SHAMINDRA DIREKZE
GASTROENTEROLOGIST & HEPATOLOGIST

Colonic Polyps

Patient information leaflet

What is a colonic polyp?

A polyp is a small growth arising from the inner lining of the large bowel (colon). Polyps are common, especially as we get older. Most are harmless and do not cause symptoms. However, some types can slowly develop into bowel cancer over several years if left untreated. Finding and removing these polyps helps prevent bowel cancer.

Are all polyps the same?

No. The most common types include:

- Adenomas: These are precancerous polyps. Most never become cancer, but some can develop into cancer over time.
- Serrated polyps: Some, particularly sessile serrated lesions and traditional serrated adenomas, can also be precancerous.
- Hyperplastic polyps: Small hyperplastic polyps, particularly in the lower bowel, are usually low risk.
- Inflammatory polyps: Often associated with inflammation of the bowel and are generally not precancerous themselves.

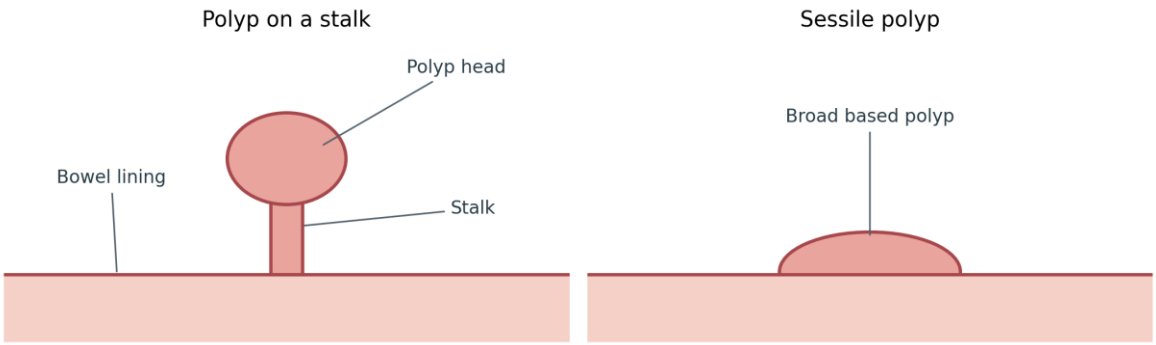
What symptoms can polyps cause?

Most polyps cause no symptoms and are found during a colonoscopy or bowel screening. Occasionally they may cause blood in the stool, iron-deficiency anaemia, mucus, or a change in bowel habit.

How are polyps diagnosed?

Polyps are usually seen during a colonoscopy. Removed polyps are sent to the laboratory for examination under a microscope (histology). This confirms the type of polyp and whether any abnormal or cancerous cells are present.

What a polyp looks like

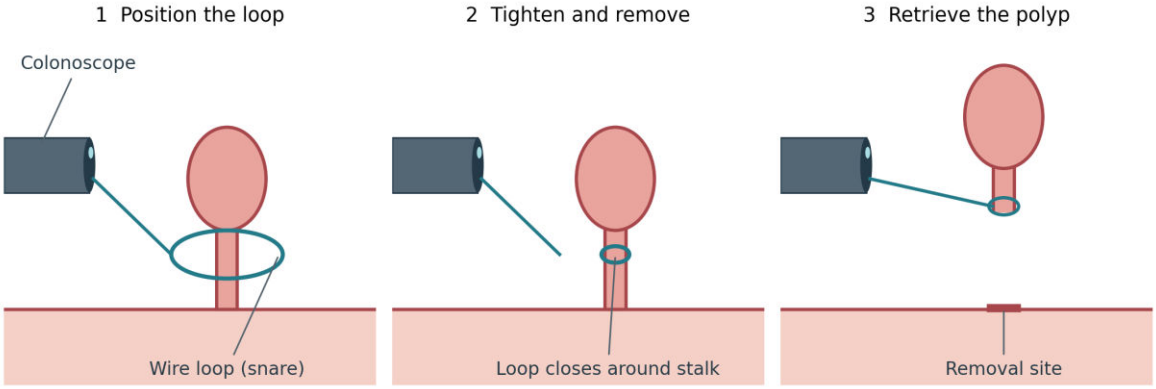


A polyp grows from the bowel lining. Some have a stalk; others are flatter or have a broad base. Shape alone does not tell us whether a polyp is precancerous.

How are polyps removed?

Most polyps can be removed safely during colonoscopy using a wire loop (snare), sometimes with an electrical current, or with other specialised endoscopic techniques. This is called a polypectomy. Larger or more complex polyps may require a separate advanced endoscopic procedure and, occasionally, surgery. Your endoscopist will explain if further treatment is needed.

Removal with a snare



A thin wire loop passes through a channel in the colonoscope and is placed around the polyp. The loop closes to cut through the tissue. Depending on the polyp, this may be done without heat (cold snare) or with an electrical current (hot snare).

The removed polyp is collected and sent to the laboratory for examination under a microscope. The endoscopist checks the removal site; clips may be used if needed to help prevent or control bleeding. Broad based or larger polyps may need a different technique.

Is removing a polyp risky?

Polyp removal is generally safe. Possible complications include bleeding (which can occasionally occur several days after the procedure) and, rarely, a tear in the bowel wall (perforation). Your endoscopy team will explain the risks relevant to the size and position of your polyp and the method used to remove it.

What happens after removal?

The pathology result may take several weeks. Your doctor will review the result, whether the polyp was completely removed, and whether you need another colonoscopy. Not everyone needs routine surveillance. The timing depends on the number, size and type of polyps, microscopic features, quality of the bowel examination, family history and relevant national guidance. Follow the personalised advice in your endoscopy report or follow-up letter.

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Can I reduce my risk of future polyps?

You cannot prevent all polyps, but you can help protect bowel health by eating a balanced, fibre-rich diet with fruit, vegetables and wholegrains; limiting processed meat and excessive red meat; being physically active; maintaining a healthy weight; not smoking; and limiting alcohol. Attend any recommended bowel screening or surveillance appointments.

When should I seek medical help?

After a polyp removal, seek urgent medical assessment if you develop severe or worsening abdominal pain, fever, fainting, persistent vomiting, or significant bleeding from the back passage (especially clots or repeated bloody stools). A small amount of blood may occur after a procedure, but ongoing or heavy bleeding is not normal. If you feel very unwell or have heavy bleeding, attend an emergency department.

Key message

Having a bowel polyp does not mean you have cancer. Most polyps are benign. Removing precancerous polyps is an important way of reducing the risk of bowel cancer. Your histology result and endoscopy findings determine whether any further follow-up is required.

Further information: NHS — Bowel polyps | www.nhs.uk/conditions/bowel-polyps/

This leaflet provides general information and does not replace individual medical or dietetic advice. For more information, scan the QR code below to visit our website: