How common are colon polyps?

Polyps are very common in adults, particularly as we get older. It is estimated that the average 60-year-old person without risk factors has a 25 to 30 percent chance of having a polyp.

What causes polyps and why are they important?

Polyps are a result of abnormal cell growth in the lining of the colon. Most colon cancers develop from polyps. The biggest risk factor for developing polyps is being over the age of 50. A family history of colon polyps or colon cancer increases the risk of polyps. Also, patients with a personal history of polyps or colon cancer are at risk of developing new polyps. In addition, there are some rare polyp or cancer syndromes that run in families and increase the risk of polyps occurring at younger ages. A high-fat, low-fiber diet, alcohol and/or tobacco use, obesity, and a sedentary lifestyle may contribute to polyp formation.

What are the different types of polyps?

There are two common types: hyperplastic polyps and adenomatous polyps (also called adenomas). Hyperplastic polyps are usually benign and are not at risk for turning into cancer. Adenomas, however, are pre-cancerous polyps that may develop into cancer. It is believed that 95% of all colon cancers start as adenomatous polyps. Although it’s impossible to tell which adenomatous polyps will become cancers, larger polyps are more likely to become cancers and some of the largest ones (those larger than 1 inch) might already contain small areas of cancer. Histology (examination of tissue under a microscope) is the best way to differentiate between hyperplastic and adenomatous polyps.

How are polyps treated?

Most polyps found during colonoscopy can be completely removed during the procedure (most commonly referred to as “polypectomy”). Various removal techniques are available; most involve removing them with a wire loop (“snare”), biopsy forceps and/or burning the polyp base with an electric current. Because the bowel is not sensitive to cutting or burning, polypectomies do not cause pain or discomfort. Polyps that are removed are examined under a microscope by a pathologist to determine the polyp type and to detect any cancer. The results may take several days to be finalized.

A colonoscope is a medical device used by expert physicians to look inside the colon and rectum. The expert physician controls the movement of the flexible tube using the endoscope handle.
If a large or unusual looking polyp is removed or left for future surgical or endoscopic management, the doctor may mark the location of the polyp by injecting small amounts of sterile India ink or carbon black into the colon wall. This is called **endoscopic tattooing**.

**What are the risks of polypectomy?**

Colonoscopy with or without polypectomy is a routine outpatient procedure and does not require hospitalization. Complications are uncommon but can include bleeding from the polypectomy site and **perforation** (a hole or tear) of the colon. Bleeding from the polypectomy site can be immediate or occur several days later. Persistent bleeding can almost always be stopped by treatment at the time of colonoscopy. Perforations rarely occur and may require surgery to repair.

**How often do I need colonoscopy if I have polyps removed?**

Your doctor will decide when your next colonoscopy is necessary. The timing depends on several factors, including the number and size of polyps removed, the polyps' tissue type and the quality of the colon cleansing, which affects your doctor’s ability to fully examine the surface of the colon. Your doctor will discuss those options with you.

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**Many experts recommend colonoscopy as the preferred screening method for colon cancer. Colonoscopy is used to detect polyps which are at risk of developing into cancer. One advantage of colonoscopy over other screening techniques is that any polyps found or suspected can be removed at the time of the procedure.**

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Since its founding in 1941, ASGE has been dedicated to advancing patient care and digestive health by promoting excellence in gastrointestinal endoscopy. This information is the opinion of and provided by the American Society for Gastrointestinal Endoscopy.

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