Polyposis Education Night:

Your Surgical Questions Answered

September 24, 2015
Anatomy of Large Intestine
A

rectum
preserved

ileum

colon
removed

B

ileum
connected
to
rectum

Ileorectal
anastomosis
Sporadic Polyposis Syndromes

Single Gene Colon Cancer (Non-Polyposis Coli)

Polygenic Colon Cancer

Sporadic
Familial Adenomatous Polyposis

Screening relatives with risk 1 in 2
Chance of being affected with increasing age
What type of surgery will I need?

Will I need a bag (Ileostomy/colostomy)?
Depends on . . .
1. Mutation
2. Status of the rectum
3. Stages of surgery
Can I get polyps/cancer again after surgery?

- Yes
- Up to 40-50% of pouch patients will develop polyps in the pouch
- Cancer is rare
Will the surgery be done laparoscopically?

- Depends on skill of surgeon and operation decided upon
How much will be removed?

- At least the whole colon
- Other factors include: number of polyps, mutation, age, presence of desmoids
What is the recovery?

• Recovery for 1 stage procedure
• Recovery for 2 and 3 stage procedures
Who will follow me after surgery?

- Should be followed by the surgeon
- Will need followup of
  - Remaining rectum/pouch
  - Upper GI tract
    - Stomach
    - Duodenum
Should I change my diet after surgery?

- Not really, more trial and error
- Varies for different individuals
At what age should I have surgery?
• Not before age 13
• Much dependent on number of polyps and maturity of the individual

Do I need it now?
• Usually not urgent

Who should do the surgery?
• Someone experienced in this disease entity, usually a colorectal surgeon
There are polyps in my stomach – will I need surgery for that also?

• Not usually
There are polyps in my duodenum—will I need surgery for that also?
### Classification of severity of duodenal polyposis

* The finding of high grade dysplasia in this group will change the management to that of Stage 4 disease.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Size (mm)</th>
<th>Histologic findings</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>Normal</td>
<td>EGD every 5 years</td>
</tr>
<tr>
<td>2</td>
<td>1–2</td>
<td>Adenoma</td>
<td>EGD every 3 years</td>
</tr>
<tr>
<td>3</td>
<td>2–10</td>
<td>Adenoma</td>
<td>EGD every 6 months</td>
</tr>
<tr>
<td>4</td>
<td>&gt;10</td>
<td>Adenoma</td>
<td>Resection*</td>
</tr>
<tr>
<td>5</td>
<td>Any polyp/mass</td>
<td>Adenocarcinoma</td>
<td>Radical surgery†</td>
</tr>
</tbody>
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There is a history of desmoids in the family – Does that influence the type of surgery?

It might -
Heller Quality of Life Programs

**Existing**
- Genetic counselling
- Letters to patients & doctors with diagnosis & screening recommendations
- Support and risk assessment for family members
- Newsletter for some hereditary GI syndromes
- Education night for Lynch & FAP patients

**In the works**
- Patient pamphlets/screening summaries
- Formalize buddy system
- Better psychosocial support
- Patient library
- “Share your story” component for website

**Future Goals**
- Support groups
- Access to social workers
- Provincial education sessions
- High risk surveillance program for patients with hereditary GI cancer syndromes

**Research**

**Past/Present:**
- CPP/Sulindac clinical trial
- Psychosocial aspects of hereditary GI syndromes

**Future Ideas**
- How to disclose results to kin
- Efficacy of group therapy