

Before blood is taken for analysis, you will be offered counselling. The counsellor will be able to explain the situation to you in more detail.

How is FAP treated?

If a person has FAP, there are simply too many polyps to remove them all individually. Therefore the only effective treatment is to have an operation to take away the part of the bowel where most of the polyps grow.

FAP SUPPORT GROUP

The Registry also runs a support group for patients and their families. With this group, members are free to discuss their various problems and learn how others cope and solve their problems.

After the operation, people go on to get married, have children and get all sorts of jobs.

If your family members would like to use this service, an appointment can be made by telephoning nos. 63213615 or 63265431. Please advise us of the name of the family member under the care of the Registry.



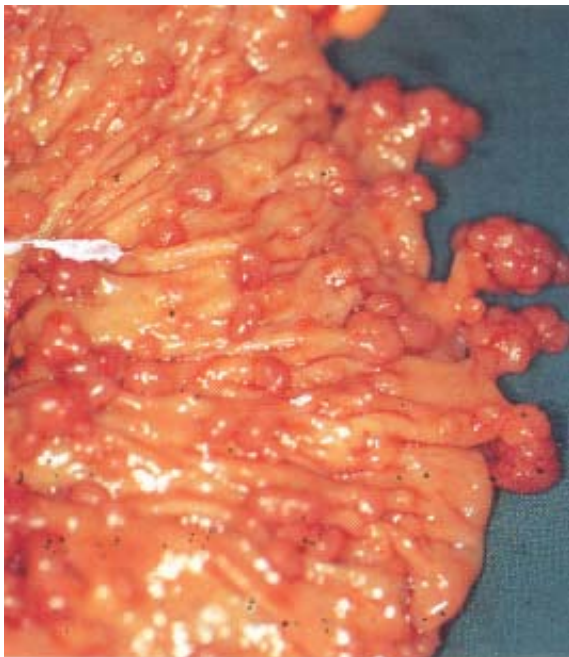
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SINGAPORE POLYPOSIS REGISTRY
C/O DEPARTMENT OF COLORECTAL SURGERY

Familial Adenomatous Polyposis

SOME BASIC INFORMATION ABOUT FAMILIAL ADENOMATOUS POLYPOSIS (FAP)

People with FAP develop more than 100 polyps (which are like cherries on stalks) inside their large bowel. These polyps can become troublesome and cancer may result, this is why it is so important to make sure anyone at risk of getting FAP is examined. FAP can be treated successfully but can be serious if it is not detected.



RESTRICTED COLON OF PATIENT WITH FAP SHOWING NUMEROUS POLYPS

What causes FAP?

FAP is a genetic condition, that is to say it can be inherited. The FAP gene is one of many thousands of genes carried on our chromosomes which determine our physical characteristics (eg. our hair and eye colour, the number of fingers and toes we have). When the FAP gene is faulty (incorrect information is carried), the colon develops many polyps. With time cancer can form in one or more of these polyps. Any child of a person with FAP has a 50 : 50 chance of inheriting the faulty gene.

Sometimes a person may be affected even though both parents have normal copies of chromosome 5. This is because mistakes can occasionally occur in the replicating DNA even though the parents have normal genes. In cases where this appears to have happened, parents, brothers and sisters should be screened still.

Wouldn't a person know if they have FAP?

Not necessarily. In the early stages there may be no symptoms. Most affected people show no early signs. Because early diagnosis makes such a difference to people with FAP, anyone who thinks they might be at risk should not wait for symptoms to develop, but should arrange for a check-up.

What does the check-up involve?

The doctor will ask questions about your general health, feel your tummy and carry out a test called a sigmoidoscopy. A sigmoidoscopy involves passing a small telescope into the bottom so that the doctor can have a look to see if there are any polyps. Some people find the examination a bit embarrassing and uncomfortable but it should not hurt.

If, during the examination, the doctor see polyps he or she will take a small sample (called a biopsy). This is not painful and cannot usually be felt. The sample is sent off to the laboratory for analysis to confirm that a person has FAP.

If no polyp is seen you may be asked to return to the clinic a year later.

What about blood tests?

Now that it is known that the gene for FAP is on chromosome 5, it is possible to take a sample of blood, to see if the affected gene is present or not. As the fault in the gene varies from family to family it is necessary to find the exact faulty spot in your family. Once it has been found other individuals in the family can be tested in order to see whether they have got the same faulty spot. This test does not, at the moment, work for everyone.