

Uterine polyps

Uterine polyps are soft fleshy outgrowths from the lining of the womb (the endometrium), usually less than 1 cm in diameter, which often flatten to fit the cavity of the uterus. The stalk of the polyp (or pedicle) is usually short, but sometimes it grows long enough for the polyp to project from the cervix (the lower opening of the womb). Uterine polyps are common and there can be more than one polyp in the uterine cavity. Sometimes small submucosal fibroids grow on a stalk and present as uterine polyps (see fact sheet on Fibroids). Polyps are prone to bleeding and large polyps can contribute to infertility and miscarriage. Uterine polyps can develop in pre- or post-menopausal women. Very rarely, polyps can be cancerous.

Symptoms

Many women who have uterine polyps show no symptoms at all. In others, one or more of the following symptoms may be present:

- Irregular menstrual bleeding, such as bleeding of varying amounts and at frequent and unpredictable intervals
- Bleeding between menstrual periods
- Excessively heavy menstrual periods
- Abnormal vaginal discharge
- Vaginal bleeding after menopause

Diagnosis

A diagnosis of polyp is often made by hysteroscopy. Hysteroscopy is a procedure where a thin telescope is inserted into the uterine cavity allowing the surgeon to look inside the uterus. An ultrasound scan can also detect a uterine polyp but ultrasound scan is not always correct especially in younger women who are still having menstrual periods. Thickened fold of the lining of uterus may be interpreted as polyps on an ultrasound scan. To make an accurate diagnosis, hysteroscopic examination is often needed. The final diagnosis of uterine polyp is made when polyp is removed and sent to the laboratory. The laboratory confirms the presence of polyp and what type of polyp it is.

Occasionally other diagnostic techniques such as a hystosalpingography (x-ray of uterus is taken after filling it with a dye) and saline sonography (ultrasound scan is done after filling the uterine cavity with normal saline) may detect uterine polyps. It is important that a tissue sample from the polyp is sent for biopsy to rule out cancer.

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This fact sheet has been prepared by Women's Health Concern and reviewed by the medical advisory council of the British Menopause Society. It is for your information and advice and should be used in consultation with your own medical practitioner.

Treatment

Once identified, polyps can be removed surgically through a hysteroscope. Removal of polyp is advisable in all women with symptoms and in postmenopausal women. Hysteroscopic removal of uterine polyps can be performed without anaesthesia or under local anaesthesia. A general anaesthetic is sometimes required for this procedure. Uterine polyps, once removed, can recur. It's possible that you might need to undergo treatment more than once if you experience recurring uterine polyps. If the polyps are found to contain precancerous or cancerous cells, hysterectomy (removal of the uterus) may become necessary.
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