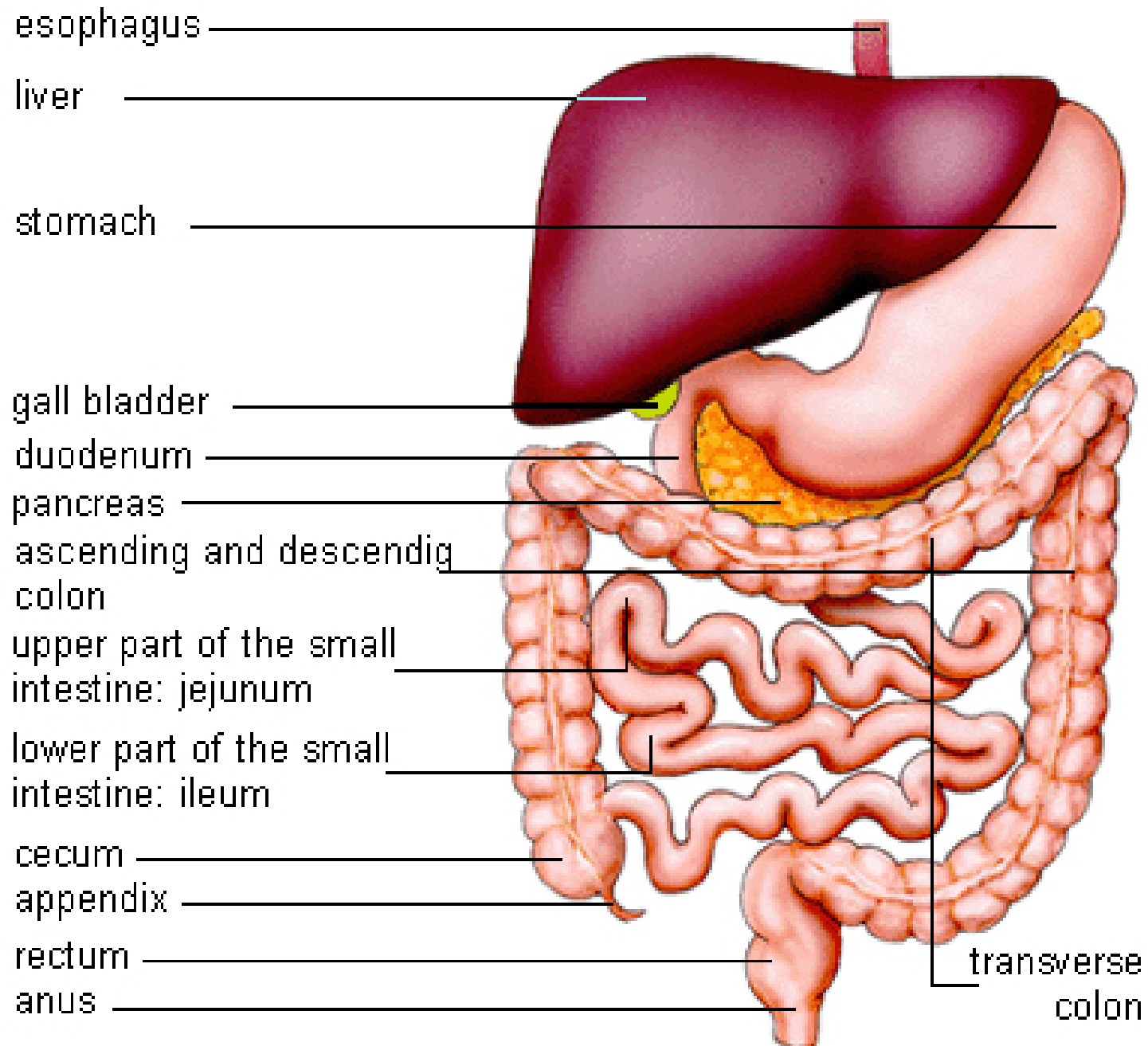
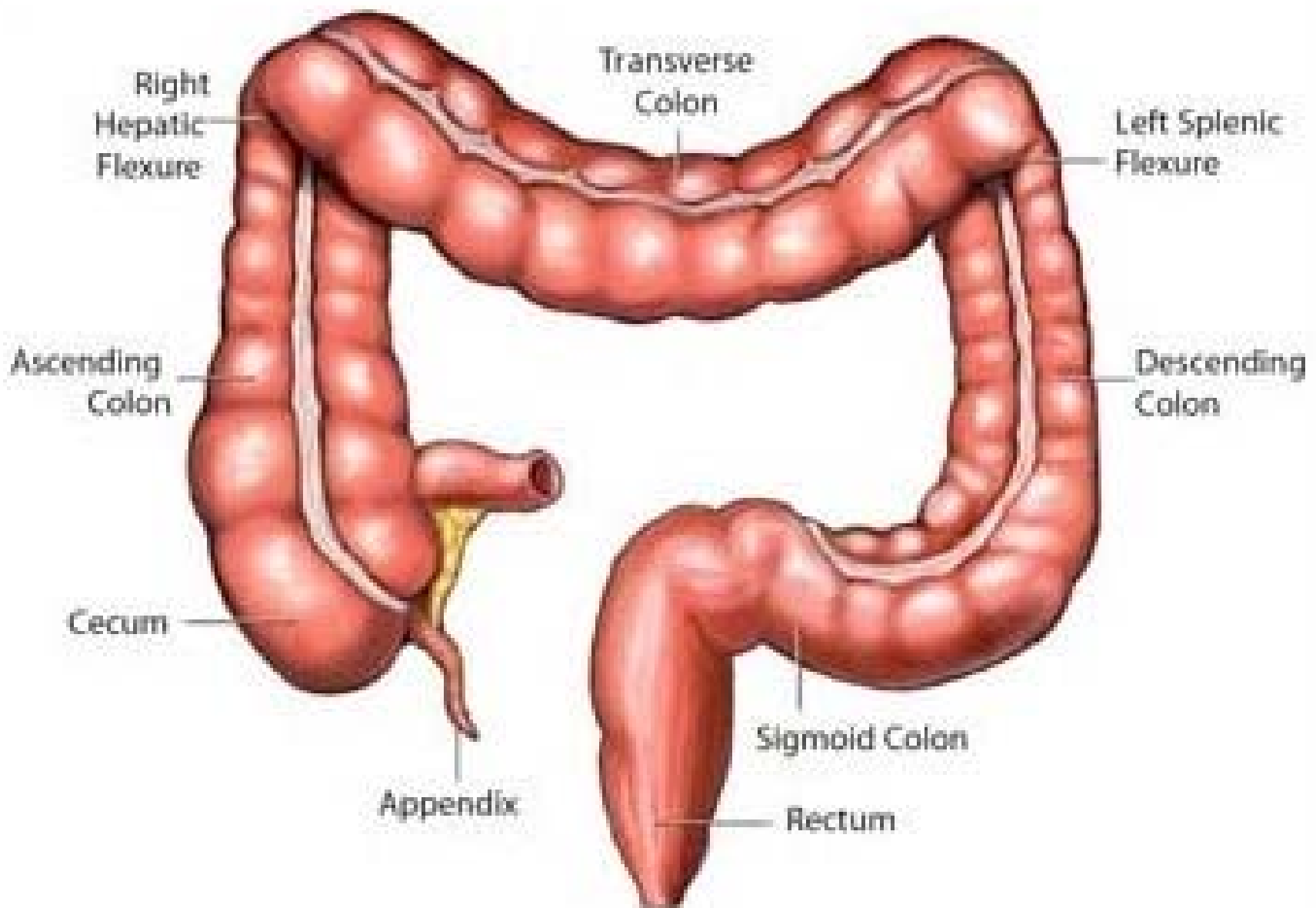


# Polyposis Education Night:

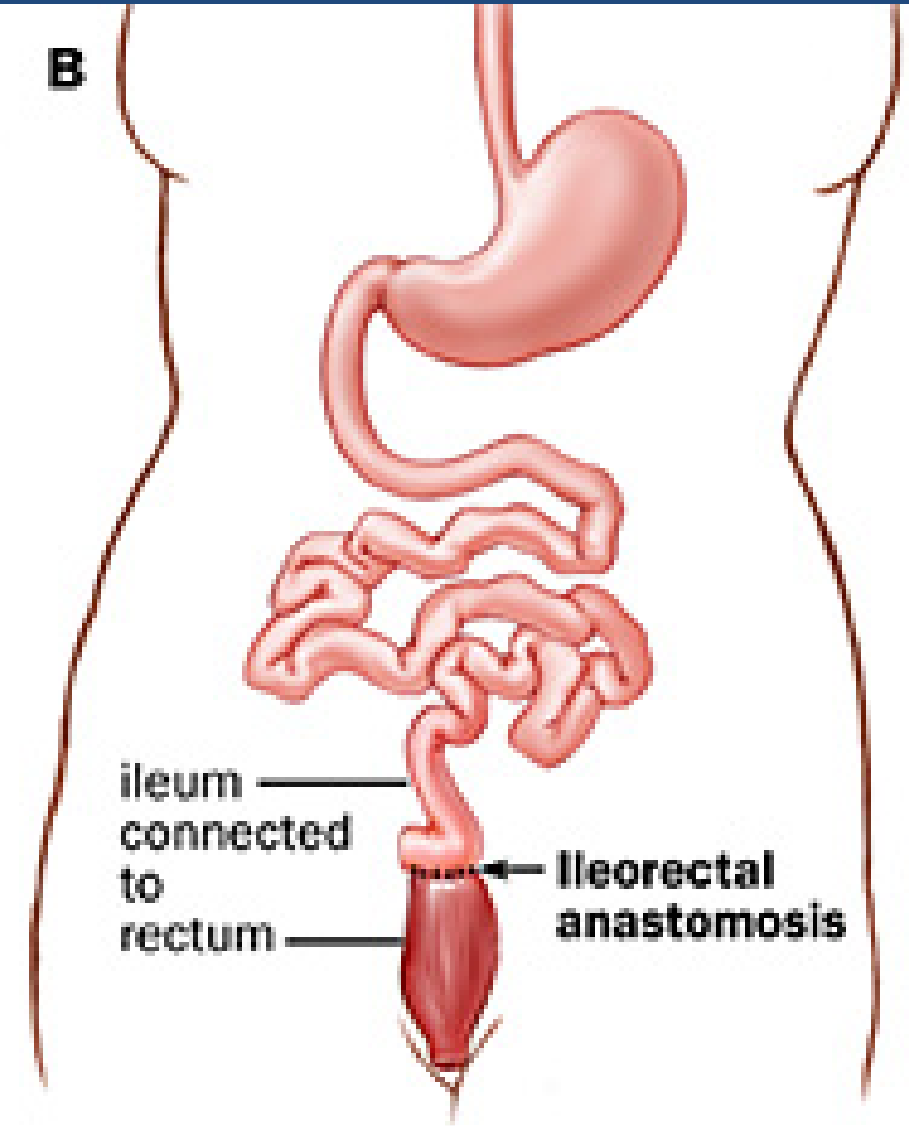
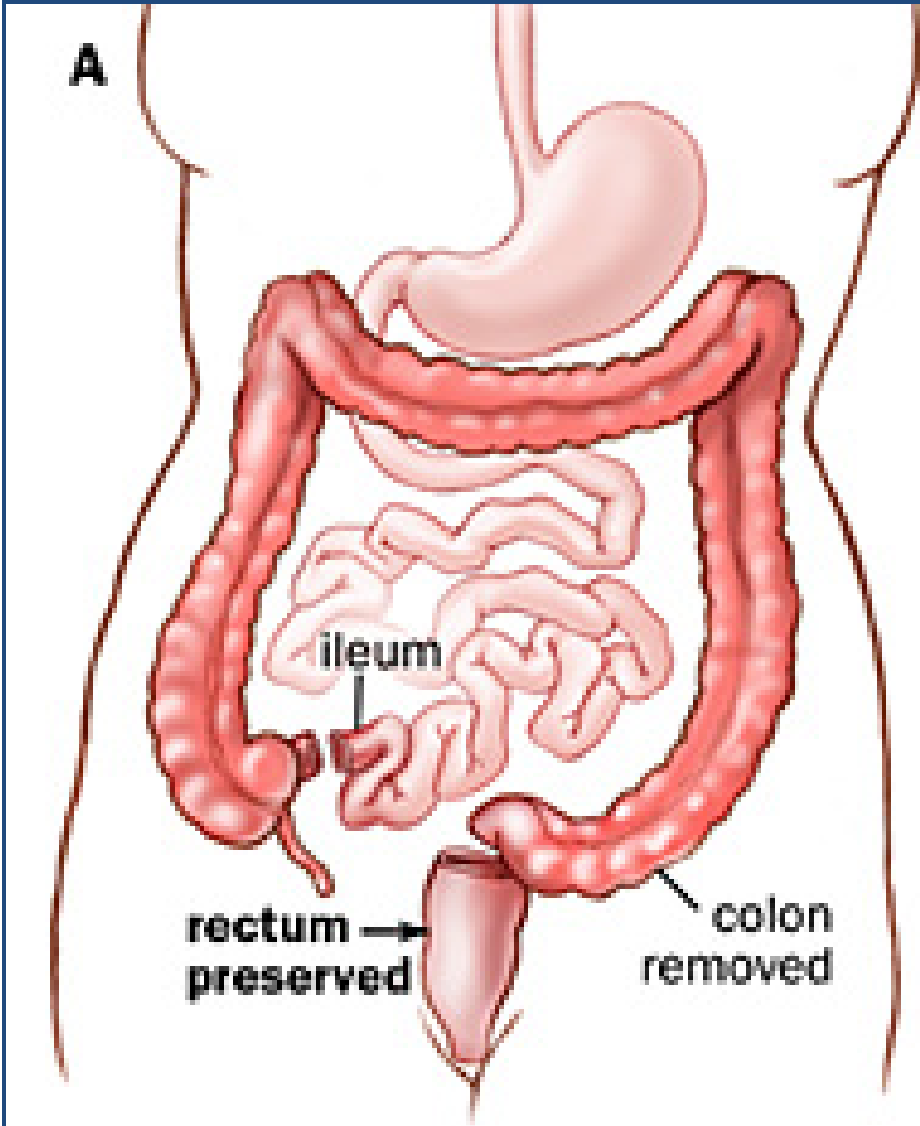
## Your Surgical Questions Answered

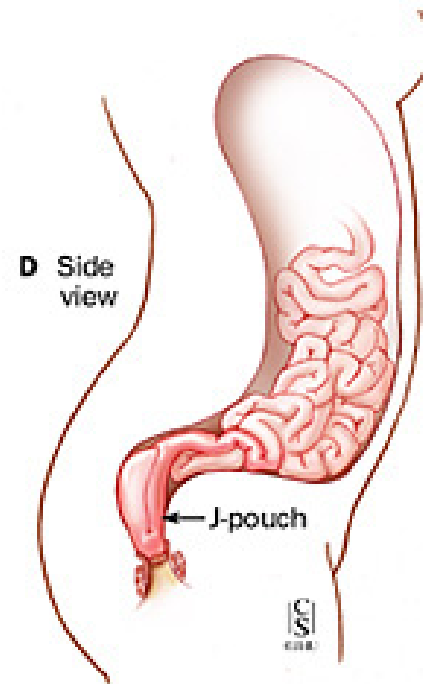
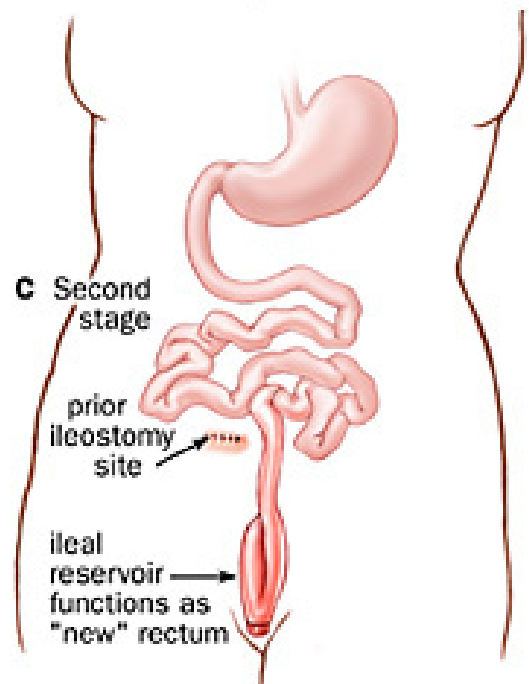
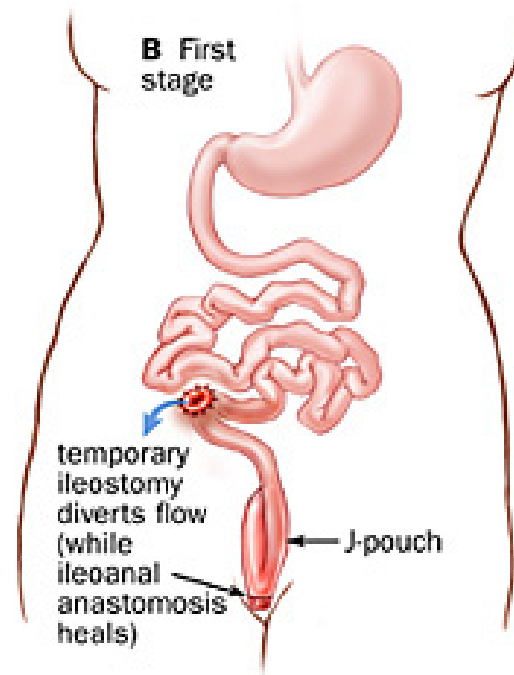
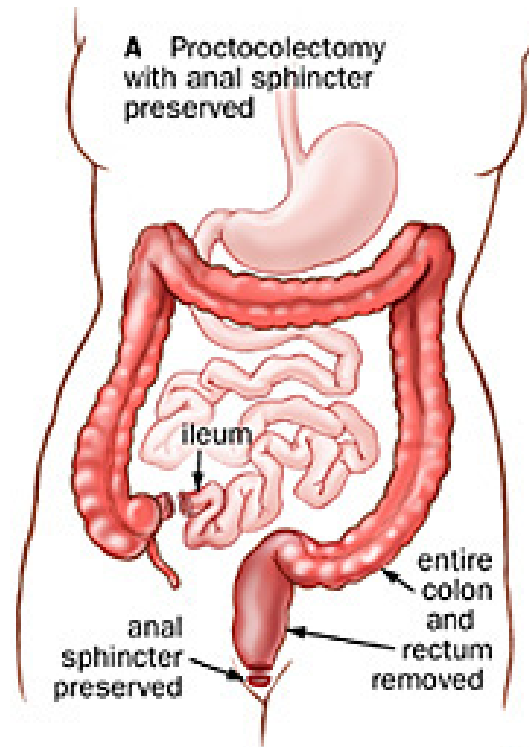
September 24, 2015

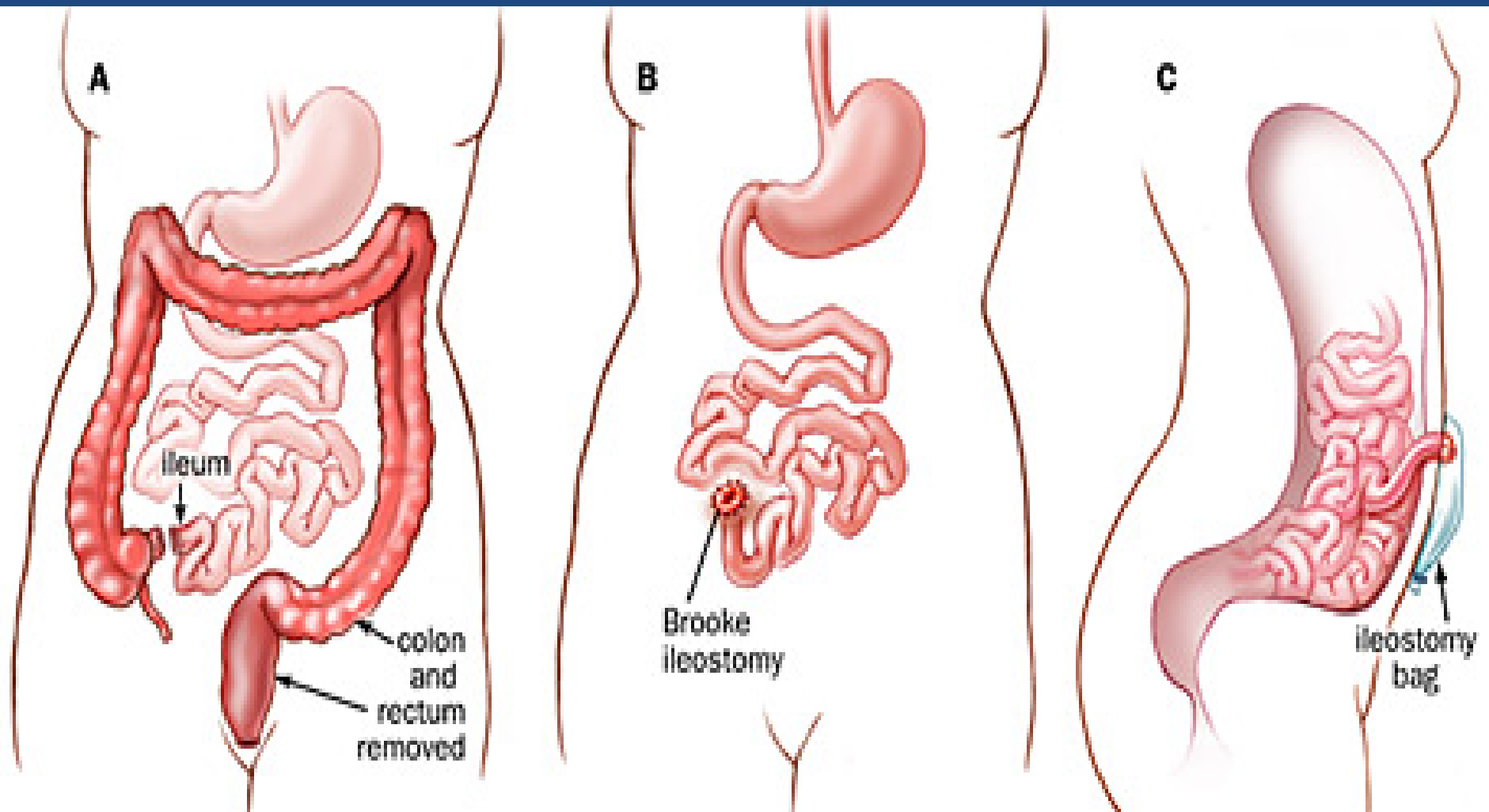


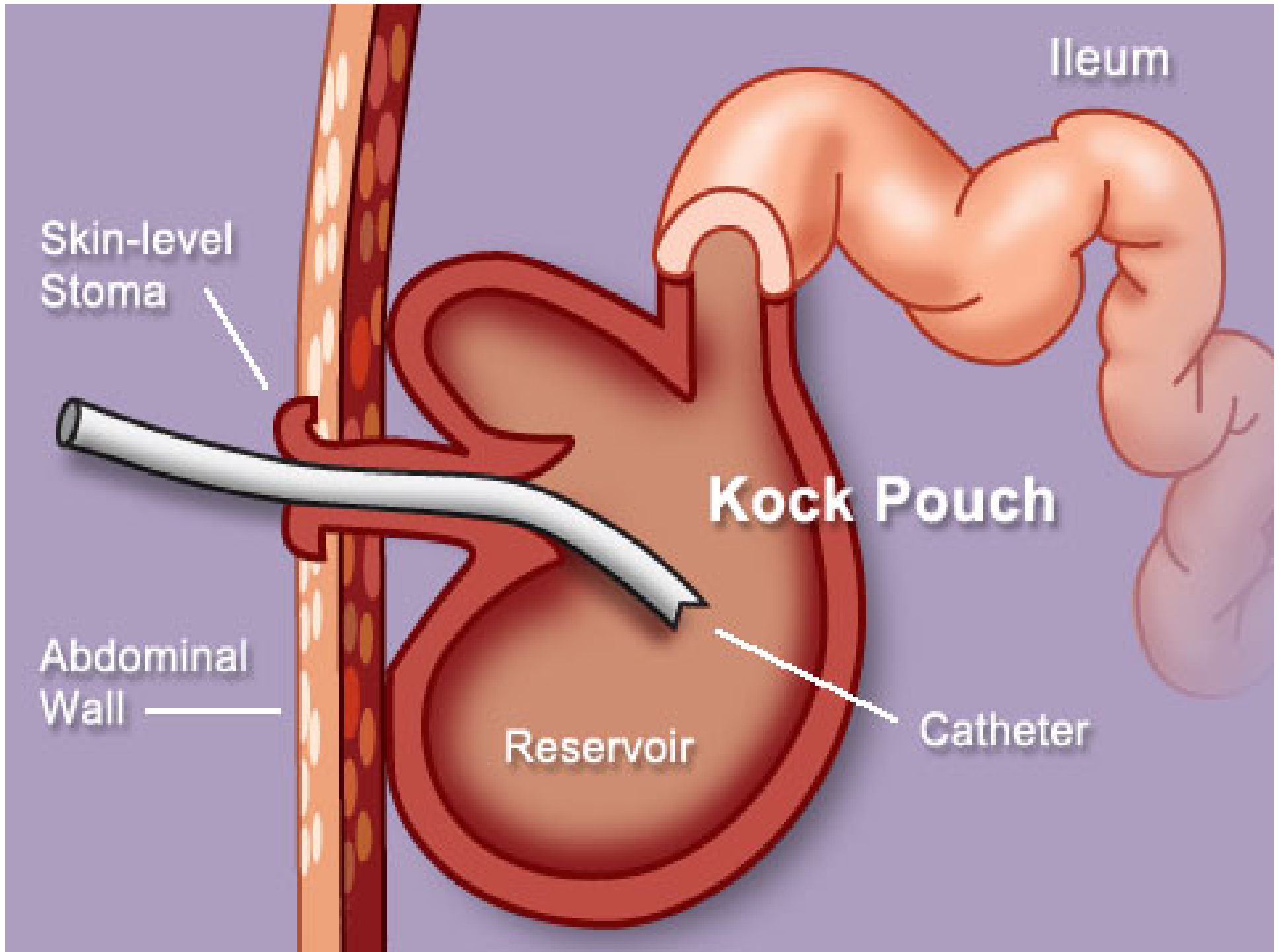


Anatomy of Large Intestine

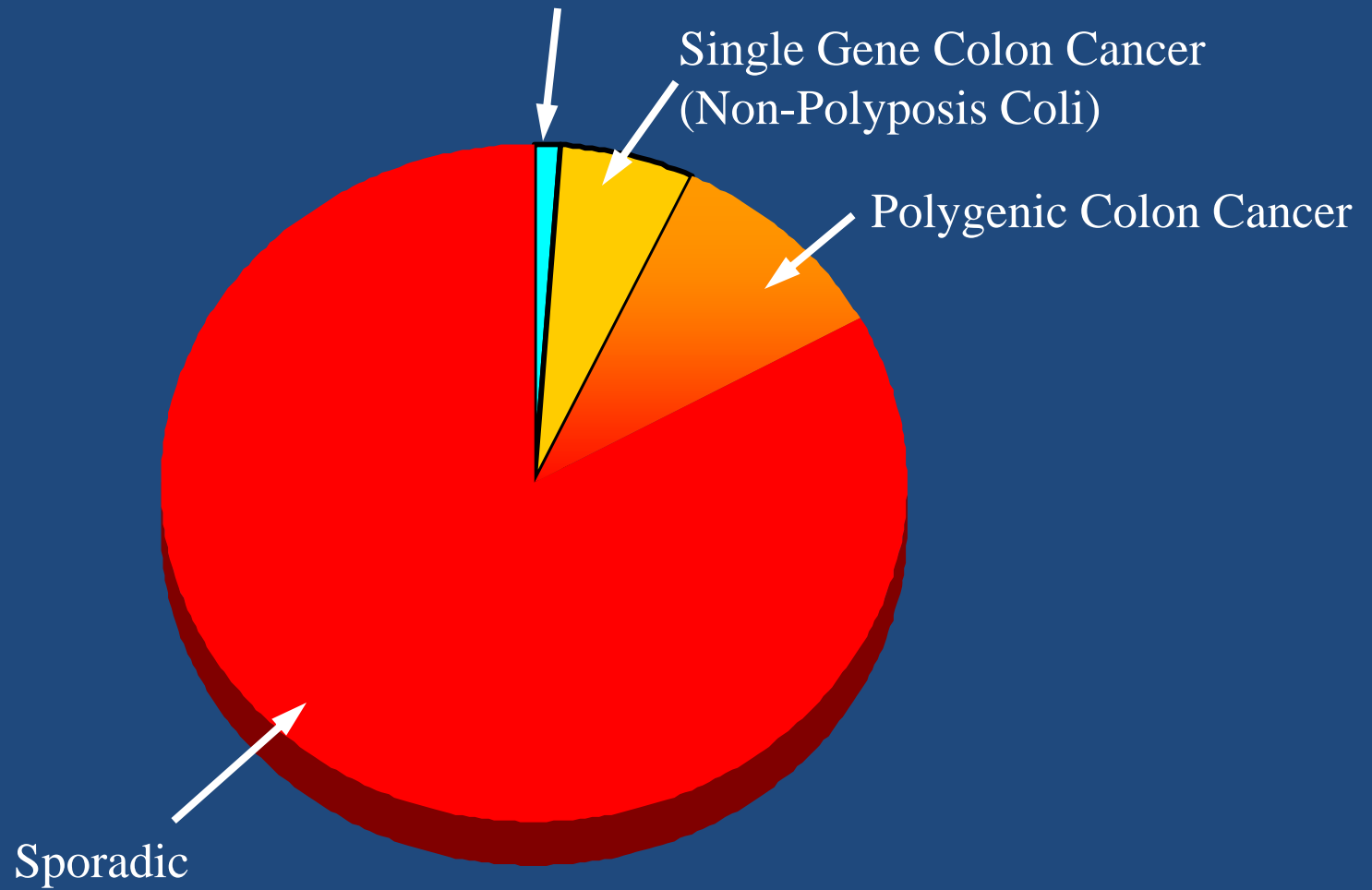




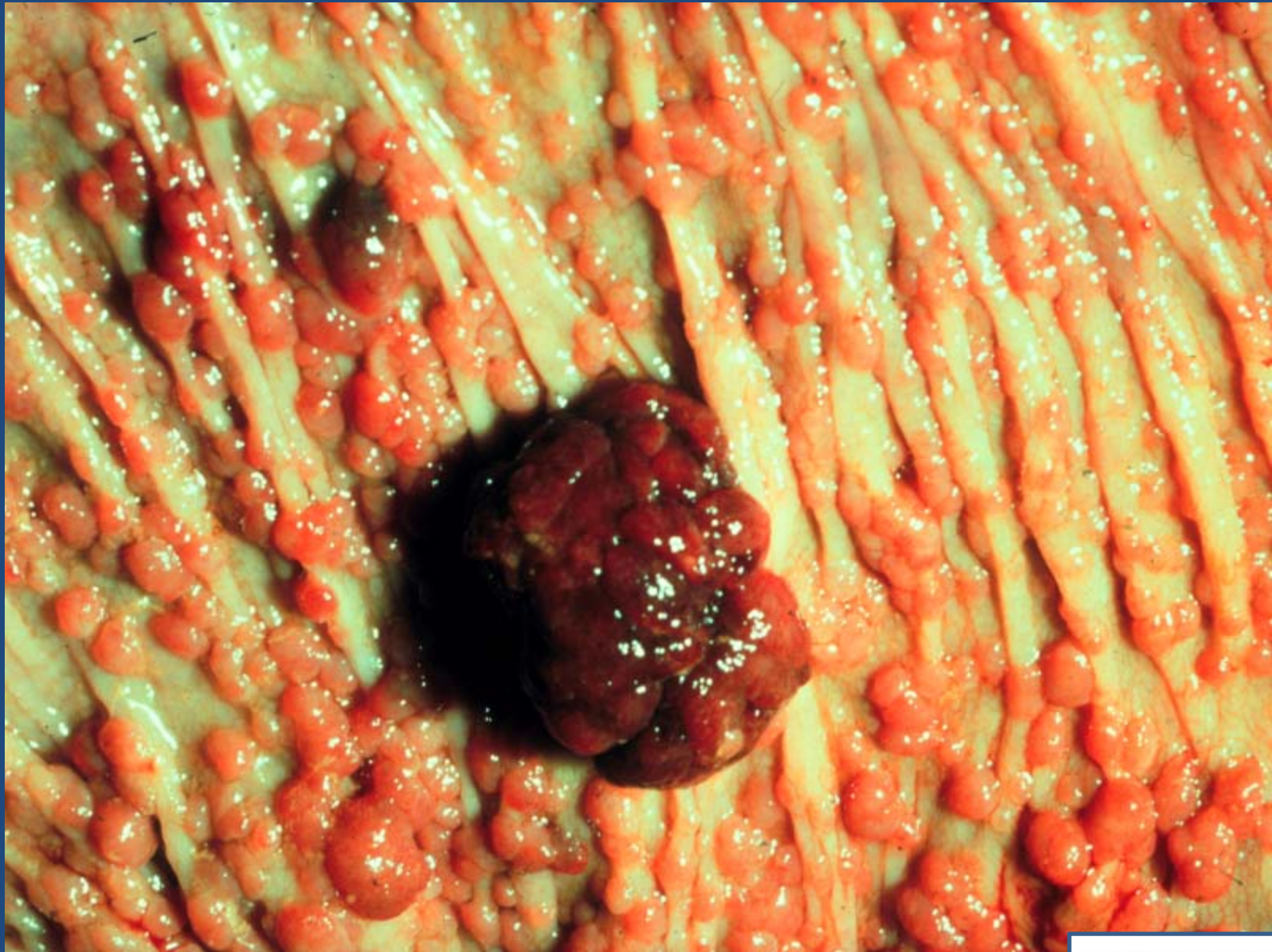




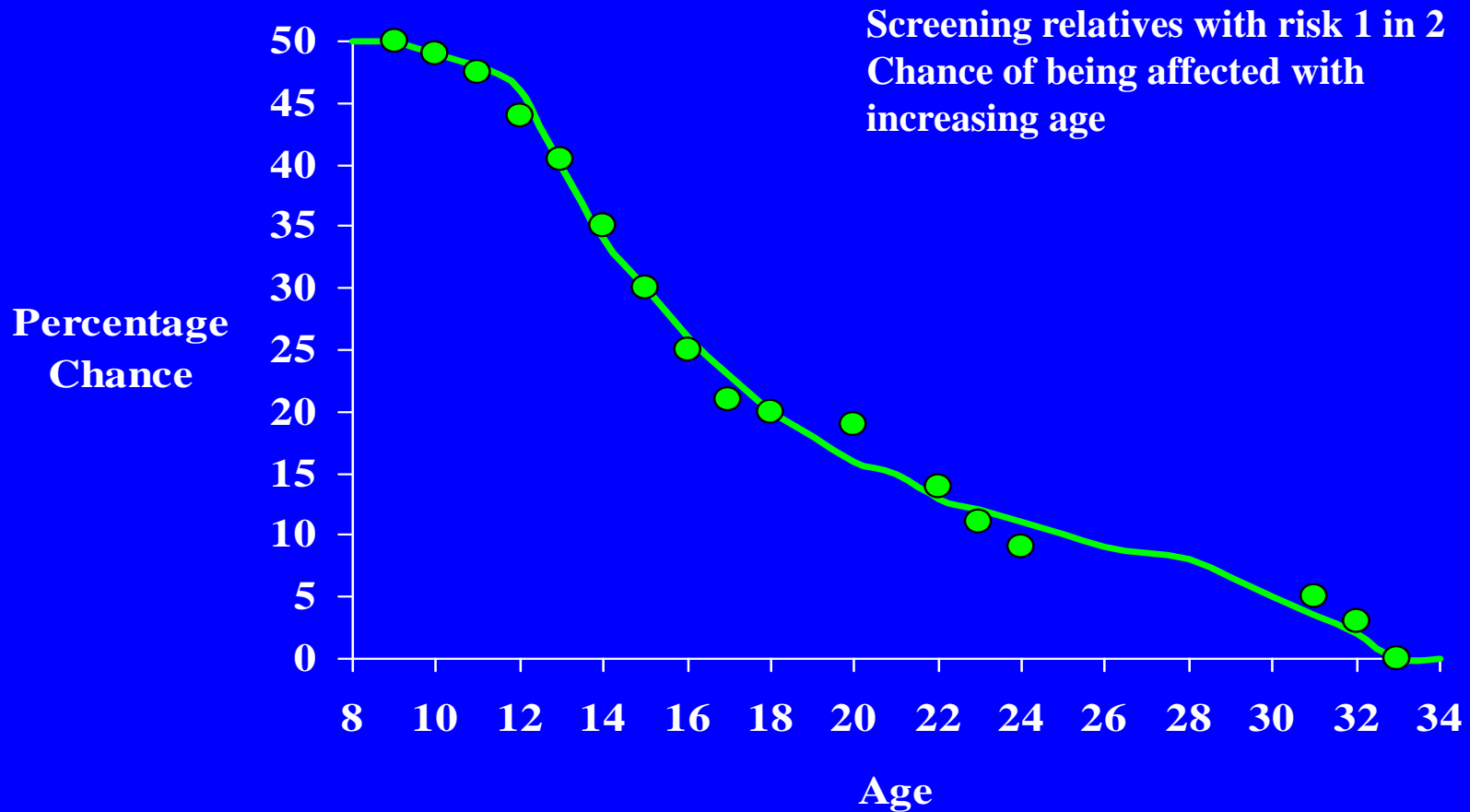
# Polyposis Syndromes







# Familial Adenomatous Polyposis



# What type of surgery will I need?

Will I need a bag (Ileostomy/colostomy)?

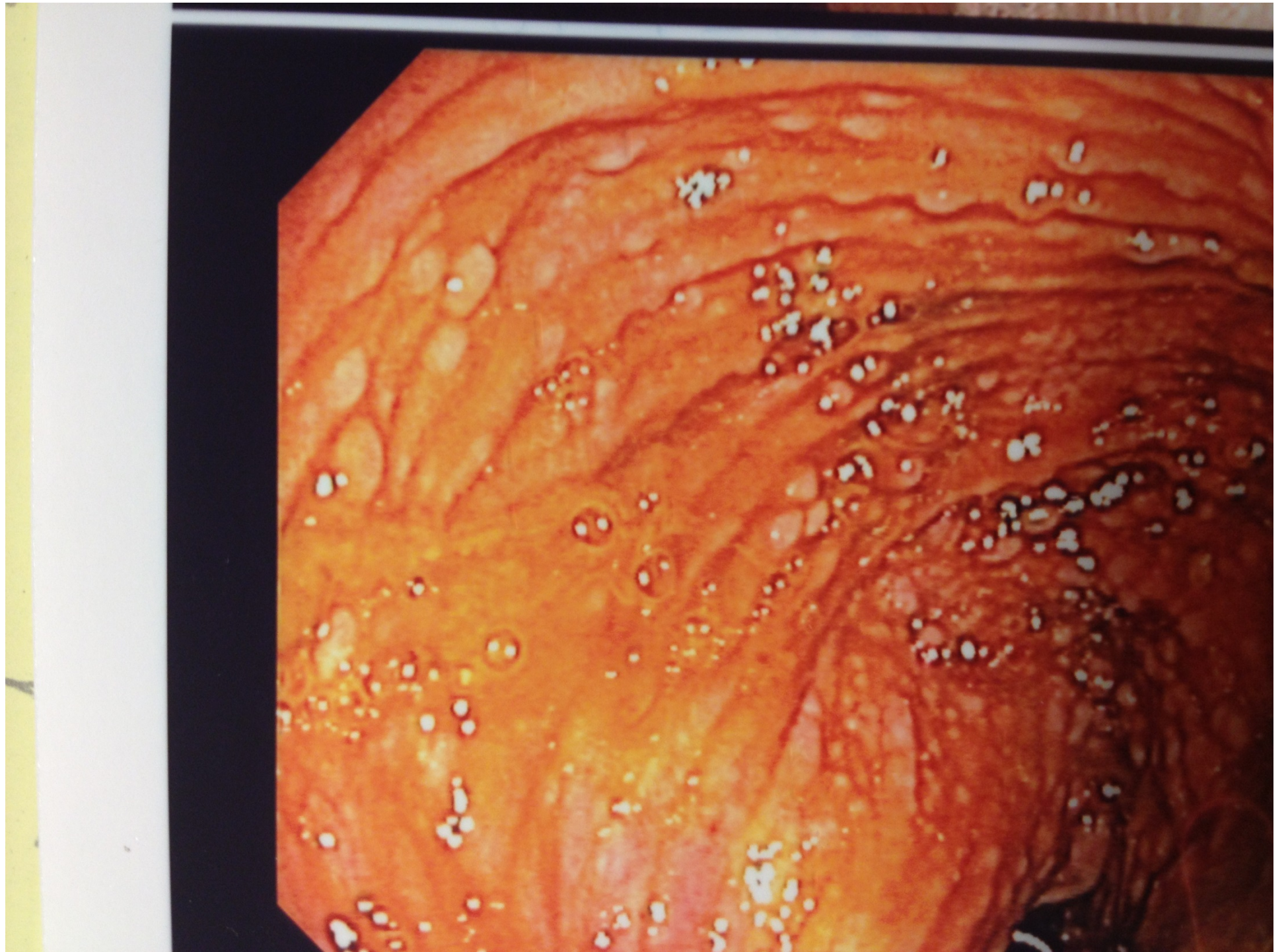
Depends on . . .

1. Mutation
2. Status of the rectum
3. Stages of surgery

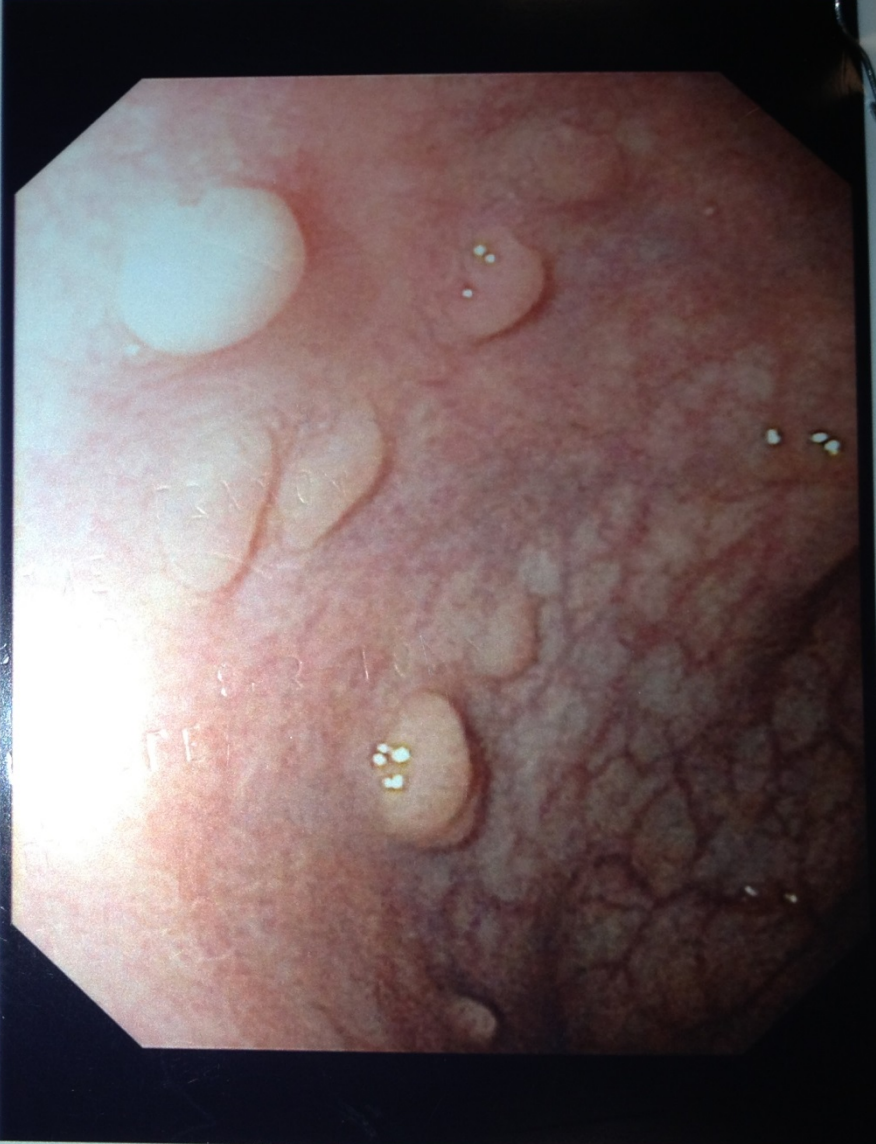
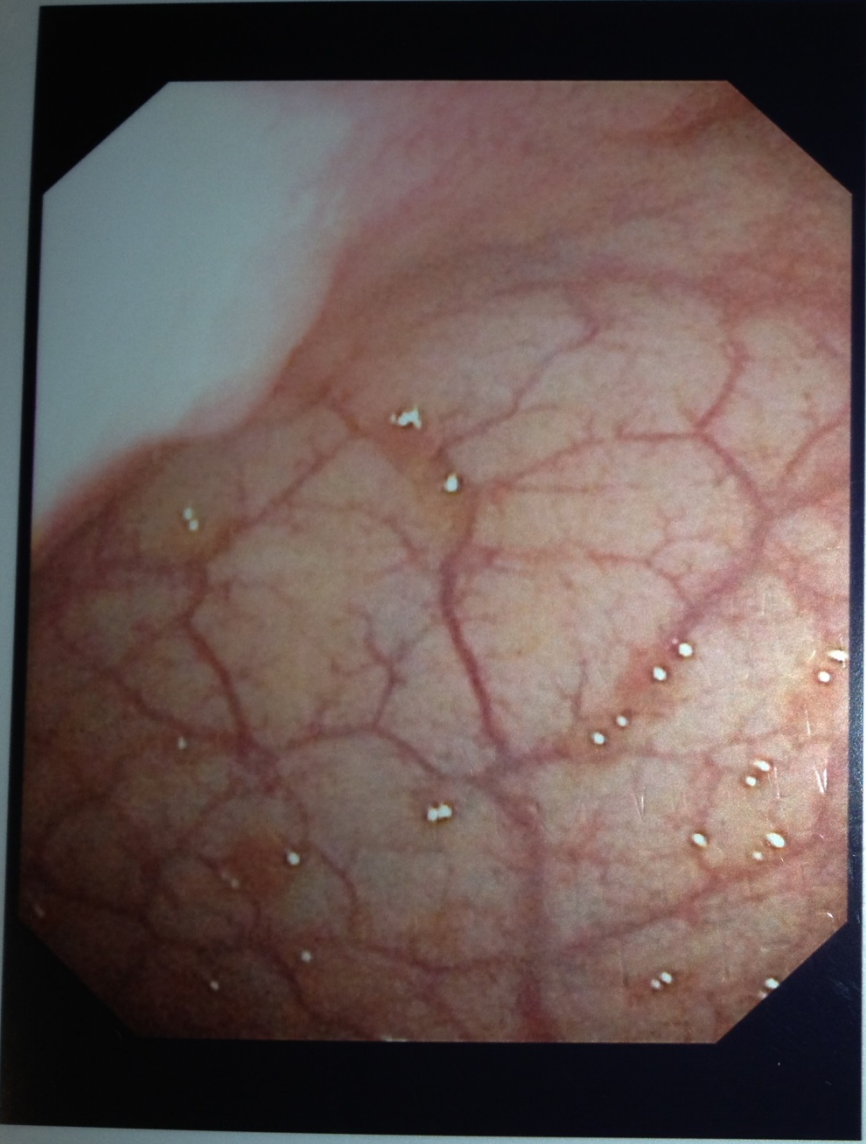
# Can I get polyps/cancer again after surgery?

- 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?

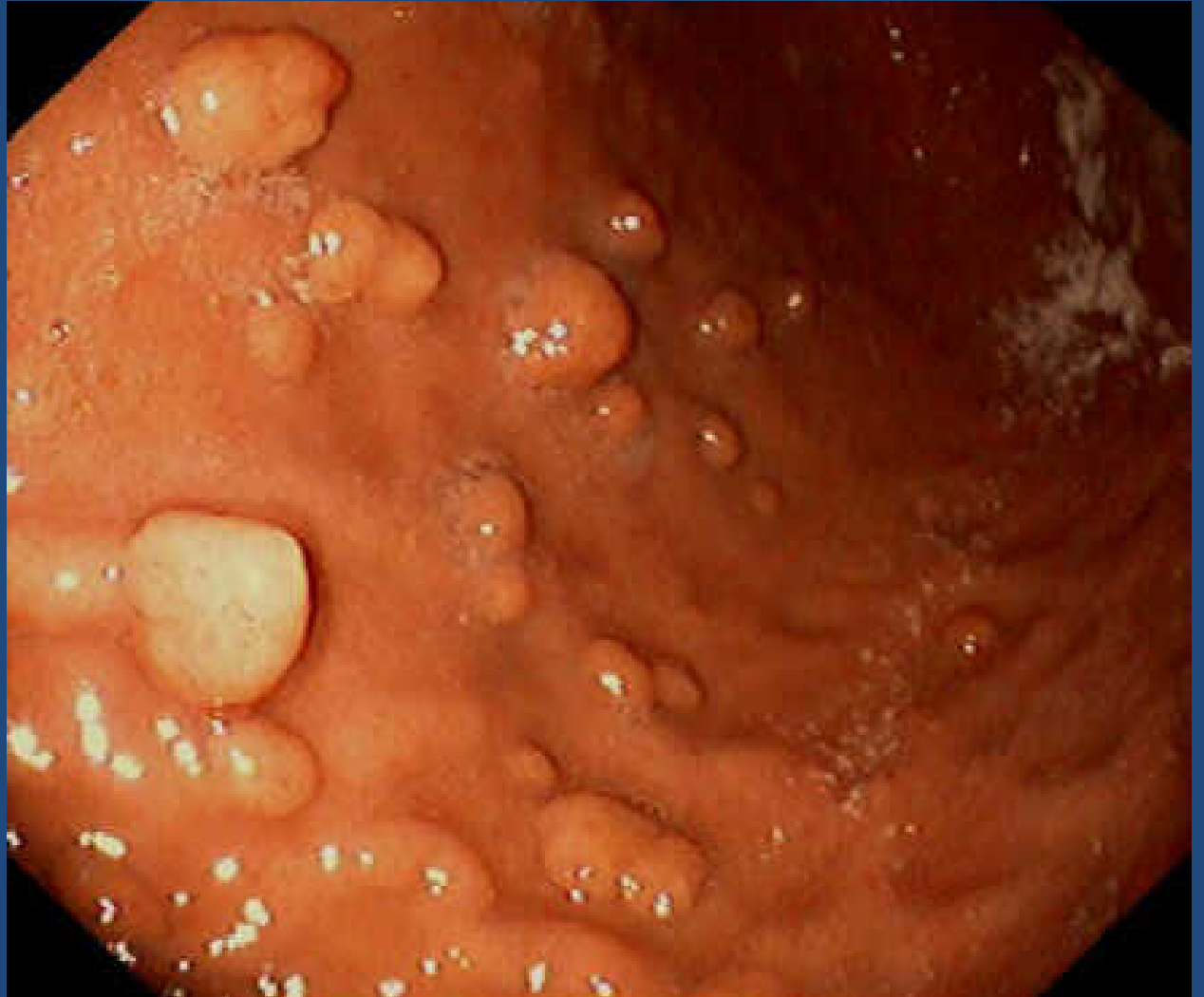
- Usually not urgent

## Who should do the surgery?

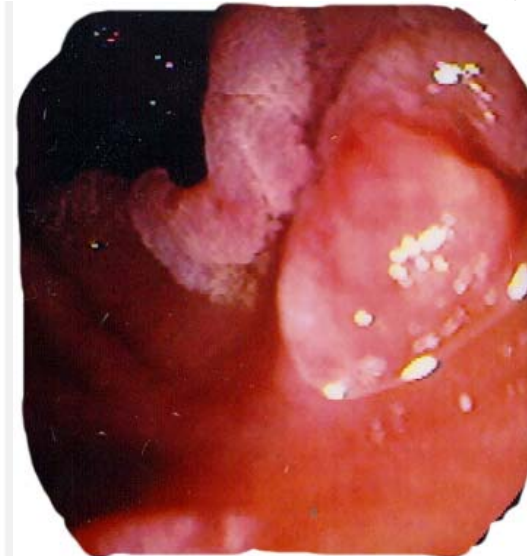
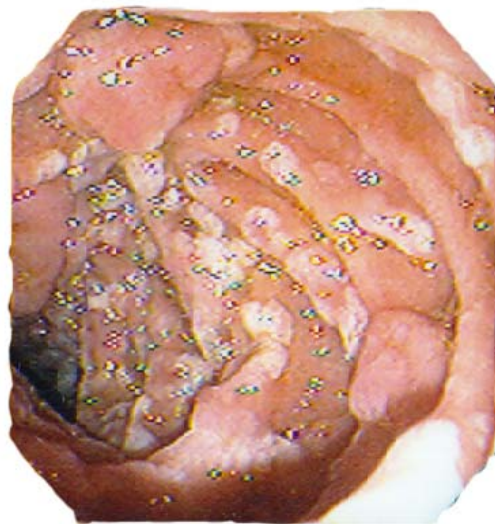
- Someone experienced in this disease entity, usually a colorectal surgeon

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?



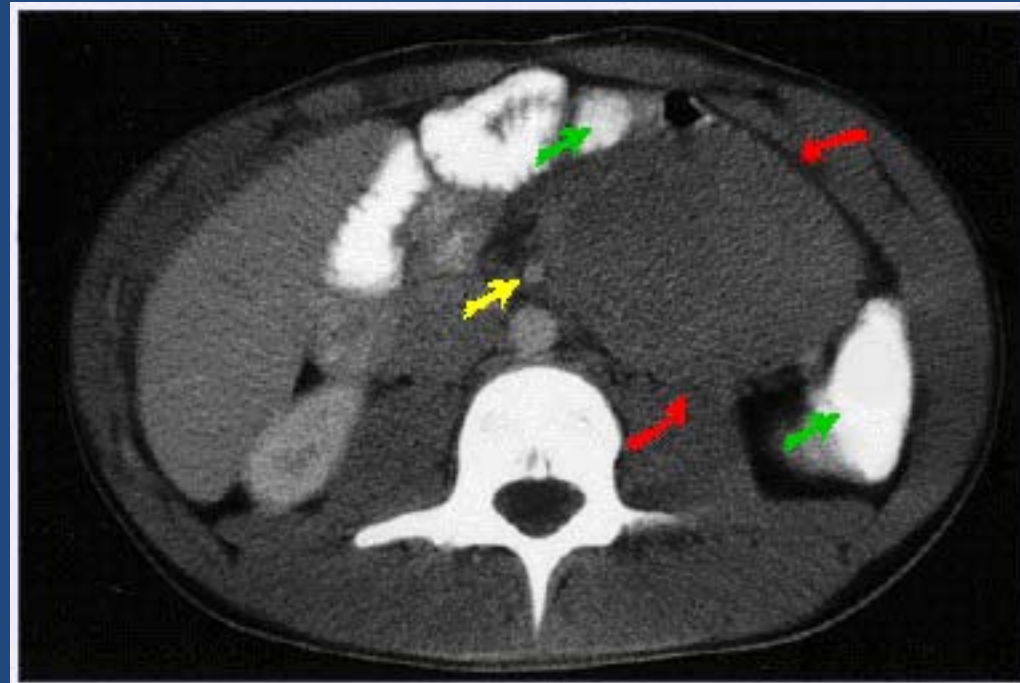
# Classification of severity of duodenal polyposis

<b>Stage</b>	<b>Size (mm)</b>	<b>Histologic findings</b>	<b>Management</b>
1	0	Normal	EGD every 5 years
2	1–2	Adenoma	EGD every 3 years
3	2–10	Adenoma	EGD every 6 months
4	>10	Adenoma	Resection*
5	Any polyp/mass	Adenocarcinoma	Radical surgery†

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

There is a history of desmoids in the family – Does that influence the type of surgery?

It might -





### 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



### 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

### In the works

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



# Heller Quality of Life Programs



### Future Goals

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