

COLON POLYP

A colon polyp is a *benign* (non-cancerous) growth, shaped like a grape on a stalk, projecting from the lining of the intestine or rectum. Polyps can occur alone or in groups. Risk factors include a positive family history of intestinal polyps and increasing age. The larger the polyp, (greater than 1/2 inch), the greater the chance of *malignancy* (cancer).

Symptoms *may* include:

- Often, there are no symptoms
- Painless rectal bleeding
- Mucous discharge from the rectum
- Cramping, abdominal pain, or spasms of the bowel
- Fatigue

What *your doctor* can do:

Diagnose the problem by asking about your symptoms, taking a medical history, and performing a physical exam.

Diagnostic tests:

- *Laboratory blood studies* – Primarily a blood count to detect for *anemia* (low blood count)
- *Stool guaiac* – Testing the stool for blood
- *Sigmoidoscopy* – A flexible tube-like scope to examine the rectum and lower part of the colon
- *Colonoscopy* – A flexible tube-like scope to examine the entire colon
- *Biopsy* – Removal and study of a small amount of tissue
- *Barium enema* – Placing barium in the rectum so an X-ray will show the colon

Treatment includes:

Polypectomy – Surgical removal of the polyps with a colonoscope, especially with larger polyps (greater than 1/2 inch in diameter)

If there are multiple polyps, a portion of the large intestine may be removed.

What *you* can do:

There is no known preventative measure. However, a diet low in fat and high in fiber is associated with lower risk and incidence.

If you are at high risk, see your doctor for regular stool and blood tests.

What you can expect:

Generally, there are no complications with polyps smaller than 1/2 inch in diameter. Your doctor may recommend a sigmoidoscopy or colonoscopy every 3–5 years.

Recurrence of polyps – Especially polyps greater than 1/2 inch in diameter, have been associated with cancer.

Contact your doctor if you have rectal bleeding or mucous discharge from your rectum.