



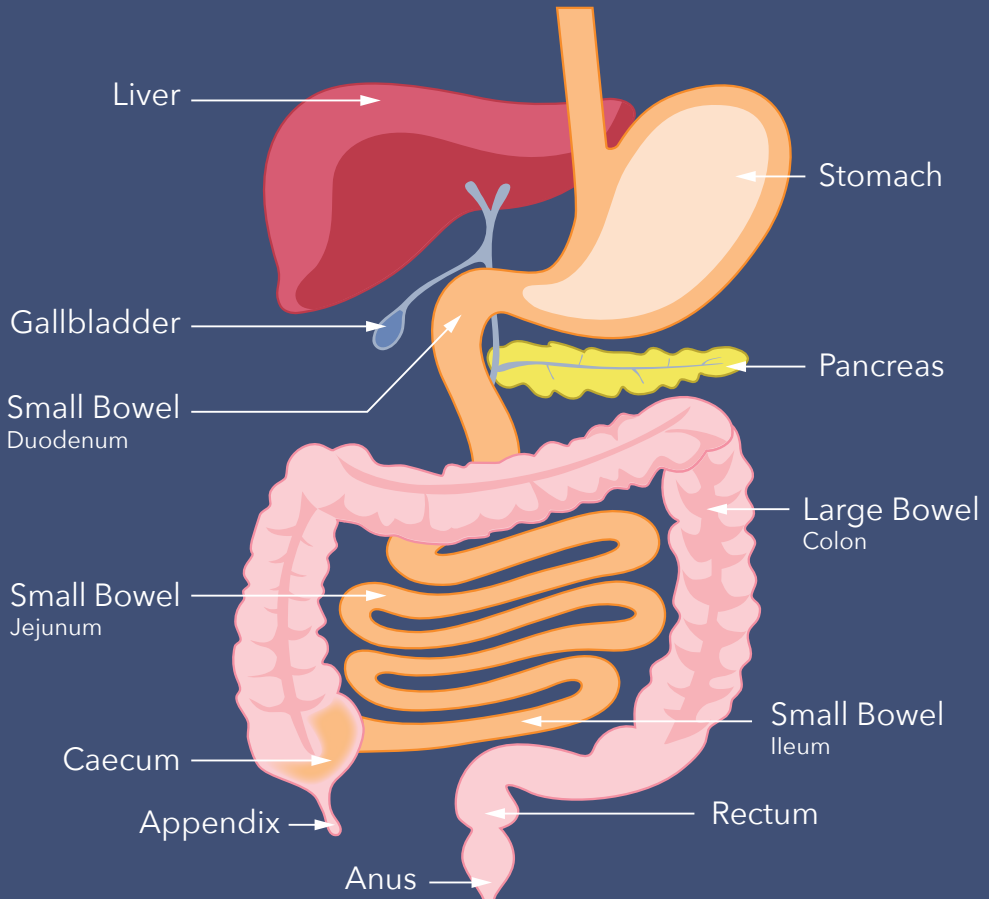
All you need  
to know about

# POLYPS IN THE LARGE BOWEL



# Our Digestive System

The Digestive System runs from the mouth to the anus and includes the stomach, the small and large bowel (intestines) and a number of accessory organs. The role of the digestive system is to turn food and liquid into the building blocks that the body needs to function effectively. See the image of the digestive system below.



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## This booklet is about polyps in the large bowel

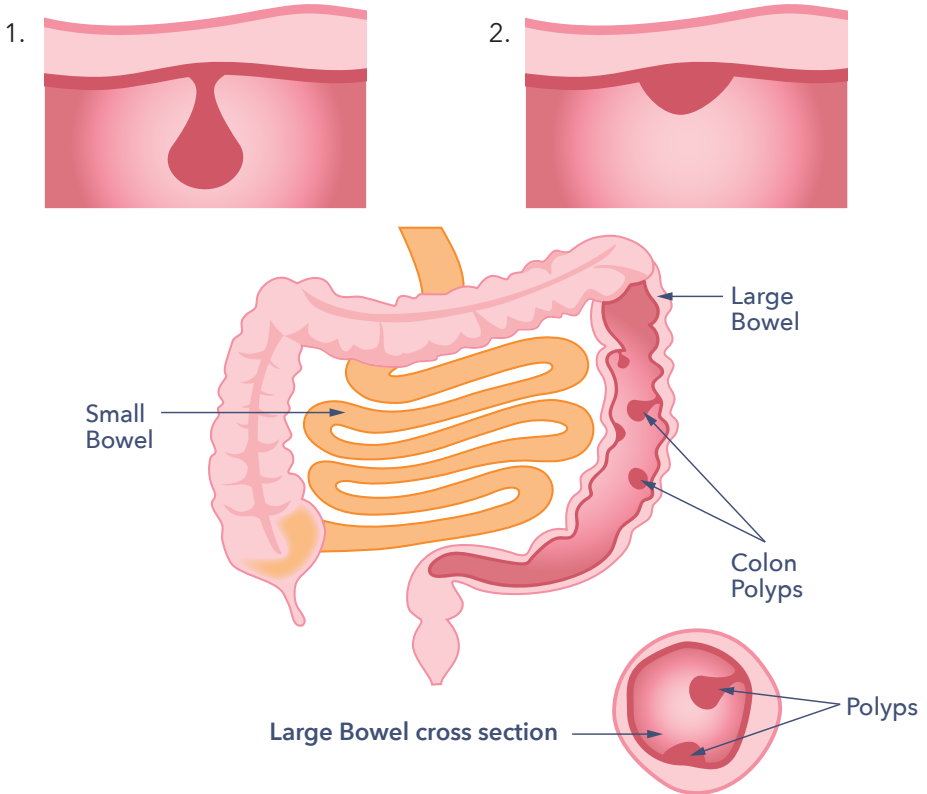
A polyp is a fleshy growth on the inside of the large bowel. Some people may develop a single polyp, while others may develop many.

Polyps are very common, especially in the Western world. They are a little more commonly found in men than women. They are unusual below the age of 40 and seem to occur most often in people over the age of 60. They affect one in four people over the age of 50 years.

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## What does a polyp look like?

A doctor or nurse may see polyps when they use a special camera, called a colonoscope, to look inside the large bowel. Polyps can look very different depending on the type found. Some polyps have a stalk, and look like a mushroom, growing from the bowel lining (Fig. 1). Others are flatter and may have a broad base. (Fig.2)



Polyps are usually benign. This means they are harmless and not cancerous. Although small polyps may be left alone, most others are usually recommended to be removed. This is because some of them may develop into cancer over time. Most experts now believe that most bowel cancers start from polyps. Doctors are most concerned about a type of polyp called an adenoma polyp; these are most likely to become cancerous. It's vital to detect these types and treat with removal when necessary. It is thought that if left alone, around 1 in 10 adenomas could develop into cancer.



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## What causes the development of polyps in the bowel?

The lining of the bowel, like other organ linings, constantly renews itself throughout our lives. There are many millions of tiny cells in the lining, which grow, serve their purpose then die. New cells then take their place. Each of these millions of cells contains genes, which give instructions to the cell on how to behave and grow. If genes become faulty, this can cause the cells to grow quicker. Cells that are faster growing eventually produce a small bump on the bowel surface that we call a polyp.

Some polyps remain very small (a few millimetres) while others continue to enlarge up to over 20 millimetres.

Most polyps remain harmless (non-cancerous), but it is thought that most cancers of the bowel begin as benign polyps. So, by removing benign polyps we can help to prevent the development of the rare ones that may become cancerous.

### Can polyps be inherited?

Most people with polyps and cancers in the bowel do not have a genetic condition in their family. When several members of the same family have had polyps or bowel cancer there is an increased risk. The risk is higher if they have developed polyps or bowel cancer at a young age (less than 50 years old). Some of the conditions which are inherited and can cause bowel cancer are:

- Familial Adenomatous Polyposis
- Lynch Syndrome
- MUTYH associated Polyposis (MAP)
- Peutz Jeghers Syndrome (PJS)
- Juvenile Polyposis Syndrome (JPS)
- PTEN Hamartoma tumour syndrome

Tell your GP if you have a family history of the above conditions or if more than one person in your family has had bowel cancer.

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## How are polyps in the bowel diagnosed?

Bleeding from the back passage (rectal) can be a symptom of both benign and malignant (cancer containing) polyps. It can also be a symptom of other potentially serious conditions. Investigations will find out if any of these conditions caused the bleeding.

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## Faecal Immunochemical test (FIT)

FIT home testing kits can pick up hidden blood in poo that is not visible to the naked eye. This test can help doctors decide if someone needs a specialist or more tests. A FIT is not a direct test for polyps. It can suggest that polyps might be in the large bowel. This may lead your doctor to refer you for a colonoscopy (see below). You might be asked to do a FIT test as part of the UK bowel cancer screening programme. You will be sent a kit in the post and you need to collect a small sample of poo. The sample is then returned by post for testing. The FIT might be unpleasant to do but it is painless. It is a small task with potentially life-saving benefits.

Even if you have done a FIT as part of the screening programme, it is also important to check for any change in bowel habit. If you have any of the following symptoms then seek advice from your GP:

- An ongoing change in your bowel habit
- Bleeding from the bottom for no clear reason
- Belly (abdominal) pain
- A lump in your belly

## Colonoscopy

A tube, linked to a highly magnified video system, is passed via the anus into the large bowel. Plus, when possible, the end part of the small bowel. A colonoscopy gives a very accurate picture of the lining of the bowel. It also allows the doctor, or nurse endoscopist, to check for polyps. The endoscopist can remove polyps during the procedure. Sometimes, a shorter camera called a sigmoidoscopy is used. The sigmoidoscopy only inspects the left side of the large bowel. If it finds a polyp, a full colonoscopy may be needed to check for more polyps in the rest of the large bowel. You can choose sedation to reduce any discomfort or anxiety.

## CT Pneumocolon Scans

This involves air being introduced into the bowel by a small tube. The air improves the views of the bowel while the scan is happening.

This test may be offered if you also are unable to complete a colonoscopy.

All of the above, except a FIT, require a clear bowel before the procedure. An empty bowel is needed so that any polyps can be seen. A special diet is followed for a short time. Laxatives (medicines to make you poo) are taken at home the day before the procedure. Although unpleasant, the laxatives are taken in the right amount to clear the bowel. This will cause diarrhoea; therefore, it is a good idea to stay near a toilet.

**We encourage everyone who is eligible to take part in the FIT test screening programme.**

**In England** everyone aged 54-74, who is registered with a GP, is sent a bowel screening test every 2 years. (It will soon be available to people aged 50 to 74.)

**In Scotland and Wales**, it's everyone aged 50-74. **In Northern Ireland**, it's everyone, aged 60 to 74.

**If you are not registered with a GP:**

Call the helpline:

For England 0800 707 60 60

For Wales 0800 294 3370.

For Scotland 0800 0121 833

For Northern Ireland 0800 015 2514.

**If you live in England and don't have a permanent address**, ask your GP surgery to send your test kit to the surgery or another address.

**If you are over 75 and live in Scotland or England**, you can request a home screening kit every two years. Call the bowel cancer screening helpline on:  
England 0800 707 60 60  
Scotland 0800 012 1833

**If you are over 75 and live in Wales or Northern Ireland** there is no facility to request a test. If you are experiencing symptoms talk to your GP.





## How can polyps in the large bowel affect you?

Usually, polyps do not cause symptoms and most people will never know if they have them. They are usually found during a colonoscopy for another reason.





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## Symptoms

Usually, polyps do not cause symptoms and most people will never know if they have them. They are usually found during a colonoscopy for another reason.

The most common sign of a polyp will be bleeding from the back passage. This symptom doesn't happen often. Very rarely, a polyp can grow large enough to block the bowel. But, unless this happens, polyps do not cause pain.

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## Will polyps in the bowel affect me over time?

Polyps rarely cause day to day problems. However, the main concern is they may become harmful and cause cancer in the future. Most polyps can be removed during your colonoscopy. However, very large polyps may need another procedure. If polyps are found and removed, they are looked at under a microscope. If cancer is found in the polyp, further tests, like scans, will be needed.

If the polyps do not contain cancer, you will be told either that nothing else is needed or that you should have another colonoscopy in a few years to monitor things. This depends on the number of polyps found and whether they were low or high-risk types. The National Institute of Health and Care excellence have guidelines for people with polyps. See the support section for more information. Surveillance is done with a repeat colonoscopy.

You should still complete the FIT test every 2 years, if eligible, as things can change. If you have a family history of polyps or bowel cancer, your doctor may recommend regular colonoscopies.

The risks related to having a colonoscopy are small. But, for some, it might outweigh the benefits of screening. Discuss this with your doctor.

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## Diet

You do not need a special diet and can eat normally. A healthy diet is good for your overall health. It should include a variety of foods and plenty of fruit and vegetables. It will help you have regular bowel movements. Eat fruit and vegetables with meals and snacks and wholemeal or wholegrain carbohydrates with meals. Drink at least

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two litres (8-10 cups) of fluid daily. If you eat more than 90g of red meat per day, reduce your intake to less than 70g per day. Avoid eating processed meat where possible as it carries a greater risk of developing bowel cancer. 13 out of 100 bowel cancers diagnosed are caused by eating processed meat. Red meat includes lamb, beef, pork, mutton, veal, venison and goat. Processed red meat includes sausages, bacon, ham, salami and other cured, smoked or salted meat products, canned meat and pâté. Please see Guts UK's Healthy Eating information here. You can also request the Guts UK **'Healthy Eating'** booklet or download it from the Guts UK website, [www.gutscharity.org.uk](http://www.gutscharity.org.uk).

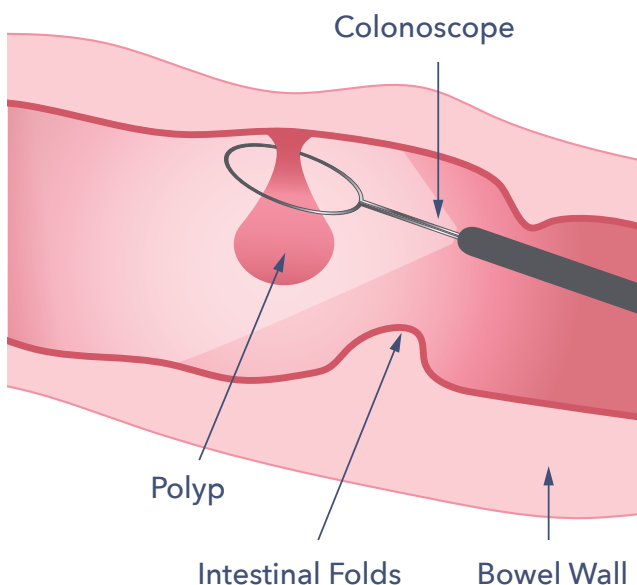
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## What treatment is available?

Many techniques can remove polyps. Most consist of passing a snare through the colonoscope. This consists of a wire in a loop which can be placed around the polyp, like a lasso, to remove it by cutting. This procedure is painless. Usually, one exam is enough to clear the bowel of polyps. Every once in a while, there may be too many polyps for all of them to be removed safely at once. In these cases, the procedure may need to be repeated.

### Removal of a polyp

If possible, the polyps are sucked up through the colonoscope after removal. They can then be sent to the laboratory to be looked at under a microscope. This will check if the polyp was fully removed. It will also look for any pre-cancerous changes and check for cancer.





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## What to ask your doctor

These are some useful questions you can ask your doctor:

- *What type of polyp do I have, is it benign or malignant?*
  - *How often, if needed, should I have a follow up colonoscopy?*
  - *Has my family history been noted and taken into account?*
  - *What other follow up do I need?*
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## Where can I get more information?

The National Institute of Health and Care Excellence (NICE) produce guidelines for people with polyps. It can be found on their website <https://www.nice.org.uk/guidance/cg118/ifp/chapter/People-with-polyps>

You can find out more about FIT testing here: <https://www.nhs.uk/conditions/bowel-cancer-screening/>

## How can I be involved in research?

Guts UK are proud to fund research by Professor Colin Rees. It is the Colorectal Cancer Cohort Study (COLO-COHORT). It aims to create a better screening programme for those at high risk of bowel cancer. When identified early, Bowel cancer, is more easily and successfully treated. This Guts UK-funded research can save lives. It aims to develop a robust bowel cancer screening programme for the UK.

<https://gutscharity.org.uk/research/current-active-research/prof-colin-rees-colorectal-cancer/>

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## Reference

References available on request.







# Guts UK

## The national charity for the digestive system

Our three main areas of work are

- information and support
- raising awareness and public education
- research with patient and public involvement and engagement (PPIE)

## It's time the UK got to grips with guts.

Guts UK provides information and support to people affected by digestive conditions and symptoms. We raise vital awareness about our guts and fund life-changing research into the digestive system. Our mission is a world where digestive conditions are better understood, better treated and everyone who lives with one gets the support they need.



## Get in touch

If you need information and support for digestive conditions or symptoms, please call our **freephone Helpline on 0300 102 4887** (Monday to Friday, 10am to 2pm), use our online webform at [www.gutscharity.org.uk/helpline](http://www.gutscharity.org.uk/helpline) or email [helpline@gutscharity.org.uk](mailto:helpline@gutscharity.org.uk).

For anything else, please call us on 0207 486 0341 or email [info@gutscharity.org.uk](mailto:info@gutscharity.org.uk).

For more information about Guts UK, visit our website [www.gutscharity.org.uk](http://www.gutscharity.org.uk).

   @GutsCharityUK

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## Grace's Story

**Grace could wait a lifetime for a cure.**

Grace's parents knew something was wrong with their beautiful baby when they tried to wean her onto finger food. Their usually happy little girl kept choking, coughing, and being sick. Terrified, they took Grace to hospital where she was eventually diagnosed with achalasia.

Grace is now three years old and unless we find a cure she will spend a lifetime struggling with the pain and shame of a condition that prevents her from swallowing food.

**But there is hope.** Research into achalasia could lead to a clinical trial. A clinical trial could lead to a cure. And by the time Grace may be thinking about starting a family of her own, achalasia could be a condition of the past.

When you support Guts UK, you can fund life-changing research that will end the pain and suffering of children like Grace.



# Donation Form



I would like to make a donation to Guts UK and fund life-changing research.

Title  First name

Surname

Address

Postcode

Tel  Email

Guts UK Reference: 0002

If you wish, please share with us your motivation for giving today. This will help us tailor our thank you:

I would like to support Guts UK with a donation of

£5 ☐ £10 ☐ £25 ☐ £50 ☐ £100 ☐ £500 ☐ Other £

I enclose a cheque payable to Guts UK ☐ OR Please debit my credit/debit card ☐

Card no.     Expiry   CVC / Security code

Address

(if different from above)

OR

Please call me on  to take my details

Signature(s)  Date

Please turn every £10 I donate into £12.50 at no extra cost to me, by adding gift aid to my donation. Add Gift Aid ☐

I am a UK taxpayer, please treat all donation I make or have made to Guts UK in the past 4 years as Gift Aid donations until further notice.  
For more information on Gift Aid please see below.

Signature(s)  Date

*giftaid it*

I am happy for all gifts of money that I have made to Guts UK charity (Core) in the last four years and all future gifts of money that I make to be Gift Aid donations. I am a UK taxpayer and understand that if I pay less Tax & Capital Gains Tax in that year that the amount of Gift Aid claimed on all my donations across all charities, it is my responsibility to pay any difference. Guts UK charity claims 25p for every £1 you donate from the tax you pay for the current tax year. If your circumstances, name or address change please do let us know.

Welcome to Guts UK

**Information is power.** Armed with information, patients can make informed decisions and take control. Choose how you can stay in touch with Guts UK and keep up to date with our latest information and research:

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