PROCEDURE

Polyp biopsy

A polyp biopsy removes a tissue sample or whole polyp for laboratory testing

PURPOSE
Identify abnormal cells and sometimes remove the entire polyp

PROCEDURE TYPE
Diagnostic, sometimes therapeutic; endoscopic, minimally invasive, or surgical

WHERE IT IS DONE
Endoscopy suite, outpatient clinic, or operating theatre

ANAESTHESIA
None, local, sedation, or general, based on location

HOW LONG IT TAKES
Usually 10-60 minutes, based on the biopsy method

PREPARATION
Possible fasting, bowel preparation, and blood-thinner planning

RECOVERY
Usually same day; no driving after sedation

MAIN RISKS
Bleeding, infection, organ injury, sedation reactions

RESULTS
Visual findings immediately; pathology results after several days

Overview

A polyp biopsy removes a small tissue sample from a polyp so it can be examined in a laboratory. In some cases, the entire polyp is removed. Removing the whole polyp is called a polypectomy .

A polyp is a growth that projects from the lining or surface of an organ. Polyps can develop in places such as the colon, stomach, nose, cervix, uterus, or bladder. Most are not cancer, but their appearance alone may not show exactly what they are.

A specialist called a pathologist examines the tissue under a microscope. The laboratory can determine whether the polyp is noncancerous, inflamed, precancerous, or cancerous.

The method used depends on where the polyp is located. Many biopsies are performed through an endoscope, which is a thin instrument containing a light and camera. Other polyps

can be sampled during an office examination or surgery.

Why the procedure is performed

Your healthcare team may recommend a biopsy after finding a polyp during an examination, imaging test, or endoscopic procedure.

A biopsy can:

For example, colon polyps are often removed during colonoscopy because some types can develop into cancer over time. A polyp elsewhere may be sampled when its appearance, size, location, or growth pattern needs further assessment.

- Identify the type of cells within the polyp
- Look for precancerous or cancerous changes
- Help explain bleeding, discharge, blockage, or other problems
- Guide decisions about monitoring, further removal, or treatment
- Remove the polyp completely when this can be done safely

Who should and should not have it

A polyp biopsy may be appropriate when knowing the tissue type could change your care. It may also be recommended when complete removal could prevent future problems.

It is not right for every polyp. Your healthcare team may recommend observation instead when a growth has a typical harmless appearance and biopsy would add little useful information.

A biopsy may be delayed or changed if you have:

Blood-thinning medicines do not automatically rule out a biopsy. However, they can increase bleeding risk, especially if the whole polyp will be removed. The prescriber and procedure team should decide whether any medicine needs adjustment.

Sometimes a small biopsy could miss an abnormal area or make later removal more difficult. In these situations, complete removal by an experienced endoscopist or surgeon may be preferred.

- An active infection near the procedure site
- A blood-clotting problem that has not been managed
- A serious illness that makes sedation or surgery unsafe

- A polyp that cannot be reached safely with the planned instrument
- Pregnancy when the procedure is not urgent and can safely wait

How to prepare

Follow the treating facility's instructions, because its instructions take priority over general information. Preparation differs according to the polyp's location and the type of anaesthesia or sedation planned.

You may be asked to:

Do not stop a prescribed blood thinner on your own. Stopping it can increase the risk of a blood clot, stroke, or other serious problem. Your healthcare team will balance that risk against the chance of bleeding.

Tell the facility if you could be pregnant, have an implanted medical device, have previously reacted to anaesthesia, or become unwell before the procedure.

- Stop eating and drinking for a set period
- Complete bowel preparation before a colonoscopy
- Arrange blood tests or imaging
- Provide a current list of medicines, supplements, and allergies
- Discuss blood thinners like warfarin or apixaban , diabetes medicines, or weight-loss medicines
- Arrange for an adult to take you home after sedation or anaesthesia

What happens during the procedure

Before starting, the team confirms the polyp's location, the planned method, and whether a sample or complete removal is intended. You may receive no anaesthesia, local numbing medicine, sedation, or general anaesthesia.

The route used depends on the organ. An endoscope may pass through the mouth, anus, nose, urethra, vagina, or cervix. The instrument carries a camera so the clinician can examine the polyp and surrounding tissue.

Small forceps can take a sample. A wire loop called a snare may cut off the entire polyp. Heat, electrical current, clips, or other devices may be used to control bleeding. Larger or difficult-to-reach polyps may require an advanced endoscopic technique or surgery.

The tissue is labelled and sent to a pathology laboratory. If several polyps are sampled, each may be placed in a separate container so the results can be matched to the correct location.

Recovery and what to expect afterward

Pain: Mild soreness, cramping, bloating, or spotting may occur, depending on the biopsy site. Your facility will tell you which pain medicines are suitable. Severe or increasing pain is not expected.

Eating: After a procedure without sedation, you may be able to eat normally unless told otherwise. After throat numbing, sedation, or anaesthesia, you may need to wait before drinking or eating. Some procedures require a temporary light or soft diet.

Activity: Rest for the remainder of the day if you received sedation or anaesthesia. Restrictions on exercise, sex, bathing, or lifting depend on the biopsy location and whether the whole polyp was removed.

Driving: Do not drive, cycle, operate machinery, or make important decisions for the period specified by the facility after sedation or general anaesthesia. Arrange transport home in advance.

Work: Many people return to desk work the next day. You may need longer if you had general anaesthesia, surgical removal, a physically demanding job, or ongoing discomfort.

Risks and possible complications

The risks depend on the organ, the polyp's size, and whether a small sample or the entire growth is removed.

Possible complications include:

Minor bleeding or spotting can be expected after some biopsies. Delayed bleeding can occur after a polyp has been removed, particularly from the digestive tract. Your procedure team should explain the risks that apply to your specific biopsy.

- Bleeding during or after the procedure
- Infection at the biopsy site
- A tear or hole in the wall of an organ, called a perforation
- Injury to nearby tissue
- A reaction to sedation or anaesthesia

- An incomplete or unclear tissue sample
- Failure to remove all abnormal tissue

Results and follow up

The clinician may tell you what the polyp looked like immediately after the procedure. However, appearance does not replace laboratory testing.

Pathology results often take several days. Complex samples may take longer because the laboratory may need additional tests. Ask how and when the facility will provide your result.

The report may describe the polyp as noncancerous, inflammatory, precancerous, cancerous, or insufficient for a diagnosis. It may also say whether the edges of a removed polyp appear free of abnormal cells.

Follow-up can include routine monitoring, another endoscopic examination, complete removal of remaining tissue, imaging, or referral to another specialist. The timing is based on the polyp's type, size, location, number, and whether it was fully removed.

Alternatives

The realistic alternatives depend on why the biopsy was recommended.

Observation avoids an immediate procedure but does not identify the cells. It may require repeat examinations or imaging and carries the possibility that a changing polyp will be found later.

Imaging can show a polyp's size and location without taking tissue. It usually cannot determine the exact cell type, and an abnormal result may still require biopsy.

Stool testing is an easier colorectal cancer screening option than colonoscopy. It does not examine or remove polyps and can miss some polyps or cancers. A positive result usually needs follow-up colonoscopy.

Complete polyp removal provides more tissue than a small biopsy and may also treat the problem. It can carry more bleeding or organ-injury risk, especially for a large or difficult polyp.

Surgical removal may be safer or more complete when a polyp cannot be reached endoscopically. It generally involves more anaesthesia, a larger wound, and a longer recovery.

Ask what could happen if you wait, whether the whole polyp can be removed at once, and how each option would affect later treatment.

When to call your healthcare team

Contact the procedure team during routine hours if you have questions about wound care, diet, activity restrictions, medicines, pathology timing, or planned follow-up.

Seek prompt medical advice for:

Call emergency services for heavy bleeding, fainting, severe or rapidly worsening pain, difficulty breathing, chest pain, confusion, or signs of a severe allergic reaction.

- Pain, swelling, or bleeding that is getting worse
- Repeated vomiting or inability to keep fluids down
- Fever or chills after the procedure
- Increasing redness, discharge, or an unpleasant smell at the biopsy site
- Bleeding that continues beyond the amount your team said to expect

Common questions

Will I be asleep?

Not always. Some polyp biopsies need no anaesthesia or only local numbing. Endoscopic procedures may use moderate or deep sedation. Surgery may require general anaesthesia. Ask what level is planned and what you are likely to remember.

Can I drive home?

Not if you receive sedation or general anaesthesia. Arrange for an adult to take you home. If no sedating medicine is used, follow the facility's specific driving advice.

How painful is a polyp biopsy?

Many people feel pressure, pulling, cramping, or brief discomfort rather than sharp pain. The experience depends on the biopsy site and anaesthesia. Tell the team if you are uncomfortable during an awake procedure.

When will I know the result?

You may hear the visual findings immediately. The final answer usually requires pathology testing and often takes several days. Your facility should give you an expected date and explain how results will be delivered.

Does having a polyp mean I have cancer?

No. Many polyps are noncancerous. A biopsy is performed because laboratory examination is

more reliable than appearance alone for identifying the type of tissue.

Will the whole polyp be removed?

Sometimes. Small polyps are often removed completely, while larger or difficult polyps may only be sampled initially. Ask whether the plan is biopsy, complete removal, or a decision made during the procedure.

Sources

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