Uterine polyps

Uterine polyps are soft fleshy outgrowths from the lining of the uterus (also called the endometrium). They are usually less than 1 cm in diameter and sit in 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 uterus). 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 WHC Fact Sheet on Fibroids). Polyps are prone to bleeding and large polyps can contribute to infertility and miscarriage. Uterine polyps can develop in pre- and postmenopausal women. Very rarely, polyps can be cancerous, usually in postmenopausal women.

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 period
- abnormal vaginal discharge
- vaginal bleeding after menopause

Diagnosis

Ultrasound scans can detect a uterine polyp but they are not always accurate, especially in younger women who are still having menstrual periods. Thickened folds of the uterus lining may be interpreted as polyps on an ultrasound scan.

To make an accurate diagnosis, hysteroscopic examination is often needed. Hysteroscopy is a procedure where a thin telescope is inserted into the womb allowing the clinician to look inside. Occasionally other diagnostic techniques such as a hystosalpingography (x-ray of the uterus after filling it with a dye) and saline sonography (an ultrasound scan done after filling the uterine cavity with normal saline) may detect uterine polyps.

The final diagnosis of a uterine polyp is made when the polyp is removed and sent to the laboratory. It is important that a tissue sample from the polyp is sent for biopsy to rule out cancer. The laboratory will confirm the presence of a polyp and what type of polyp it is.

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Treatment

Once identified, polyps can be removed surgically through a hysteroscope. Removal of a polyp is advisable in all women with symptoms and in all postmenopausal women. Hysteroscopic removal of uterine polyps can often be performed without anaesthesia or under local anaesthesia. A general anaesthetic is sometimes required for this procedure.

Once removed, uterine polyps can recur. It is possible that you might need to undergo treatment more than once if you experience recurring uterine polyps. If polyps are found to contain precancerous or cancerous cells, hormonal treatment with a progestogen releasing device (coil) or hysterectomy (removal of the uterus) may become necessary.

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This Women's Health Concern fact sheet provides information and guidance, to be used in consultation with your own healthcare professional. It has been developed by the medical advisory council of the British Menopause Society and it will be updated when guidance changes and/or new data becomes available.

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