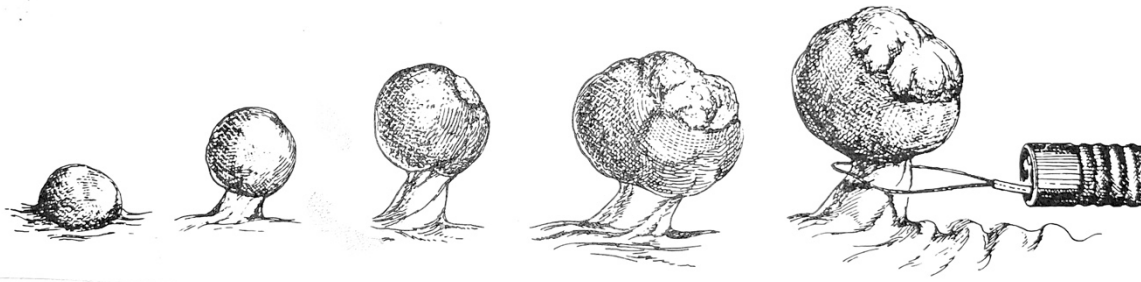


A Few Facts About Colon Polyps

After an examination of your colon, your doctor may have told you that you have, or had, a colon polyp, and it may have already been removed or destroyed during a colonoscopy. The following information will help you understand more about this condition and answer some of your questions.

What is a colon polyp?

A colon polyp is a benign tumor or clump of tissue that forms on your colon's usually smooth, inner surface. Also known as the large intestine, the colon is about six feet long, and is located at the end of your digestive tract. Your entire digestive tract measures approximately 30 feet in length, and resembles a hollow, tube-like passageway that extends all the way from your mouth to your rectum. Polyps are quite common, with roughly 1 in 6 asymptomatic adults predisposed to developing single or multiple polyps in their colon.



What causes colon polyps?

Despite extensive research, the cause is unknown, but what is known is that the incidence of polyps increases with age, and that if you have had a colon polyp removed, your chance of future polyps is about 60%. Those aged 45 or older are at the highest risk, which increases significantly if there's a family history of colon polyps. While most individuals with colon polyps have no family history, the risk of developing colon polyps rises markedly for other immediate family members (parents, siblings, children). It is highly recommended that your family commence screening examinations by the age of 40.

What does a polyp look like?

Colon polyps are formed in one of two shapes: Polyps on a stem or stalk look like mushrooms and are called *pedunculated*; or when polyps grow directly onto the inner wall of the colon, spreading out like spilled paint, they are called *sessile*. Of the two, the sessile polyps are much more difficult to remove.

Are colon polyps the same as cancer?

Body tissues are made up of millions of tiny individual cells. Your body continuously manufactures new cells to replace old, or damaged cells that die off, and sometimes there's an imbalance in the process, creating a lump or mass called a tumor. Tumors can be benign or malignant. *Benign tumors do not spread and are not cancer whereas malignant tumors are cancer.* Cells in malignant tumors are abnormal in that they continue to divide uncontrollably. Without treatment, cancer cells can spread and infect nearby tissues and organs.

Most colon polyps are NOT cancerous (malignant), and when diagnosed early, are considered to be benign tumors that can be removed during colonoscopy, occasionally requiring intestinal surgery for removal. In most cases, colon polyps do not grow back. Cells from benign polyps do not spread to other parts of the body and, once removed, are rarely life-threatening.

What are the types of colon polyps?

There are four types of polyps that commonly occur within the colon:

1. *Inflammatory* - Most often found in patients with ulcerative colitis or Crohn's disease. They are often labeled "pseudopolyps" (false polyps) because they are not true polyps. They develop due to a reaction to chronic inflammation of the colon wall. They are benign, and not the type that evolves into cancer. They are routinely biopsied to verify their identity.

2. *Hyperplastic* is a typical type of polyp, usually tiny, and found in the rectum. They are considered to be at very low risk of turning cancerous.
3. *Tubular adenoma* or adenomatous polyp is the most common type, making up about 70% of the polyps removed, and also the kind that is referred to most often when a doctor speaks of colon polyps. Adenomas are a definite cancer threat, the risk increasing as the polyp grows larger. Adenomatous polyps are usually asymptomatic, and, if they are detected early, can be removed during a colonoscopy before any cancer cells form. The good news is that these polyps grow very slowly, and may take many years to turn into colon cancer. Patients with a history of adenomatous polyps must be regularly screened for new polyp growth, and removal.
4. *Villous adenoma* or tubulovillous adenoma- This type of polyp comprises about 15% of those removed. It is a much more serious variety with a very high risk of cancer as it grows. They are generally larger and sessile, (not on a stem), making removal more difficult. Smaller ones can be removed in stages - sometimes spanning several colonoscopies. Larger sessile villous adenomas may require intestinal surgery for complete removal. Follow-up examinations depend on the size, and thoroughness of the polyp's removal.

What if my polyp biopsy showed dysplasia?

No need to panic. Dysplasia is not cancer. Think of it as halfway between benign and cancerous - like an abnormal Pap smear that hasn't yet developed into cancer. When removed and biopsied, both adenomas and villous adenomas polyps may contain abnormal cells that are "almost cancer." Dysplastic polyps can be divided into low-grade dysplasia; or the more severe, high-grade dysplasia. High-grade dysplasia is a serious discovery, but it's not considered malignant.

How do I know if I have colon polyps?

It is of the utmost importance to know that there are no warning symptoms of a colon polyp. That is why screening examinations are crucial to your digestive tract health.

Why remove polyps if they are benign?

Removing colon polyps is very important because some may eventually turn cancerous. Not every colon polyp turns to cancer, but research has shown that almost every colorectal cancer begins as a small non-cancerous polyp. Thankfully, polyps can be easily identified and removed during a colonoscopy, thus preventing possible colon cancer.

How are colon polyps removed?

Up to 90% of colon polyps are safely removed during a colonoscopy, using biopsy forceps or a wire snare and electrocautery for larger polyps. Large polyps, or sessile polyps, spread out over a greater area, and often require the surgical removal of the affected portion of the colon. This is usually accomplished via minimally invasive techniques that require only small incisions.

How can I reduce my risk of colon polyps?

Unfortunately, there is no reliable way to prevent colon polyps.

How can I reduce my risk of colorectal cancer?

Colorectal cancer is the second most deadly cancer in this country, second only to lung cancer. In non-smokers, colorectal cancer is the number one cancer killer in Americans. This is sad as we have had an effective means of prevention for the past 50 years. *The answer is colonoscopy, colonoscopy, colonoscopy! Timed properly, colonoscopy is not colon cancer screening. Colonoscopy is colon cancer prevention due to colon polyp screening.* It's no coincidence that the American Cancer Society strongly recommends that all adults undergo a program of colorectal screening at the age of 45 and repeated about every ten years if the initial test result is normal. Periodic colonoscopy exams will maximize the chances that any polyps will be detected and removed before cancer cells develop. A regular colonoscopy will significantly reduce your risk of colon cancer. If you have any questions, ask your doctor. More information can also be found on our website at www.gihealth.com or Instagram at [@thedigestivetract](https://www.instagram.com/thedigestivetract) .

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