VILLOUS ADENOMA: Colon

GENERAL INFORMATION

Villous adenoma is a growth found in the lining of the rectum or colon. It is soft and flat, often making it difficult to feel even as the examining finger passes over it during a routine rectal examination. There can be unsuspected cancerous changes in it, or there is a risk of cancer developing in it later. The cause of villous adenoma is not known.

COMMON SIGNS AND SYMPTOMS

- Many persons have no symptoms at all.
- There may be changes in bowel habits.
- There may be some blood in the stool or just mucus.
- There may be diarrhea.

DIAGNOSIS

- About one-third of villous adenomas can be reached with the examining finger.
- About 90% can be reached with a flexible sigmoidoscope.
- They may be as small as your little fingernail to the size of your palm.
- Flexible sigmoidoscopy: This is done with an instrument (a flexible sigmoidoscope) that is smooth, flexible, has lenses in it and a light at its tip, and is as big around as your little finger. It can be used to inspect the inside of the lower one-fourth of your bowel. This is an office procedure.
- Colonoscopy: This is done with an instrument that is similar to a flexible sigmoidoscope except that it is long enough to inspect your entire colon. Also, during the colonoscopy you will be given medicine that will make you feel drowsy. The tip of the instrument will be introduced through your anus gently and then advanced up the entire bowel, which will be examined for any abnormalities.
- Barium enema: Liquid barium is placed in the rectum (very much like a regular enema), and x-ray pictures are taken of the barium as it flows throughout the colon. A villous adenoma can show a characteristic picture.
- Ultrasound: A smooth, flexible instrument as thick as your little finger (an ultrasound probe) is lubricated and inserted through the anus and into the rectum. From the tip of the probe, harmless, painless sound waves are aimed at the villous adenoma in the wall of the rectum. The waves bouncing back (the echoes) are seen as pictures on a screen. This can help show how deeply the adenoma (and any cancer in it) penetrates the rectal wall.
- One of the most important responsibilities with a villous adenoma is to determine whether there is cancer in it (Fig. 1). Performing the usual biopsy (taking a piece the size of a small pea, for example) can be misleading. If such a piece is negative for cancer, it does not mean that no cancer is present in a different area of the adenoma. Even several biopsies can miss a cancerous area in the adenoma. For this reason, all of the adenoma must be removed so that it can be examined carefully in the pathology laboratory.

TREATMENT

If all the villous adenoma can be removed through the anus and it is negative for cancer, then no further treatment is necessary at this time (Fig. 2).
Many times, however, it just is not technically possible to remove completely and in one piece all of a suspicious adenoma through the anus for examination under the microscope. In such situations, it is wise to treat the adenoma as though it is cancerous even if the initial pea-sized biopsy done through the colonoscope is negative for cancer. The reasons for removing that part of the colon containing the villous adenoma are as follows:

- If cancer is later shown to be present in the removed colon, you will have had the proper treatment.
- If the removed adenoma was benign, you won’t miss the extra colon.
- A lesion has been removed that could later become cancerous.

After careful consideration of all factors, the recommendation is that you have an operation to remove that part of your colon with the villous adenoma in it and to reconnect the divided colon so that you will have bowel movements as before (Figs. 3 and 4).

**PREOPERATIVE PREPARATION**

- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- You will be instructed on how to clean out your bowel.
- Do not eat or drink anything for 8 hours before the operation.

**OPERATION**

- You will be asleep for the operation.
- The operation usually takes about 2 hours.

**POSTOPERATIVE CARE**

- You will be taken to a recovery room and observed. When your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.
- You may have a thin plastic tube in your nose for several days.
- That evening you will be helped to sit up in bed and on the next day to get out of bed.
- Pain will be controlled with medicine.
- When your bowels start working, the tube in your nose will be removed and you will be started on a liquid diet. This will be increased to more solid food as you tolerate it.
- As with any operation, complications are always possible. With this type of operation, they can include pneumonia, blood clots, leakage where the bowel was reconnected, bowel obstruction, and possibly others.
- You should be able to go home in about 5 days.
- Arrangements will be made for your medicine, follow-up office visit, and stitch or clip removal.

**HOME CARE**

- You may walk about as you wish, even climb stairs, but don’t overdo things.
- Take medicine as prescribed for your pain.
- Eat as you wish.
- Unless instructed otherwise, you may shower if you wish and with any dressings on or off. After you dry yourself, replace any dressings with clean, dry ones.
- Include plenty of roughage and liquids in your diet to help prevent constipation.
- Do not drive a car unless you can move freely and without pain and are not on any medicines that decrease your alertness.
- You may return to work when you feel up to it.
- You may resume sexual activity whenever you choose.

**CALL OUR OFFICE IF**

- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 100°F.
- You have any questions.
- You do not have a bowel movement for 36 hours.

Figure 3. Possible location of villous adenoma (dark area) in the colon. The stippled area will be resected.

Figure 4. The divided ends of the colon have been reconnected.