Additional Notes

To read this leaflet in a different language, please visit our website: **www.uhd.nhs.uk/visit/patient-information-leaflets** and use the language and accessibility function available along the top of the site.

To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499** or email **uhd.patientexperienceteam@nhs.net**.

The Royal Bournemouth Hospital,
Castle Lane East, Bournemouth, Dorset, BH7 7DW

Poole Hospital,
Longfleet Road, Poole, Dorset, BH15 2JB

Author: **Andreea Brooks** Date: **October 2026** Version: **Eight**
Review date: **October 2029** Ref: **186/23**

w: www.uhd.nhs.uk : @UHDTrust : @uhd_nhs

Some of our hospital services are moving.
Visit **www.uhd.nhs.uk/future** to find out more.

NHS
University Hospitals Dorset
NHS Foundation Trust

Polyps in the Bowel

Endoscopy Department

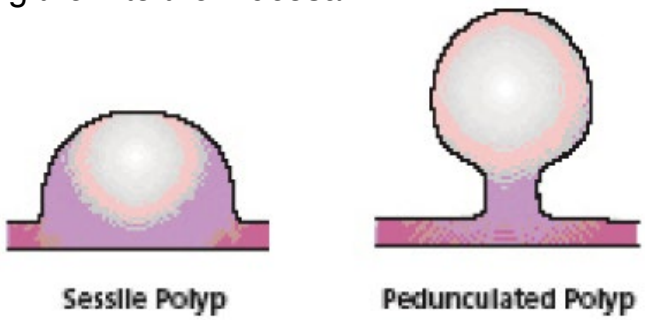
Patient information

w: www.uhd.nhs.uk : @UHDTrust : @uhd_nhs

Some of our hospital services are moving.
Visit **www.uhd.nhs.uk/future** to find out more.

What are polyps?

A polyp is a growth caused by abnormal multiplication of cells in the lining of the colon (large bowel). Some polyps protrude out from the lining of the bowel (mucosa) on a stalk. These are called ‘pedunculated’. Polyps which are flatter are called ‘sessile’ and may have a broader base connecting them to the mucosa.



Polyps are one of the most common conditions affecting the colon. Most polyps are benign. Polyps vary in size; most are under a centimetre, but some can grow to several centimetres. Most people who develop polyps only have one or two; it is unusual to have more than five.

There are some polyps that are very unlikely to develop into cancer and some that carry a risk of becoming cancerous or are cancerous. Those that carry a risk are called adenomas.

However, since there is no foolproof way of predicting whether or not a polyp is, or will become cancerous, we advise people to have them removed and examined under a microscope.

Sources of further Information:

NHS Bowel Cancer Screening Programme **www.cancerscreening.nhs.uk/bowel**

Bowel Cancer UK **www.bowelcanceruk.org.uk**

British Society of Gastroenterology **www.bsg.org.uk**

Useful Contacts:

The Royal Bournemouth Hospital Endoscopy Department: **0300 019 4668** (Mon-Fri, 8am-6pm)

Poole Hospital Endoscopy Department: **0300 019 2772** (Mon-Fri, 8am-6pm)

Polyps in the Bowel

Do polyps cause symptoms?

Most of the time, polyps do not cause any symptoms and people are unaware if they have them. However, some polyps may cause bleeding from the back passage, or produce slimy mucus that comes out when you open your bowels. In very rare cases polyps can grow large enough to cause a blockage in the bowel, but unless this happens it is unlikely that polyps will cause any pain.

How are polyps diagnosed?

Most of the time, polyps are first identified during investigations of the large bowel which have been prompted by a symptom which may or may not be related, such as a change of bowel habit, abdominal pain, anaemia, or the passage of blood with stool (poo). Some polyps may be detected using special imaging techniques such as a barium enema X-ray or a CT scan of the colon (colonography). Endoscopic examinations such as Flexible Sigmoidoscopy or Colonoscopy allow for close inspection of the bowel lining, and the removal of polyps.

Separate booklets are available about Flexible Sigmoidoscopy and Colonoscopy, from the Endoscopy Department.

How are polyps treated?

Most polyps can be removed endoscopically. A loop of wire (snare) is passed through the endoscope and tightened around the polyp to remove it, without you feeling it. This is called a ‘polypectomy’. Sometimes the base of the polyp is injected with a solution to lift it away from the bowel wall, to reduce the risk of a perforation, or hole, and electrical heat - diathermy - may be used to cauterise the site and prevent bleeding.

Sometimes, there are too many polyps to remove in one sitting, and so a repeat colonoscopy may be necessary. Some polyps may be more difficult to remove, particularly if they are larger or have a broader base. In a few cases, surgery may be required to ensure polyps are safely and completely removed.

What happens after my polyp is removed?

After we remove a polyp we examine it using a microscope. This helps us to decide whether it has been removed completely and assess the risk of it coming back. If the polyp is the kind that is unlikely to develop into cancer then you will need no further treatment at that time, but we may recommend that you come for surveillance colonoscopy in the future.

Occasionally, when we examine the polyp that has been removed, we find that we did not get all of it, or that the polyp has cancerous cells. If this is the case then a second colonoscopy or operation may be needed to ensure that any abnormal tissue is completely removed. Your Endoscopist or Consultant will advise you if this is the case.

Post-polypectomy recovery

In most cases, where polyps are removed during Colonoscopy or Flexible Sigmoidoscopy, recovery is uneventful. However, it is possible that you may experience some bleeding, especially following the removal of larger polyps. If the bleeding is excessive, or persistent, or if you have strong pain which you think might be related, you should seek advice, as directed by the Endoscopy Department after your procedure.

Why do people develop polyps?

Polyps are caused by a mutation in the genetic message, or code, which controls when cells divide. As we get older, we are more likely to develop polyps, and by the time we are 60 about a third of us will have a polyp, whether we are aware of it or not. Factors such as smoking, obesity, and a diet high in red meat and fat, and low in fibre, may play a part, but this is not certain. There is currently no specific dietary advice or drug therapy that can be recommended to prevent polyps.

Inflammatory conditions such as Crohn's Disease or Ulcerative Colitis, can lead to changes in the bowel lining which resemble polyps.

Polyps can also develop as a result of certain hereditary conditions, though these tend to affect only a very small number of people. Familial Adenomatous Polyposis (FAP) is known to lead to the development of multiple polyps that are more likely to become cancerous. This condition is very rare; if it is diagnosed, regular screening or surveillance is recommended to check the bowel, so that any polyps can be removed and examined. Genetic screening of family members may be recommended so that they can be screened too.