

Patient information

Outpatient Polypectomy

Gastroenterology

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

What is a polyp?

A polyp is a localised raised area on the lining of the bowel. Most polyps are relatively small and harmless. The larger polyps are called adenomas, they 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.

The procedure is called polypectomy and is usually performed at the same time as a colonoscopy or flexible sigmoidoscopy.

How is a polypectomy performed?

Polypectomy is performed either with an examination called a colonoscopy or flexible sigmoidoscopy (see separate information sheet).

A polyp is normally removed while your bowel is being examined. Small polyps can be removed with a cold snare, when a loop shaped wire is placed around the polyp and then closed to mechanically remove the polyp a bit like a cheese-wire. If the polyp is large it will have to be removed using a special device called a hot snare, which consists of a loop shaped wire that is passed over the base of the polyp and tightened.

The polyp is separated from the bowel wall by passing a low voltage electric current down the wire of the instrument. You will not feel anything, and you are fully insulated from the electrical current by an earthing pad placed on your leg before the procedure starts.

The polyp can be retrieved using another special instrument or if not, you may be asked by the nurse to use a bedpan on the toilet to collect any polyp/polyps that have been removed.

Once the polyp is collected, it is sent for examination. The examination will determine whether the polyp has been removed completely and if there is a risk of re-growth.

Before you are discharged you will be advised of any follow up that is necessary. Occasionally polyps are too large to be removed by endoscopy and you may need treatment surgically.

What are the risks of polypectomy?

The risks of the procedure are relatively small and are often treated at the time of the examination. The risk of removing a polyp is bleeding. This can often be stopped straight away by injecting with adrenaline or using metal clips but may occasionally be more serious. Following the procedure bleeding can happen sometimes up to ten days after depending on the size of the polyp, the risk of bleeding is 1 in 200 polyps removed. The other risk from removing a polyp is making a hole in the bowel wall, which may need surgery.

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 when you arrive for the examination/treatment.

What are the benefits of polypectomy?

To aid diagnosis and reduce the risk of 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 Anticoagulants:**

- Warfarin
- Heparin /low molecular weight heparin (Including enoxaparin/dalteparin)
- Dabigatran
- Rivaroxiban
- Sinthrome

❖ **Are taking 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 2720

Text phone number: 18001 0151 706 2720

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**

Monday – Thursday	0800 – 1700 hrs
Friday	0800 – 1700 hrs
Saturday/Sunday/BH	0800 – 1600 hrs

Tel: 0151 706 2819/2726/ 2656

Text phone number: 18001 0151 706 2720

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

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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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