

“Our goal should be colon cancer **PREVENTION** — and we can do this by removing colon polyps.”

UNDERSTANDING COLON POLYPS

What are colon polyps and why are they important?

A polyp is a growth that begins on the inside lining of the colon or large intestine. There are two major types of polyps: (1) adenomatous; and, (2) hyperplastic. It is the **adenomatous** type of polyp that has the **potential to turn into colon cancer**. It has been estimated that a third of the population over the age of fifty may have colon polyps. Not all polyps will turn into cancer and it takes years for colon cancer to develop. Studies have shown that removing polyps can prevent colon cancer.

What causes colon polyps?

The answer to this question is not entirely known. We do know that **heredity** (family history) and **lifestyle** probably play a role in the development of colon polyps. A well-balanced diet high in fiber and low in fat is best. Calcium and aspirin use, as well as exercise may also decrease your risk in developing colon polyps and colon cancer.

Do colon polyps cause symptoms?

Small polyps most likely cause no symptoms at all. This is why **everyone** should be evaluated for colon polyps and colon cancer at some point. Larger polyps, depending on the location in the colon, may cause noticeable or occult blood loss or even a change in bowel behavior. Anemia (low blood count) may result from chronic blood loss from colon polyps or colon cancer.

How do I know if I have colon polyps and what should I do about them?

Since polyps often cause no symptoms, it is recommended that everyone **over the age of 50** should have some screening test for colon polyps and colon cancer. Though no test is perfect, the single best test for detection and removal of colon polyps is called a **colonoscopy**. This is an examination of the entire large intestine and performed by a **gastroenterologist** — a specialist in colon cancer prevention. Other screening tests include stool tests, flexible sigmoidoscopy, barium enema and CT examination.

Most polyps that are found at the time of colonoscopy can be immediately removed with either a pinch biopsy device for small polyps or a wire snare that uses cautery to remove larger polyps. They are then examined under the microscope to determine if they are adenomatous or hyperplastic.

How often should I have my colon examined?

The frequency of how often a colonoscopy should be performed depends on several factors: (1) your risk of developing colon polyps or colon cancer; (2) the type, number and size of polyps previously removed; (3) the quality of the examination; and (4) any change in symptoms.

For instance, if there are multiple polyps and limited visualization during the colonoscopy, it may be recommended to repeat in two to three years. If one or two adenomatous polyps are removed and the quality of the examination is good (i.e. well prepped colon), it is generally reasonable to wait five years before repeating the examination. If there are no polyps and no family history of colon cancer, it may be safe to wait five to ten years.