



GastroDoxs
— defenders of the digestive system —

Gastric Polyps

A Practical Guide For Patients

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Introduction: **Gastric Polyps**

Gastric polyps are **abnormal growths that form on the lining of the stomach**, usually discovered incidentally during endoscopy, as they often cause no symptoms. While most gastric polyps are benign, some types, such as adenomatous polyps, carry a risk of progressing to stomach cancer. Polyps vary in size, shape, and number, and can be influenced by factors like **chronic inflammation, Helicobacter pylori infection, long-term proton pump inhibitor use, and certain genetic conditions**. Symptoms, when present, may include abdominal discomfort, nausea, vomiting, or gastrointestinal bleeding. Diagnosis is typically made via endoscopy with biopsy, and treatment depends on the **type, size, and potential malignancy of the polyps**. Regular monitoring may be recommended to prevent complications.

Key Takeaways

- Gastric polyps are **abnormal growths on the stomach lining**, often discovered incidentally.
- Most polyps are **benign**, but some, like adenomatous polyps, may progress to cancer.
- Risk factors include **chronic inflammation, H. pylori infection, long-term proton pump inhibitor use, and genetic conditions**.
- Symptoms are often absent, but can include abdominal discomfort, nausea, vomiting, or gastrointestinal bleeding.
- **Endoscopy with biopsy** is essential for accurate diagnosis and determining malignancy risk.
- **Polyp type, size, and number guide** treatment decisions.
- **Removal of polyps** may be necessary for high-risk or symptomatic cases.



What Causes Gastric Polyps?

Known Causes

Gastric polyps develop when **abnormal growths form in the stomach lining**, often due to chronic irritation or cellular changes. One of the most common causes is chronic ***Helicobacter pylori* infection**, which leads to inflammation and may trigger polyp formation. Long-term use of **proton pump inhibitors (PPIs)** has also been associated with an increased risk, particularly for fundic gland polyps. **Genetic conditions**, such as **familial adenomatous polyposis (FAP)**, can predispose individuals to multiple polyps with a higher risk of malignancy. Chronic gastritis, intestinal metaplasia, and age-related changes in the stomach lining further contribute. While many polyps remain benign, certain types-especially **adenomatous polyps**-can progress to gastric cancer if left untreated, highlighting the importance of monitoring and early intervention.



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Common Signs & Symptoms

Common signs and symptoms of gastric polyps are often **absent**, as many polyps are asymptomatic. When present, they may include **abdominal discomfort, nausea, vomiting, bloating, loss of appetite, or gastrointestinal bleeding**, which can appear as black or bloody stools.

Core Symptoms Include:

- Abdominal discomfort or pain
- Nausea and occasional vomiting
- Bloating or feeling of fullness
- Loss of appetite
- Gastrointestinal bleeding (may cause black or bloody stools)
- Indigestion or heartburn
- Unexplained fatigue due to anemia from chronic bleeding



Severe cases can also cause:



- Significant gastrointestinal bleeding leading to anemia
- Obstruction of the stomach or pyloric region
- Persistent vomiting or difficulty eating
- Rapid, unintentional weight loss
- Increased risk of malignancy in adenomatous polyps
- Perforation of the stomach wall (rare)



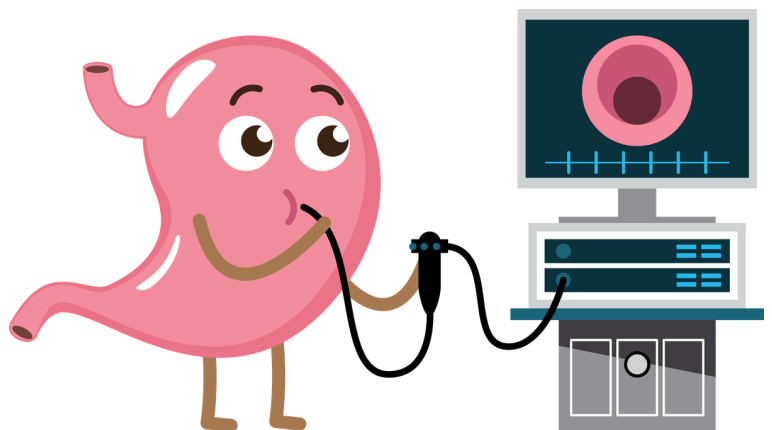
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Diagnosis & Medical Testing

Diagnosis of gastric polyps typically involves **upper endoscopy** to visualize the stomach lining, with biopsy for histological analysis. Imaging tests like CT scans may assess complications, while **blood tests** check for anemia or infection.

Diagnostic Tools

- **Upper Endoscopy (EGD):** Direct visualization of the stomach lining.
- **Endoscopic Biopsy:** Confirms polyp type and checks for malignancy.
- **Histopathological Examination:** Determines cellular characteristics of polyps.
- **Immunohistochemistry:** Identifies specific markers for malignant potential.
- **CT Scan:** Assesses polyp size and stomach wall involvement.
- **Endoscopic Ultrasound (EUS):** Evaluates depth of invasion and surrounding structures.
- **Barium Swallow X-ray:** Occasionally used for structural assessment.
- **Blood Tests:** Check for anemia or infection.
- **H. pylori Testing:** Breath, stool, or tissue tests for infection.
- **Capsule Endoscopy:** Examines small intestine if needed.
- **Genetic Testing:** For familial syndromes like FAP.
- **Follow-Up Endoscopy:** Monitors recurrence or growth over time.



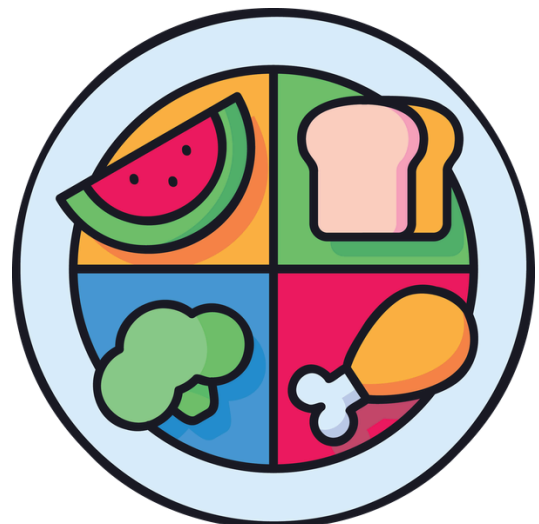
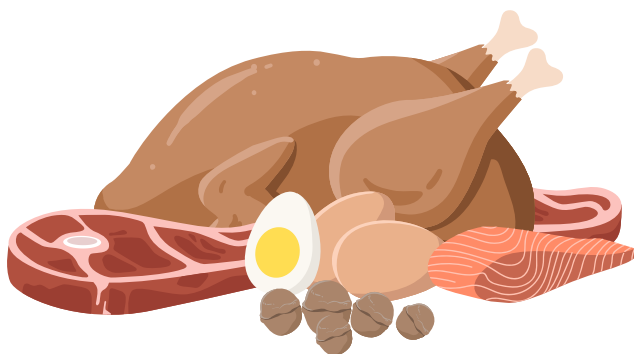
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Diet

A diet for gastric polyps should focus on **easily digestible, nutrient-rich foods**. Include fruits, vegetables, lean proteins, and whole grains, while avoiding **spicy, fried, acidic, and processed foods** that may irritate the stomach lining.

Key Insights

- Prioritize **soft, easily digestible foods** to reduce stomach irritation.
- Include **fruits and vegetables** for vitamins, fiber, and antioxidants.
- Choose lean **proteins like poultry**, fish, eggs, and legumes.
- Avoid **spicy, fried, acidic**, and processed foods.
- Limit alcohol, caffeine, and carbonated beverages.
- Eat small, **frequent meals** to aid digestion.
- Maintain adequate hydration with water and herbal teas.
- Monitor **dietary triggers** that worsen symptoms like bloating or discomfort.
- Consider **nutritional supplements** if appetite is reduced.
- Work with a **dietitian** to create a personalized, stomach-friendly plan.

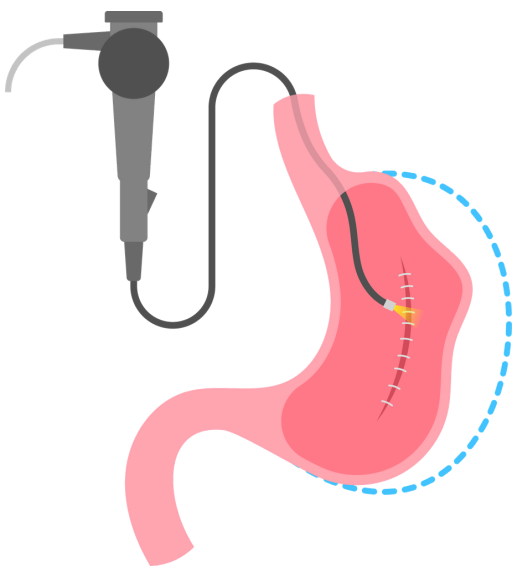


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Medications & Treatment Options

Treatment for gastric polyps depends on type and risk. Options include **endoscopic removal** for larger or adenomatous polyps, **proton pump inhibitors** to reduce acid, antibiotics for **H. pylori infection**, and regular monitoring to prevent complications or malignancy.

Treatment Options



- **Endoscopic Polypectomy:** Removal of polyps during endoscopy, especially adenomatous or large polyps.
- **Proton Pump Inhibitors (PPIs):** Reduce stomach acid and prevent polyp formation in some cases.
- **Antibiotic Therapy:** Eradicates H. pylori infection, which can reduce polyp risk.
- **Surveillance Endoscopy:** Regular monitoring for recurrence or growth of polyps.
- **Surgical Removal:** Rarely required for very large or suspicious polyps.
- **Lifestyle and Dietary Adjustments:** Reduce stomach irritation and support healing.
- **Follow-Up Biopsy:** Confirms complete removal and checks for malignancy.
- **Management of Underlying Conditions:** Treat chronic gastritis or other risk factors.



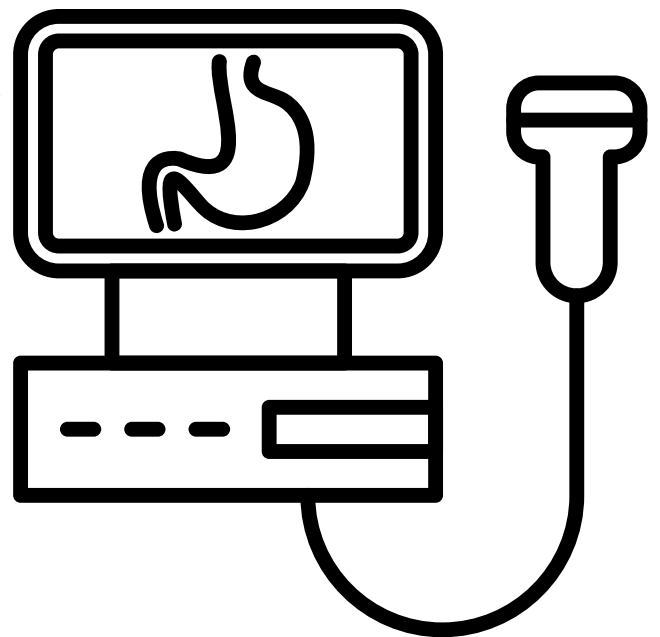
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Advanced Therapies & Procedures

Advanced therapies for gastric polyps include **endoscopic mucosal resection (EMR)** and **endoscopic submucosal dissection (ESD)** for larger or high-risk polyps. **Minimally invasive surgery** may be used for complex cases, while targeted therapy is considered for malignant transformation.

Therapy Options

- **Endoscopic Polypectomy:** Primary treatment for most polyps, especially adenomatous or large ones.
- **Endoscopic Mucosal Resection (EMR):** Removes larger polyps with minimal invasiveness.
- **Endoscopic Submucosal Dissection (ESD):** For complex or high-risk polyps.
- **Proton Pump Inhibitors (PPIs):** Reduce stomach acid and prevent recurrence of some polyps.
- **Antibiotic Therapy:** Eradicates *H. pylori* infection to reduce polyp risk.
- **Surgical Intervention:** Rare, for very large, multiple, or suspicious polyps.
- **Surveillance and Monitoring:** Regular endoscopy to track polyp recurrence or malignant changes.
- **Lifestyle and Dietary Modifications:** Support stomach health and reduce irritation.



Coping With **Gastric Polyps**

Coping with gastric polyps involves **following medical advice, attending regular endoscopic check-ups, maintaining a stomach-friendly diet, managing stress, staying hydrated, and monitoring symptoms.** Emotional support through counseling or support groups can also help improve quality of life.

Practical Strategies

- Schedule regular endoscopic monitoring to detect recurrence or changes early.
- Adhere to prescribed medications, including PPIs or antibiotics for H. pylori.
- Maintain a balanced, stomach-friendly diet with small, frequent meals.
- Avoid spicy, fried, acidic, and processed foods that irritate the stomach.
- Limit alcohol, caffeine, and carbonated beverages.
- Stay hydrated and prioritize nutrient-rich foods to prevent deficiencies.
- Monitor for new or worsening symptoms, such as bleeding or pain.
- Manage stress through relaxation techniques like meditation or yoga.
- Seek emotional support from support groups or counseling if anxious.
- Follow doctor's recommendations for polyp removal and follow-up care.



FAQS About Gastric Polyps



Q1: What are gastric polyps?

A: Gastric polyps are abnormal growths on the lining of the stomach, often discovered during endoscopy. Most are benign, but some can become cancerous.

Q2: What causes gastric polyps?

A: Causes include chronic H. pylori infection, long-term proton pump inhibitor use, chronic gastritis, genetic conditions like FAP, and age-related changes in the stomach lining.

Q3: Do gastric polyps cause symptoms?

A: Many polyps are asymptomatic, but some can cause abdominal discomfort, nausea, vomiting, bloating, loss of appetite, or gastrointestinal bleeding.

Q4: How are gastric polyps diagnosed?

A: Diagnosis typically involves **upper endoscopy with biopsy**, sometimes supported by imaging, blood tests, or H. pylori testing.

Q5: What are the treatment options?

A: Treatment includes endoscopic polyp removal, acid-reducing medications, antibiotics for H. pylori, surgical intervention in rare cases, and regular monitoring to prevent complications.



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Take **Action**

If you experience **Gastric Polyps**, don't ignore them. Early diagnosis and treatment can prevent complications. Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

Visit GastroDoxs.com to schedule an appointment and access more resources on digestive health.



**Your health matters
take the next step
today!**

SCHEDULE AN APPOINTMENT

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