NATIONWIDE CHILDREN'S HOSPITAL™

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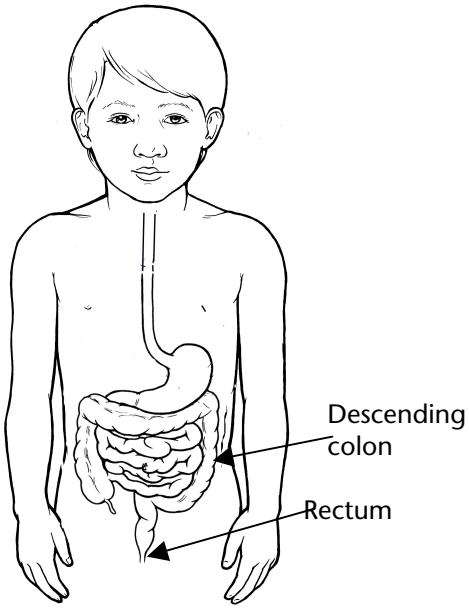
POLYPECTOMY
(REMOVAL OF JUVENILE POLYPS)

A juvenile polyp (PAHL-ip) is a growth on the lining of the colon (Pictures 1 and 2). Polyps are most often found in preschool and school-age children. Juvenile polyps occur in about 1 percent of children in this age group.

Your child may have one or more polyps. They may cause rectal bleeding, mucus, or rarely pain. Most polyps in children are inflamed areas in the lining of the intestine. They are not the same as adult polyps and usually do not turn into cancer.

Polyps may fall off on their own and be passed out of the colon with stool. Sometimes they need to be removed in surgery. The surgical procedure to remove a polyp is called a polypectomy (pawl-eh-PECK-toe-mee). Your doctor will explain your choices to you, and together you can decide when and if your child should have a polypectomy.

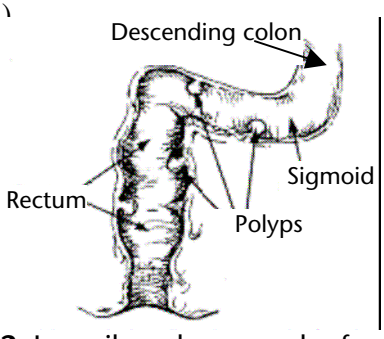
If you and your doctor decide to wait to see if the polyp falls off by itself, you need to check your child's stool (bowel movements) for the polyp. The polyp will look like a small reddish-purple, grape-sized piece of tissue. When a polyp falls off, there is usually increased bleeding from the rectum at first, followed by one or two days of lighter rectal bleeding.



Picture 1 The gastrointestinal system inside the body.

HOW THE PROCEDURE IS DONE

- A polypectomy is done in the Operating Room. Your child will have general anesthesia (will not be awake) during the procedure. Your child will have a colonoscopy. (Refer to the Helping Hand, Colonoscopy with General Anesthesia, HH-III-101
- When the polyp is found, a wire loop is placed over it. A small amount of electric current passes through the wire to burn off the polyp. The amount of electric current is not harmful to your child. Once the polyp falls off, it is removed from the colon.
- The doctor will look at the rest of your child's colon to see if there are other polyps that need to be removed.



Picture 2 Juvenile polyps may be found on the lining of the colon.

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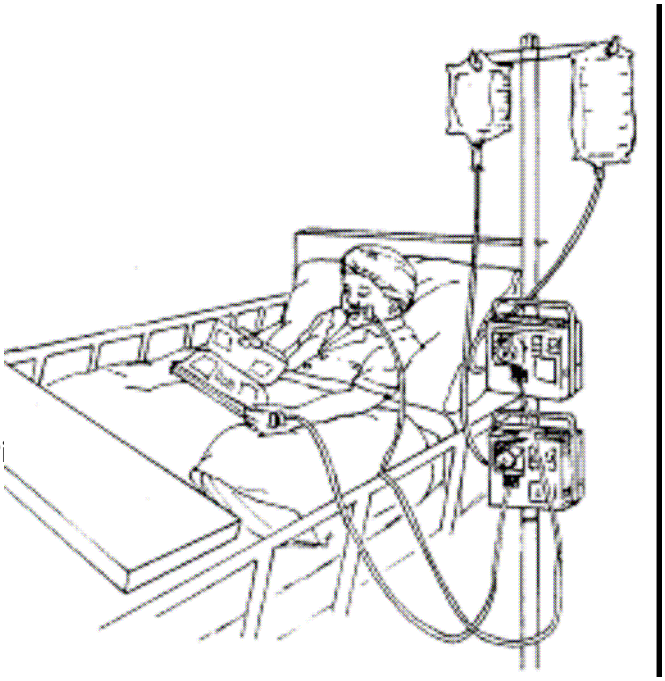
PREPARING FOR SURGERY

- Your child will be admitted to the hospital on the day before surgery. Blood will be drawn to make sure your child's blood clots normally and he is not anemic (low red blood count).
- Starting with the day before surgery until about 8 hours before surgery, your child will be on a clear liquid diet. Your child will not be allowed to eat or drink anything from 8 hours before surgery until after the surgery is over.
- The nurses will begin the "rectal wash-out" procedure by noon on the day of admission. This is very important because your child's colon needs to be completely empty of stool. If there is stool in the colon, the surgery cannot be done.
- An anesthesiologist will come to your child's room on the evening before surgery to talk about your child's anesthesia.

HOW THE RECTAL WASH-OUT IS DONE



Your child will be given a medicine to speed up the movement of digestive material through the bowel.
Thirty minutes after the medicine is given, a small feeding tube will be passed down your child's nose and into his or her stomach. The tube will be taped to your child's face to keep it in place (Picture 3). This procedure is uncomfortable. It will make your child gag and cough for a few seconds.
After the tube is in place, a laxative solution will be pumped by a machine through the tube and into your child's stomach. This is a strong laxative. It will make your child's bowels move often. Stools will get very loose and then watery.
Your child will receive a large amount of the solution over a 4 to 8 hour period. It is given through the tube because the amount is much more than a child could be expected to drink.
Your child may continue to drink clear liquids when the laxative solution is going in.
Your child may need to have an IV to replace water that is lost during the wash-out procedure.
Refer to the Helping Hand: *IV Therapy*, HH-II-17.

ON THE DAY OF SURGERY

- If your child's stool is not clear (or just light brown water) by the morning of surgery, he or she may need to have salt water enemas to further clean out the bowel.
- Your child will go to the Operating Room 1/2 to 1 hour before surgery. You may go with your child to the pre-operative holding area. When your child goes into the Operating Room, you may wait in the surgery waiting room. The doctor will talk with you after the surgery.
- Your child will be given medicine to make him sleep (anesthesia) and the polyps will be removed. The polyps will be sent to the Pathology Lab to be looked at under a microscope.
- When the surgery is over, your child will go to the Post Anesthesia Care Unit (PACU) to wake up. He will then return to his room. Your child will be in the Operating Room and the PACU for about 2 hours.

AFTER SURGERY

- When your child is fully awake, he will be allowed to drink clear liquids. When he is able to drink clear liquids, he may start eating regular food.
- Your child may have small amounts of blood in his stool after surgery.
- Your child will probably go home from the hospital on the evening of surgery. Sometimes patients may stay in the hospital overnight and go home the next morning.
- Your child may return to his normal activities at home, as instructed by your child's doctor.
- After you and your child go home, you may notice some behavior changes in your child. Sometimes children who have been in the hospital have problems sleeping. (They may become clingy or fussy, or "act out" when they are angry.) These behaviors will go away after awhile as your child gets used to his home routine.

WHEN TO CALL THE DOCTOR

Call your child's doctor if any of the following occurs:

- Tenderness or discomfort in the abdomen (belly)
- More than a small amount of bleeding (spotting) from the bowel.
- Fever of 100°F. axillary (under the arm) or 101°F. by mouth, which continues for a period of 6 to 8 hours. **Do not take a rectal temperature following a polypectomy.** You should check your child's temperature if he is complaining of pain or discomfort; otherwise you will not need to do so.

If you have any questions, call the G.I. Department at (614) 722-3450. If the office is closed, call the Nationwide Children's Hospital operator at (614) 722-2000. The operator will contact the gastroenterologist on call.