

An Introduction to Serrated Polyposis Syndrome (SPS)





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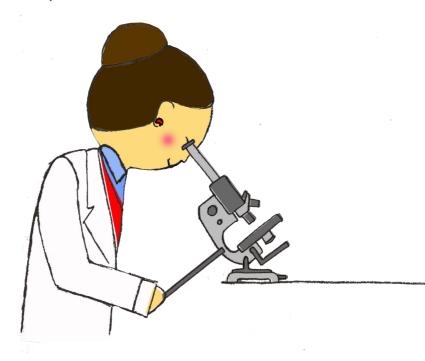
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What is Serrated Polyposis Syndrome (SPS)?

People with SPS develop multiple polyps (hence the term "polyposis") inside their large bowel. There are many different types of polyps that can affect the large bowel but in SPS these are termed "serrated" because of their appearance when examined under a microscope. SPS only affects the large bowel; other parts of the gastrointestinal tract are unaffected.

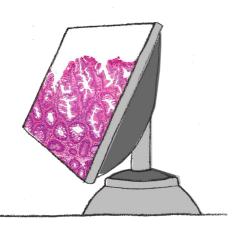
Most serrated polyps are not cancerous, however they may become cancerous if they are not monitored and treated when necessary.



What causes SPS?

Currently we do not know what causes SPS. We think that it is, at least in part, a genetic condition, not only because people can be affected at a young age but also because a family history of SPS or bowel cancer is found in some people with the condition. No genetic cause has been found but we are in the process of setting up a study to investigate this.

Studies have shown that SPS is associated with smoking; however not all patients with SPS are smokers. It is not clear why smoking may increase the chance of developing SPS.

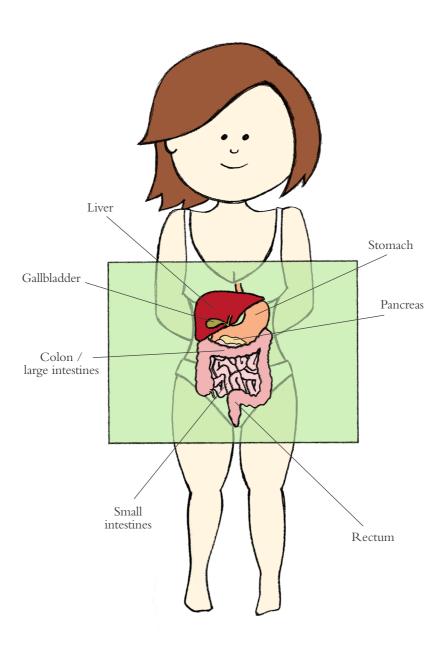


How would you know if you have SPS?

You might not have any signs or symptoms, although diarrhoea seems to be a relatively common symptom in younger people with SPS. There is no genetic test (DNA analysis) to diagnose SPS, so the only way to determine if a person has SPS is to perform a colonoscopy.

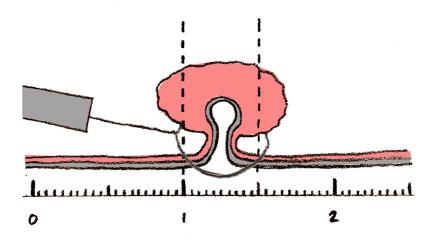
A colonoscopy involves passing a flexible telescope in to the bottom, so that the colon can be examined to look for polyps. Some people find it a little embarrassing and uncomfortable but you can have sedation and it should not hurt. Your doctor will discuss the procedure in more detail with you. Colonoscopy is the best test for detecting and treating SPS. Other methods of examining the colon (e.g. a CT scan) are not as accurate and cannot remove polyps.

You will be given bowel cleaning medication prior to a colonoscopy. It is very important to have a clean bowel for the examination as some polyps can be hard to detect and the cleaner the bowel the more accurate your test will be.



How is SPS treated?

Most people with SPS have their treatment by regular colonoscopy. At the colonoscopy, polyps can be removed, which is painless. The aim is to remove all polyps larger than 0.5cm, which may take more than one colonoscopy to achieve. The time interval between colonoscopies will depend on the number and size of the polyps found, as well as features of the polyp when assessed under a microscope.



A persistent change in bowel habit between colonoscopies should always be reported to the hospital or GP as you may need your bowel examined sooner. For some individuals the doctor may feel that is not possible to safely control the polyps with colonoscopies and may recommend that an operation is performed. This is not common but were it to be advised a surgeon would discuss choices with you and provide further detailed information.





What about relatives of someone with SPS?

We currently recommend that siblings (i.e. brothers and sisters), parents and children of an individual with SPS should be referred to their local centre for discussions about long term colonoscopy screening. This would start at the age of 25 years or, if older, from the time that their relative is diagnosed with SPS, and be repeated every 5 years if normal. These recommendations may well change as we learn more about this condition.



Where can I get advice?

The St Mark's Hospital Polyposis Registry provides a advice line for patients, their relatives and other healthcare professionals.

Please contact us on:

General Enquiries: 020 8235 4270 Nursing Advice Line: 020 8235 425

Polyposis email: LNWH-tr.PolyposisRegistry@nhs.net

Endoscopy email: LNWH-tr.endoscopy@nhs.net

St Mark's Hospital website: www.stmarkshospital.nhs.uk

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