



Bowel polyps

What was removed, and what happens next?

Most bowel polyps are not cancer. Removing the types that can become cancer helps reduce your future risk.

What is a polyp?

A growth on the inside lining of the large bowel. It may have a stalk, a broad base or be almost flat. Shape alone does not tell us its type or whether it contains cancer.

How long does it take to become cancer?

Most polyps never become cancer. An adenoma can take 10 to 15 years, but some polyps progress faster. This estimate cannot predict an individual polyp. Do not delay removal or your recommended follow-up.

Words in the laboratory result

A pathologist examines the tissue under a microscope. The result identifies the polyp type and any abnormal cells or cancer.

Adenoma: a type that can develop into cancer. An adenoma is not itself an invasive cancer.

Sessile serrated lesion (SSL): another type that can develop into cancer. It is often flat or broad-based.

Hyperplastic polyp: small ones, particularly in the lower bowel, usually have very little cancer risk. Larger or numerous serrated polyps need a different assessment.

Dysplasia: abnormal cell changes. High-grade dysplasia means more advanced changes, not invasive cancer. I will explain whether further treatment is needed.

How is a polyp removed?

A wire loop (snare) cuts away the polyp, with or without electrical heat. Some polyps are lifted with fluid first (EMR). Clips may stop bleeding or close the area. A small removal site usually heals quickly; larger sites take longer.

A biopsy is a sample and may not remove the whole polyp. If it was only sampled, or cancer was found, I will explain whether another procedure or further treatment is needed.





Your follow-up plan

I base your follow-up on the polyps found, the tissue results, the quality of the examination and your history. Your recommended follow-up will be documented in your endoscopy report and/or histology report once the tissue results are available.

Some people return to routine bowel screening; others need follow-up colonoscopy. A large polyp removed in pieces may need an earlier check of the site.

A negative FIT does not replace a colonoscopy recommended for polyp follow-up.

Before you finish your follow-up

- Keep your endoscopy report and histology report or results letter. These will record your recommended follow-up.
- Ask when to expect the tissue result. Contact our team if a result we are arranging is overdue. For tests arranged elsewhere, contact that service or your GP.
- Follow your discharge instructions about medicines, activity and travel.

Get help promptly after polyp removal

Significant bleeding is uncommon after small polyps are removed, particularly with a cold snare. Larger polyps and blood thinners increase the risk. Bleeding can start several days later, including during the next two weeks.

Blood thinners: your report or discharge instructions should document whether to withhold each medicine and, if withheld, when to take the last dose and when to restart it. Some medicines can be continued. If the plan is missing or unclear, call our endoscopy team before changing a dose.

Seek urgent medical assessment for heavy or ongoing bleeding, blood clots, black tarry stools, severe or worsening abdominal pain, fever, persistent vomiting, or feeling faint or very unwell. Call our endoscopy team immediately or go to an emergency department.

Call 111 for an ambulance if you collapse, have heavy bleeding with faintness, or are too unwell to travel safely. Do not wait for a routine appointment or an email reply.

Symptoms that continue need review

A small polyp may not explain bowel symptoms. Please let me or your GP know if bleeding or a change in bowel habit continues or returns. Do not wait for a future surveillance appointment.

Sources: Te Aho o Te Kahu (2024); ESGE polyp removal (2024); BSG/ESGE blood-thinner guidance (2021); Endoscopy Auckland, NHS and ACS patient information. Source check: 14 October 2026.

