GENERAL INFORMATION

Villous adenoma is a growth found in the lining of the rectum or colon. There can be unsuspected cancerous changes in it, or there is a risk of cancer developing in it later.

COMMON SIGNS AND SYMPTOMS

• Many persons have no symptoms at all.
• There may be changes in the bowel habits.
• There may be some blood in the stool or only 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 or as large as your palm.
• Flexible sigmoidoscopy: This is done with a flexible sigmoidoscope that is smooth and flexible, has lenses and a light in it, 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 similar to a flexible sigmoidoscope except that it is long enough to inspect your entire colon. During the colonoscopy you will be given medicine that will make you feel drowsy. The tip of the instrument will be introduced gently through your anus 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 to look for other abnormalities.
• Ultrasound: A smooth, flexible instrument as thick as your little finger (an ultrasound probe) is 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. These can show how deeply the adenoma (and any cancer in it) penetrates the rectal wall.
• It is important with a villous adenoma to determine whether there is cancer in it (Fig. 1). Performing the usual biopsy (taking a tiny piece of it) 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 still miss a cancerous area in the adenoma. For this reason all of the adenoma must be removed and in one piece so that all parts of it can be examined carefully under the microscope.

Figure 1. Segment of colon, showing normal anatomy (A); benign villous adenoma (B); villous adenoma with small, superficial cancer (C); and villous adenoma with deeply penetrating cancer (D).

TREATMENT

If all the villous adenoma can be removed through the anus and it is negative for cancer, then no further treatment is necessary (Fig. 2).
If it is not technically possible to remove the adenoma as described above, it is wise to treat the part of the colon with the adenoma in it as though it is cancerous. If the adenoma in the removed colon has cancer in it, then it was the proper treatment. If the removed adenoma is benign, you won’t miss the extra colon and a lesion has been removed that could later become cancerous.

Your villous adenoma was in your lower rectum and anus. It has been removed and carefully examined under the microscope. There is cancer in it. Further, the cancer is penetrating the wall of the rectum and is extremely close to the muscle sphincters of your anus. It is not physically possible to do a curative operation on you without removing both your rectum and anus.

After the most careful consideration of all factors, the recommendation is that you have an operation to remove your rectum and anus with a permanent colostomy (Figs. 3 and 4). This operation will also affect your sex life.

**PREOPERATIVE PREPARATION**
- There will be an extensive discussion with you about the particulars of a colostomy.
- Do not eat or drink anything for 8 hours before the operation.

**OPERATION**
- You will be asleep for the operation.
- The incision will run up and down in your lower abdomen as well as around your anal area.
- The operation usually takes about 3 hours.

**POSTOPERATIVE CARE**
- You will be taken to a recovery room and observed. After your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.
- You will have a thin plastic tube in your nose for a few days.
- Pain will be controlled with medicine.
- After the thin plastic tube that is in your nose is removed, you will be started on a liquid diet and advanced to solid food as you tolerate it.
- As with any operation, complications are always possible. With this type of operation, they can include bleeding, infection, pneumonia, blood clots, and possibly others.
- You should be able to go home in about 5 to 7 days.
- Arrangements will be made for your medicine, a visiting nurse, 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.
- You will be given a suggested diet to follow during your convalescence.
- Take the medicines as prescribed for you.
- While you are in the hospital, you will be taught by the nurse how to take care of your colostomy; it’s not difficult. Even so, in the beginning there will be a visiting nurse to help you at home. Soon, you will be able to easily take care of things by yourself.

**CALL OUR OFFICE IF**
- The wound becomes swollen and red, or there is drainage from it.
- You develop a temperature higher than 100°F.
- You have any questions.