than one centimetre wide and will be removed whilst your bowel is being examined for the first time. This is done using a snare, which consists of a loop shaped wire that is passed over the base of the polyp and tightened. Very tiny polyps can be removed using biopsy forceps but larger polyps will require a snare combined with energy produced by a machine (electrocautery unit). The polyp is separated from the bowel wall by passing a low voltage electric current down the wire of the instrument. You will not expect to feel anything as the lining of the bowel wall doesn't have any nerve endings and you are fully insulated from the electric current by an earthing pad placed on you before the procedure starts.

The polyp will be retrieved by either suctioning it through the scope (camera) or capturing it in a net/snare. Once the polyp is collected, it is sent for examination. The microscope examination will determine whether the polyp has been removed completely and if there are any worrying features.

Following your test, you will be advised if any follow up is necessary. Occasionally polyps are too large to be removed by endoscopy and you may need treatment surgically.

We are a large teaching Trust and so we are involved in teaching students and in research work. Qualified doctors and nurse practitioners may perform your test under the supervision of a skilled endoscopist. You may also be asked to take part in research. If you do not feel happy about this, please tell a member of staff. You have the right to refuse and your decision will not affect your treatment in anyway.

## **What are the risks of polypectomy?**

The risks of the procedure are relatively small and are often treated at the time of the examination.

There are two major risks when removing a polyp. The first is bleeding that occurs from underneath where the polyp was removed. The bleeding can be immediate (happening during the procedure) and this is often treated at the time of the test. Bleeding can also be delayed, occurring up to two weeks after the polyp is removed. If this occurs, you will be advised to return to hospital for review. The risk of bleeding is 1 in 200 polyps removed.

The second major risk from removing a polyp is making a hole in the wall of the bowel, this is referred to as a perforation. Again, this can be immediate and usually treated at the time of the procedure. Perforation can also be delayed, usually presenting with abdominal pain. If this occurs, you will need urgent medical attention. The risk of perforation is 1 in 400 polyps removed. If the polyp is very large the risk of complication may be higher and this should be discussed with you on an individual basis.

**If you are worried about any of the risks or the procedure you may discuss this with your consultant or a member of the team on the ward.**

## **What are the benefits of polypectomy?**

Removing the polyp will aid diagnosis and reduce the risk of bowel cancer.

## **Are there any alternatives to this procedure?**

Polyps can only be removed through an endoscopic procedure using a snare.

## **What will happen if I don't have this procedure done?**

Some polyps can turn into cancers over time if they are not removed.

## **Important: If you have:**

### **❖ Diabetes**

## **Are taking: (Warfarin tablets, Clopidogrel (plavix) tablets)**

### **❖ Anticoagulants:**

- Warfarin
- Heparin/Low molecular weight heparin (including enoxaparin/dalteparin)
- Dabigatran
- Rivaroxiban
- Synthrome
- Apixaban
- Fondaparinux
- Edoxaban

❖ **Antiplatelet therapy:**

- Clopidogrel (Plavix)
- Prasugrel (Efient)
- Ticagrelor (Brilique)
- Dipyridamole (Persantin) and aspirin

❖ **Are on dialysis**

❖ **Have suffered a heart attack within the last three months.**

**You must contact the Gastroenterology Unit as soon as you receive this information leaflet.**

**Tel: 0151 706 2656**

**Text phone Number: 18001 0151 706 2656**

**Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

**Further information**

**If you have any questions or queries, please contact the Gastroenterology Unit during the following hours**

<b>Monday – Thursday</b>	<b>0800 – 2100 hrs</b>
<b>Friday</b>	<b>0800 – 1700 hrs</b>
<b>Saturday/Sunday/BH</b>	<b>0800 – 1600 hrs</b>

**Clinic appointment enquiries**

**Tel: 0151 706 5555**

**Text phone number: 18001 0151 706 5555**

**The Emergency Department (A&E) is open 24 hours**

**Tel: 0151 706 2051/2050.**

**Text phone number: 18001 0151 706 2051/2050**

**Royal Liverpool Hospital**

**Tel: 0151 706 2656/ 2819/2726**

**Text phone number: 18001 0151 706 2656/2819/2726**

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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