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*Monday – Friday: 09.00am – 05.00pm*

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### Hysteroscopy Chelsea

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*Monday – Friday: 09.00am – 05.00pm*

If you need to re-schedule your appointment  
Please inform our admin team:

### Admin Team:

0203 315 6666

*Monday – Friday: 08.30am – 05.30pm*

**FOR ANY MEDICAL EMERGENCIES PLEASE  
CONTACT NHS 111 OR ATTEND YOUR  
NEAREST EMERGENCY DEPARTMENT.**

## Patient Advice & Liaison Service (PALS)

If you have concerns or wish to give feedback  
about services, your care or treatment, you can  
contact the PALS office in the main atrium.

Alternatively you can send us your comments and  
complete a feedback form on our website  
[www.chelwest.nhs.uk/pals](http://www.chelwest.nhs.uk/pals).

We value your opinion and invite you to provide  
us with feedback.

**WMUH:** 020 8321 6261;  
[wmpals@chelwest.nhs.uk](mailto:wmpals@chelwest.nhs.uk)

**C&W:** 020 3315 6727;  
[cwpals@chelwest.nhs.uk](mailto:cwpals@chelwest.nhs.uk)

If you any have questions before or after you  
leave, any member of the team will be happy  
to discuss these with you – do ask us.

The RCOG information leaflet will also provide  
more information:

[Outpatient hysteroscopy | RCOG](#)

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# Endometrial Polyps

Information for patients about  
Endometrial Polyps and Hysteroscopy  
treatment for Polypectomy (removal  
of Endometrial Polyps).

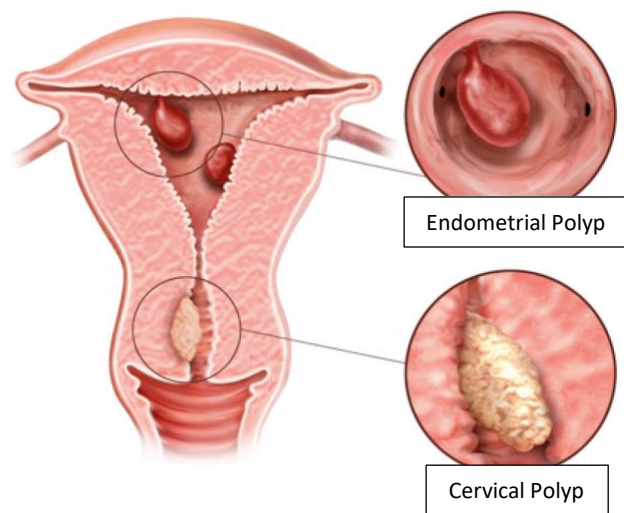


## What is Endometrial Polyp?

Endometrial Polyps (polyps) are 'overgrowths' of the tissues lining the uterus (endometrium) and project inwards into the cavity of the uterus. Some polyps may arise from the neck of the womb (cervical or endocervical polyps).

Polyps usually measure less than 2cm in diameter although some may be significantly larger.

Polyps may also be present without causing any symptoms or affecting your health in any way. The vast majority of endometrial and cervical polyps are benign, but malignancy can occur in a small percentage.



## Risk of endometrial polyp developing into cancer:

- Endometrial polyps are common benign growths that are typically not seen as cancer precursors.
- The risk of endometrial cancer in women with endometrial polyps is 1.3%. The risk is slightly greater in postmenopausal women with vaginal bleeding 7%.

## What are the symptoms of having and endometrial polyp?

Polyps are a common cause of abnormal bleeding from the vagina and may occur in both premenopausal and postmenopausal women.

**You are more predisposed to polyps if you have:** a raised Body Mass Index, diabetes, hypertension, polycystic ovary syndrome, are taking or have taken Tamoxifen.

- Many women will not have any symptoms.
- Metrorrhagia (irregular vaginal bleeding) including spotting is the most frequent symptom in women with endometrial polyps.
- Abnormal vaginal discharge.
- Heavy menstrual bleeding.
- Postmenopausal bleeding.
- Prolapse of the polyp through the neck of the womb.
- Unscheduled ('breakthrough') bleeding on hormonal therapy e.g. oral contraceptive pill or HRT.

## How are endometrial polyps diagnosed?

The following tests may also be involved in diagnosis:

- **Ultrasound Scan** - ultrasound imaging is the most common sonographic technique used in gynaecology. This can be abdominally or transvaginal (in the vagina).
- **Hysteroscopy** - polyps are often detected by means of hysteroscopy. This involves the insertion of a thin telescope into the uterine cavity so we can look more closely at the inner lining. Once a hysteroscopic examination has taken place, polyps can usually be removed at the same time.

## How do you treat endometrial polyps?

A polypectomy (removal of polyps) is usually very quick and done during your hysteroscopy (no more than a few minutes) it should not feel more uncomfortable than hysteroscopy itself.

The procedure is likely to cause period type pains which can vary from patient to patient. You will be advised to take pain relief before the procedure.

You may experience mild period cramps during this examination of your womb. If polyps are present within your womb, the clinician will check your comfort levels before proceeding with removal.

There are two methods of removal. The clinician will select the most appropriate.

Some polyps, dependant on position and size can be removed manually with forceps.

Secondly an operative hysteroscopy which is a thin telescope used to remove the polyps under direct vision using fluid, a fine shaver and suction.

Endometrial polyps are diagnosed by microscopic examination in the laboratory after removal.

## Follow up:

Following a polypectomy no follow up is needed. Your clinician will write to you usually within a few weeks with the biopsy results.

Endometrial and/or cervical polyps, once removed, may recur. It is possible that you might need to repeat this treatment in the future, although this is not usually the case.

Studies have shown that polypectomy (removal of polyps) results in improvement of symptoms in 75 to 100 percent of patients.