

Combined endoscopic and laparoscopic removal of colonic polyps

Information for the public

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What has NICE said?

This procedure is safe enough and works well enough for use in the NHS.

What does this mean for me?

Your health professional should fully explain what is involved in having combined endoscopic and laparoscopic removal of colonic polyps and discuss the possible benefits and risks with you. You should also be told how to find more information about the procedure. All of this should happen before you decide whether you want to have this procedure or not.

Your healthcare team

A healthcare team experienced in managing colonic polyps should decide which patients

should be offered this procedure.

Combined endoscopic and laparoscopic removal of colonic polyps should only be done by teams who are experienced in both endoscopic and laparoscopic procedures.

The condition

Colonic polyps are small growths that form on the inside lining of the colon (large bowel). Most colonic polyps do not cause symptoms but they may cause bleeding from the rectum (back passage), mucus in stools or pain in the abdomen (belly). Sometimes they can cause diarrhoea or constipation, but this is rare. If left untreated, there is a small risk that a polyp may develop into a bowel cancer after several years.

Colonic polyps are usually removed by a procedure called polypectomy, using an endoscope. An endoscope is a long flexible tube with a tiny camera on the end of it, which is moved into the colon through the anus. A noose is inserted through the endoscope and put around the base of the polyp. The polyp is burnt away from the surrounding tissue using an electric current. Some polyps cannot be removed using an endoscope alone because they are large or in a place that is difficult to get to. They may need to be removed by surgery.

NICE has looked at using [combined endoscopic and laparoscopic removal of colonic polyps](#) as another treatment option.

NHS Choices (www.nhs.uk) may be a good place to find out more.

The procedure

The aim of this procedure is to use an endoscope (in the bowel) plus laparoscopy (keyhole surgery through the skin of the abdomen) to remove colonic polyps that cannot be removed using an endoscope alone.

The procedure is done with the patient under general anaesthetic. The endoscope is passed into the bowel through the anus. For the laparoscopy part of the procedure, the doctor makes one or more small cuts in the abdomen (belly). These allow the doctor to pass a laparoscope and surgical instruments into the belly, outside the bowel. The laparoscope is a small tube that has a tiny camera on the end of it. Carbon dioxide gas is

pumped into the abdomen which creates a space, making it easier for the doctor to look around and operate. The surgical instruments are used to hold and manoeuvre the colon during the procedure. The polyp can be cut away and removed through the back passage using the endoscope, or through one of the cuts made for the laparoscopy.

Benefits and risks

When NICE looked at the evidence, it decided that the procedure was safe enough and worked well enough to be used in the NHS. The 9 studies that NICE looked at involved a total of 781 patients.

Generally, the studies showed the following benefits:

- the polyps were successfully removed in most patients
- in a study of 176 patients, no polyps had come back in patients followed up for 5 years. In a study of 146 patients, 1 polyp had come back after 2 years.

The studies showed that the risks included:

- 7 patients had to be switched to open surgery during the procedure, because of problems doing the procedure or because cancer was suspected
- 14 patients developed an infection at the laparoscopy wound site
- 4 patients developed an abscess in the abdomen; in 3 patients the abscess was drained and 1 patient needed another operation to treat the abscess
- 2 patients had problems emptying their bladder and 4 patients had problems emptying their bowel after the procedure
- 1 patient had bleeding after the procedure, which needed further treatment
- 9 patients had a collapse of all or part of the lung (this can happen after having a general anaesthetic, or may have been caused by the gas used during the laparoscopy)
- 3 patients had a build-up of clear bodily fluid in the place where the polyp had been removed.

If you want to know more about the studies see the [guidance](#). Ask your health professional

to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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Accreditation

