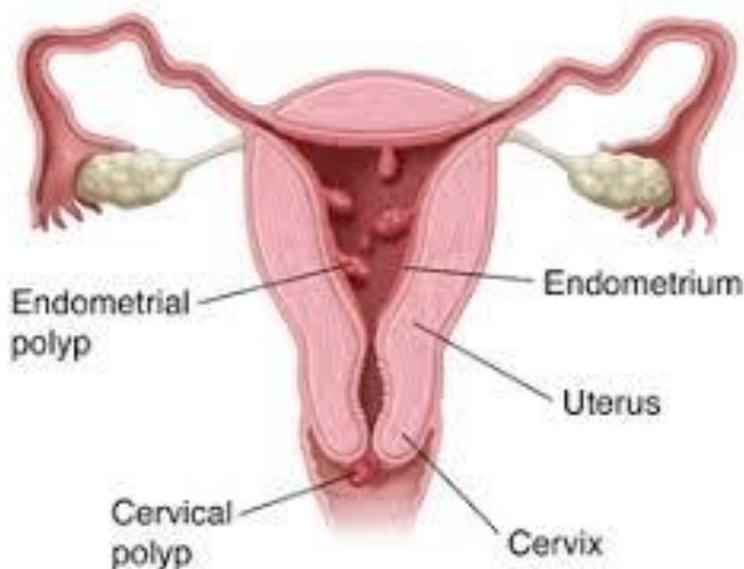




Polyps: patient information

What are polyps?

Polyps are small overgrowths that arise from the lining of an organ. In gynaecology, the two most common types are: endometrial polyps (which grow from the lining of the uterus); and cervical polyps (which grow from the surface or canal of the cervix).



Polyps can be single or multiple, and vary in size from a few millimetres to several centimetres.

Polyps are very common. Many women have one at some point in their life, and many never cause symptoms. Most polyps are benign (non-cancerous).

What causes polyps?

The exact cause is not always clear. They are thought to be hormonally responsive, particularly to estrogen, which stimulates the lining of the uterus to grow. Possible contributing factors include:

- Increasing age (especially over 40yo)
- Obesity
- Tamoxifen
- Hormonal fluctuations
- Perimenopause
- Hypertension
- Chronic cervical inflammation

Many women with polyps have no risk factors at all.



What symptoms can polyps cause?

Some women have no symptoms. When symptoms occur due to endometrial polyps, they usually relate to abnormal vaginal bleeding, such as:

- Heavy periods
- Spotting before or after menstruation
- Occasionally difficulty conceiving
- Irregular bleeding between periods
- Bleeding after menopause

Cervical polyps may cause:

- Bleeding after sex
- Heavier periods
- Spotting between periods
- Unusual vaginal discharge

Are polyps cancerous?

The vast majority of polyps are benign. Approximately 1 – 5% of polyps are pre-cancerous or worse. Doctors sometimes recommend removal to exclude cancer, especially if:

- You are postmenopausal
- The polyp looks atypical or large
- You have abnormal bleeding
- You have risk factors for uterine cancer

How are polyps investigated?

Your women's health GP or gynaecologist may recommend:

- Speculum examination
- Vaginal or cervical swabs
- Endometrial biopsy
- Cervical screening test
- Repeat transvaginal ultrasound
- Hysteroscopy

The exact tests depend on your age, symptoms, medical history, and risk of endometrial cancer.



How are polyps treated?

Not all polyps need treatment. If you have no symptoms, monitoring may be appropriate.

Treatment is usually recommended if:

- You have abnormal bleeding
- The polyp is large
- Diagnosis is uncertain
- You are postmenopausal
- Fertility may be affected

Cervical polyp removal

Many small cervical polyps can be removed in the consulting room. This is usually quick and causes only mild discomfort. The polyp is sent to the laboratory for confirmation. Larger cervical polyps may need to be removed under general anaesthetic, as a day procedure.

Endometrial polyp removal

Endometrial polyps are removed using a day procedure called a hysteroscopic polypectomy. This involves: general anaesthetic; a small camera being passed through the vagina and cervix, up into the uterine cavity; then removal of the polyp under vision (rather like scooping ice cream). This is a day procedure, so you will be able to go home from hospital on the same day.

When should I see a doctor?

Please seek medical advice if you experience:

- Bleeding between periods or after sex
- Unusually heavy periods
- New or unusual bleeding patterns
- Bleeding after menopause
- Persistent abnormal discharge

These symptoms are often caused by benign conditions but should always be assessed.



Frequently asked questions

If my ultrasound shows a polyp, do I always need surgery?

No. Many polyps can simply be monitored if you have no symptoms and minimal / no risk factors.

Can polyps come back after removal?

Yes: recurrence is possible, although many women never develop another polyp.

Can a polyp turn into cancer?

This is uncommon. Removal allows confirmation that it is benign (non-cancerous).

Will removing a polyp affect my fertility?

In many cases, removal will improve fertility, rather than harm it.

This pamphlet is a general overview of polyps, and may not apply to everyone.

If you have any further questions, please speak to your gynaecologist.