



[Home](#) → [Medical Encyclopedia](#) → Colorectal polyps

URL of this page: //medlineplus.gov/ency/article/000266.htm

## Colorectal polyps

A colorectal polyp is a growth on the lining of the colon or rectum.

### Causes

Polyps of the colon and rectum are most often benign. This means they are not a cancer. You may have one or many polyps. They become more common with age. There are many types of polyps.

Adenomatous polyps are a common type. They are gland-like growths that develop on the mucous membrane that lines the large intestine. They are also called adenomas and are most often one of the following:

- Tubular polyp, which protrudes out in the lumen (open space) of the colon
- Villous adenoma, which is sometimes flat and spreading, and is more likely to become a cancer

When adenomas become cancerous, they are known as adenocarcinomas. Adenocarcinomas are cancers that originate in glandular tissue cells. Adenocarcinoma is the most common type of colorectal cancer.

Other types of polyps are:

- Hyperplastic polyps, which rarely, if ever, develop into cancer
- Serrated polyps, which are less common, but may develop into cancer over time

Polyps that are 1 centimeter (cm) or larger have a higher cancer risk than polyps smaller than 1 cm. Risk factors include:

- Age
- Family history of colon cancer or polyps
- A type of polyp called villous adenoma

A small number of people with polyps may also be linked to some inherited disorders, including:

- Familial adenomatous polyposis (FAP)
- Gardner syndrome (a type of FAP)
- Juvenile polyposis, a disease that causes many benign growths in the intestine, usually before 20 years old
- Hereditary non-polyposis colorectal cancer (HNPCC), also called Lynch syndrome, a disease that raises the chance of many types of cancer, including in the intestine

- Peutz-Jeghers syndrome, a disease that causes intestinal polyps, usually in the small intestine and usually benign

## Symptoms

Polyps usually do not have symptoms. When present, symptoms may include:

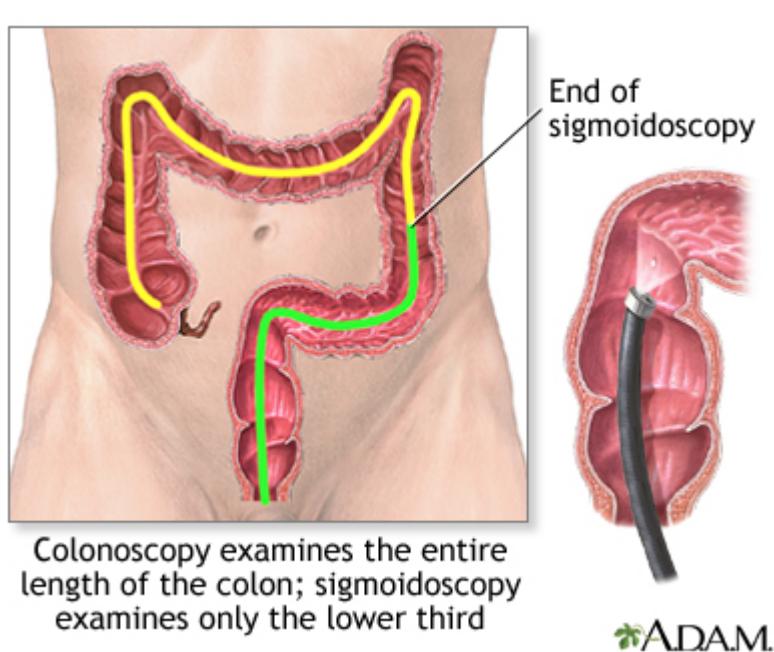
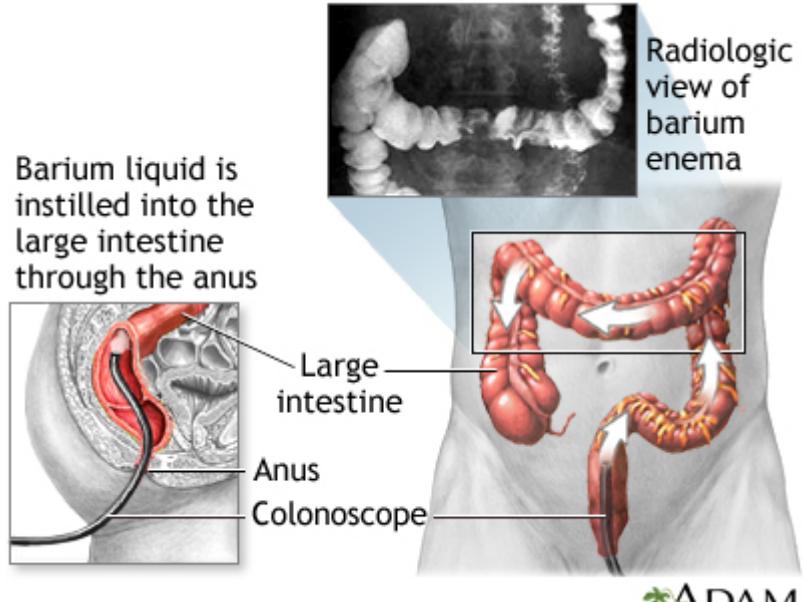
- Blood in the stools
- Change in bowel habit
- Fatigue caused by losing blood over time

## Exams and Tests

Your health care provider will perform a physical exam. A large polyp in the rectum may be felt during a rectal exam.

Most polyps are found with the following tests:

- Barium enema (rarely done)
- Colonoscopy
- Sigmoidoscopy
- Stool test for hidden (occult) blood
- Virtual colonoscopy
- Stool DNA test
- Fecal immunochemical test (FIT)



## Treatment

Colorectal polyps should be removed because some can develop into cancer. In most cases, the polyps may be removed during a colonoscopy.

For people with adenomatous polyps, new polyps can appear in the future. You should have a repeat colonoscopy, usually 1 to 10 years later, depending on:

- Your age and general health
- Number of polyps you had
- Size and type of the polyps
- Family history of polyps or cancer

In rare cases, when polyps are very likely to turn into cancer or too large to remove during colonoscopy, the provider will recommend a partial colectomy. This is surgery to remove part of the colon that has the polyps.

## Outlook (Prognosis)

The outlook is excellent if the polyps are removed. Polyps that are not removed can develop into cancer over time.

# When to Contact a Medical Professional

Contact your provider if you have:

- Blood in a bowel movement
- Change in bowel habits

## Prevention

To reduce your risk of developing polyps:

- Eat foods low in fat and eat more fruits, vegetables, and fiber.
- Do not smoke and do not drink alcohol in excess.
- Maintain a normal body weight.
- Get regular exercise.

Your provider can order a colonoscopy or other screening tests:

- These tests help prevent colon cancer by finding and removing polyps before they become cancer. This may reduce the chance of developing colon cancer, or at least help catch it in its most treatable stage.
- All adults should begin one of these tests at age 45.

Taking aspirin, naproxen, ibuprofen, or similar medicines may help reduce the risk for new polyps. Be aware that these medicines can have serious side effects if taken for a long time. Side effects include bleeding in the stomach or colon and heart disease. Talk with your provider before taking these medicines.

## Alternative Names

Intestinal polyps; Polyps - colorectal; Adenomatous polyps; Hyperplastic polyps; Villous adenomas; Serrated polyp; Serrated adenoma; Precancerous polyps; Colon cancer - polyps; Bleeding - colorectal polyps

## References

Centers for Disease Control and Prevention. Colorectal cancer. Reducing risk for colorectal cancer. [www.cdc.gov/colorectal-cancer/prevention/](http://www.cdc.gov/colorectal-cancer/prevention/) [https://www.cdc.gov/colorectal-cancer/prevention/]. Updated June 12, 2024. Accessed June 17, 2024.

Garber JJ, Chung DC. Colonic polyps and polyposis syndromes. In: Feldman M, Friedman LS, Brandt LJ, eds. *Sleisenger and Fordtran's Gastrointestinal and Liver Disease*. 11th ed. Philadelphia, PA: Elsevier; 2021:chap 126.

National Cancer Institute website. Colorectal cancer prevention (PDQ) - health professional version. [www.cancer.gov/types/colorectal/hp/colorectal-prevention-pdq](http://www.cancer.gov/types/colorectal/hp/colorectal-prevention-pdq) [https://www.cancer.gov/types/colorectal/hp/colorectal-prevention-pdq] . Updated August 18, 2023. Accessed February 11, 2024.

National Comprehensive Cancer Network website. NCCN clinical practice guidelines in oncology (NCCN guidelines): colorectal cancer screening. Version 1.2023 - May 17, 2023. [www.nccn.org/professionals/physician\\_gls/pdf/colorectal\\_screening.pdf](http://www.nccn.org/professionals/physician_gls/pdf/colorectal_screening.pdf) [https://www.nccn.org/professionals/physician\_gls/pdf/colorectal\_screening.pdf]

Patel SG, May FP, Anderson JC, et al. Updates on age to start and stop colorectal cancer screening: recommendations from the U.S. Multi-Society Task Force on Colorectal Cancer. *Gastrointest Endosc*. 2022;95(1):1-15. PMID: 34794803 pubmed.ncbi.nlm.nih.gov/34794803/ [https://pubmed.ncbi.nlm.nih.gov/34794803/].

Qaseem A, Crandall CJ, Mustafa RA, Hicks LA, Wilt TJ. Clinical Guidelines Committee of the American College of Physicians, et al. Screening for colorectal cancer in asymptomatic average-risk adults: a guidance statement from the American College of Physicians. *Ann Intern Med*. 2019;171(9):643-654. PMID: 31683290 pubmed.ncbi.nlm.nih.gov/31683290/ [https://pubmed.ncbi.nlm.nih.gov/31683290/].

US Preventive Services Task Force website. Final recommendation statement. Colorectal cancer: screening. www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening [https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening]

. Published May 18, 2021. Accessed February 11, 2024.

## Review Date 5/2/2023

Updated by: Michael M. Phillips, MD, Emeritus Professor of Medicine, The George Washington University School of Medicine, Washington, DC. Internal review and update on 02/10/2024 by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

### Learn how to cite this page



CERTIFIED  
Health Content  
Provider  
06/01/2028

A.D.A.M., Inc. is accredited by URAC, for Health Content Provider (www.urac.org). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#), and [privacy policy](#).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. No warranty of any kind, either expressed or implied, is made as to the accuracy, reliability, timeliness, or correctness of any translations made by a third-party service of the information provided herein into any other language. © 1997-2025 A.D.A.M., a business unit of Ebix, Inc. Any duplication or distribution of the information contained herein is strictly prohibited.



National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894 U.S. Department of Health and Human Services

National Institutes of Health