



Colon Polyps: Patient Information Handout

What Are Colon Polyps?

Colon polyps are small growths that develop on the inner lining of the colon (large intestine). Most polyps are **benign (non-cancerous)**, but some have the potential to turn into **colon cancer** over time.

Polyps are extremely common—especially as people get older—and can usually be removed safely during a colonoscopy.

Types of Colon Polyps

1. Adenomas (Adenomatous Polyps)

The most common type associated with **colon cancer risk**.

Subtypes include *tubular*, *tubulovillous*, and *villous* adenomas.

The larger or more villous they are, the higher the chance they could become cancerous.

2. Sessile Serrated Polyps (SSPs) & Traditional Serrated Adenomas (TSAs)

Flat or slightly raised polyps often found in the right colon.

Can be precancerous and may develop into colon cancer through a different pathway than adenomas.

Easily missed if the colon is not well-prepared.

3. Hyperplastic Polyps

Most common in the rectum and sigmoid colon.

Generally **not precancerous** unless found in large numbers or in the right colon.

4. Inflammatory Polyps

Seen in people with inflammatory bowel disease (IBD).

Usually **not cancerous**, but indicate chronic inflammation in the colon.

How Common Are Colon Polyps? (Incidence)

Polyps are found in **25–30% of adults over age 50**.

The rate increases with age—more than **50% of adults over 70** have at least one polyp.

Polyps may occur earlier in people with:

- Family history of colon polyps or colon cancer

- Genetic syndromes (rare)

- Lifestyle risks (smoking, obesity, high-fat diets, low fiber)

Why Are Polyps Significant?

Cancer Risk

Certain types of polyps—especially **adenomas** and **serrated polyps**—can develop into colon cancer if not removed. This process generally takes **years**, which is why colonoscopy is such an effective preventive tool.

Size Matters

Polyps **>1 cm** carry a higher cancer risk.

Polyps with villous features or high-grade dysplasia also have higher risk.

Number of Polyps

Finding multiple polyps may increase your future risk and can affect how often you need screening.

What Causes Polyps?

Although we don't always know exactly why polyps form, several factors increase risk:

- Age over 45–50

- Family history of colon polyps or colon cancer

- Diets high in processed meat or low in fiber

- Obesity

Smoking

Diabetes

Inflammatory bowel disease (for inflammatory polyps)

Symptoms

Most colon polyps cause **no symptoms**.
When symptoms occur, they can include:

Rectal bleeding

Blood in the stool

Changes in bowel habits

Abdominal pain (rare)

Because symptoms are uncommon, **screening colonoscopy** is essential.

Diagnosis

Colon polyps are diagnosed during:

Colonoscopy (most accurate)

CT colonography (virtual colonoscopy)-not readily available

Stool tests (FIT or DNA tests) may suggest a polyp but cannot remove it

During colonoscopy, the doctor removes polyps and sends them to the lab for pathology.

Management of Colon Polyps

1. Polyp Removal (Polypectomy)

Most polyps are removed during colonoscopy using a snare or forceps.
Larger or flat polyps may require advanced techniques (EMR or ESD).

2. Pathology Results

After removal, the polyp is reviewed under a microscope to determine:

Type of polyp

Size

Whether it was completely removed

Whether any precancerous features were present

3. Follow-Up Colonoscopy

The timing of your next colonoscopy depends on:

Number of polyps

Size of polyps

Pathology type

Family history

Quality of the bowel preparation

General follow-up guidelines (for typical patients):

1–2 small adenomas (<1 cm): repeat in 5–7 years

3–10 adenomas or any ≥ 1 cm: repeat in 3 years

Serrated polyps: follow-up varies—usually 3–5 years

Hyperplastic polyps only: often return to routine 10-year screening (sometimes earlier if very large hyperplastic polyp(s) or large numbers in the right colon)

Your doctor may personalize your follow up based on other factors

Reducing Your Risk

You can help prevent polyps and colon cancer by:

- Eating a high-fiber diet (fruits, vegetables, whole grains)
 - Reducing red/processed meat
 - Losing weight if overweight
 - Exercising regularly
 - Avoiding smoking
 - Limiting alcohol
 - Following recommended colonoscopy intervals
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