REFLUX & SWALLOWING CENTER

DR. ALI ZAD
Gastroenterologist & Hepatologist
MD, FRACP

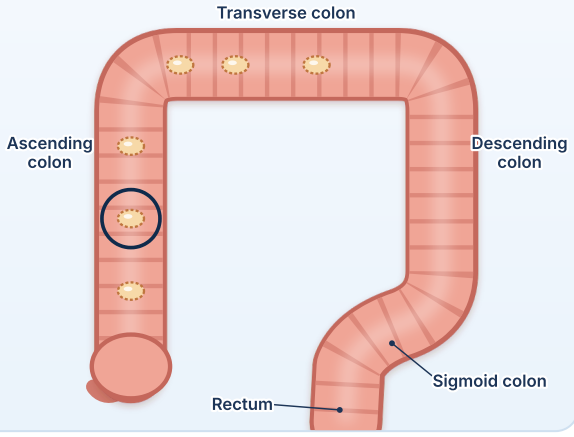
Serrated Polyposis

Serrated polyposis syndrome (SPS)

SPS is a condition where a person develops many serrated polyps in the large bowel. It is usually found during colonoscopy. With regular colonoscopy to remove polyps, it can be well controlled.

Regular colonoscopy to remove polyps keeps the bowel cancer risk low.

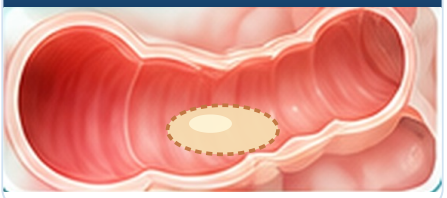
Where serrated polyps form



Normal colon (inside view)



Serrated polyp (flat, pale)



How common is it?

Uncommon, but the most common polyposis syndrome

Polyps are mostly on the **right side** of the colon and can be flat and hard to see, so a careful colonoscopy with good bowel preparation matters.

How SPS is diagnosed (WHO criteria, counted across all colonoscopies)

Criterion 1

At least **5 serrated polyps** above the rectum, all 5 mm or larger, with at least 2 that are 10 mm or larger

Criterion 2

More than **20 serrated polyps** of any size throughout the bowel, with at least 5 above the rectum

Risk factors and symptoms

- Smoking is strongly linked
- Higher body weight
- Family history
- Usually no symptoms

Important:
SPS increases bowel cancer risk, but **regular colonoscopy** greatly lowers it.

Healthy habits that support your bowel

Good sources of fibre

- Fruits & vegetables
- Whole grains (oats, brown rice)
- Legumes (lentils, chickpeas)
- Nuts and seeds

Other healthy habits

- Stop smoking
- Regular physical activity
- Maintain a healthy weight

Do not miss your surveillance colonoscopy.
Serrated polyps can grow without any symptoms.

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Living with SPS

Colonoscopy surveillance and your family

SPS is managed by finding and removing polyps before they can cause problems. Your relatives may also benefit from earlier checks.

Keep every surveillance colonoscopy appointment, even when you feel well.

Treatment and follow-up

Clearing the bowel
(first year)

Polyps 5 mm or larger are removed. This may take more than one colonoscopy, a few months apart.

Regular colonoscopy
(ongoing)

Once polyps are controlled, surveillance is usually every 1 to 2 years.

Surgery
(uncommon)

Considered only if polyps cannot be controlled with colonoscopy or a cancer is found.

What about my family?

Parents, brothers, sisters and children of people with SPS have a **higher risk** of bowel cancer. They are usually advised to have colonoscopy from about age 40, then every 5 years if clear. SPS is usually **not** caused by a single gene, so genetic testing is needed only in some cases. Dr Zad can write to your relatives' GPs.

What you can do

- Keep every surveillance colonoscopy
- Stop smoking: linked to serrated polyps
- Tell your close relatives
- High-fibre diet, healthy weight

Preparing well for colonoscopy

- Follow your bowel prep instructions exactly
- Drink plenty of clear fluids
- Check blood thinners and diabetes medicines with us
- Allow the whole day
- No driving for 24 hours after sedation

See your doctor promptly, even if not yet due:

- Rectal bleeding
- Change in bowel habit
- Unexplained weight loss
- Tiredness or low iron
- Ongoing tummy pain

Your personalised advice

Sources: WHO Classification of Tumours, Digestive System (5th ed, 2019); BSG/ACPGBI/UKCGG guidelines for hereditary colorectal cancer (2020); US Multi-Society Task Force post-polypectomy surveillance (2020). Reviewed by Dr Ali Zad, November 2026. General educational information only, not a substitute for personal medical advice.

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Referrals welcome · You can book directly; a GP referral is needed for a Medicare rebate