

## Women's Services Patient Information

# Endometrial Polyps

**This leaflet aims to answer your questions about having a endometrial (lining of the womb) polyp removed. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital.**

### What is an endometrial polyp?

- A polyp is a growth of tissue, usually on a stalk which can often be quite small, but can sometimes be larger. They can occur in many parts of the body but in the context of women's health, can often occur in the lining womb. These polyps are usually benign (not cancerous) and can be removed quite easily.
- One in ten women will have a polyp in their lifetime but the cause of these is unknown.
- They are almost always benign (not cancerous), but a small percentage of polyps (between 2 and 15 in every 1,000) are abnormal and may develop into cancer if left. Even benign polyps can cause problems such as heavy periods, bleeding between periods, bleeding after sex or bleeding after the menopause
- They usually continue to grow if they are not treated but they can occasionally reoccur.
- Once polyps have been found, they are easy to remove with a minor procedure. This is usually carried out in the outpatient setting or occasionally as a day case operation while you are asleep. The doctor or nurse specialist you see, will talk you through how they plan to remove the polyp and take your written consent.

### Are there any risks involved?

These will all be discussed by the specialist taking your consent. Please feel free to ask further questions during this time if anything is not clear. It is important that you fully understand any procedure and are happy to go ahead. The information below briefly outlines any common problems to help with any questions you may have.

**Bleeding:** Very rarely there can be bleeding during the procedure. On the rare occasions this happens, we can give medicines to help stop the bleeding and sometimes a small, fluid filled balloon can be placed inside the womb for a few hours to stop the bleeding. This fluid is drained, deflating the balloon to allow its removal before you go home. You may need a drip to give you fluids to replace any blood lost. Very rarely patients will need a blood transfusion.

**Perforation:** Sometimes, in 1 case in 100, the telescope may accidentally pass through the wall of the womb. Usually, if there is no bleeding and the hole was only made with the telescope, we would admit you to hospital overnight for observation and give a short course of antibiotic tablets. Very rarely, if this happened, and there was concern about heavy bleeding, or concern that one of the organs inside your body had been injured (e.g. your bowel or your bladder) you would have an immediate operation to fix the hole, stop any bleeding and repair any damage which had occurred.

This would involve a keyhole or open operation on your tummy to check inside the cavity of your tummy. Very rarely, (less than one case in thousands of procedures like this) it would not be possible to close the hole and you would need to have the womb removed straightaway (hysterectomy). This would mean a longer stay in hospital.

**Infection:** You may be given a strong dose of antibiotics during, or before the procedure., However if you get lower abdominal pain, a temperature and smelly discharge after your operation you may have an infection in the womb. This needs treatment with a course of antibiotics please contact your GP to get a prescription.

**Failure:** Sometimes it will not be possible, for technical reasons to safely perform your operation and we would need to abandon it. If this happens, your specialist will discuss your options and next steps.

Rarely, if there is a perforation and we are worried about bleeding or further problems you may need to have a laparoscopic examination of the inside of your abdomen (a telescope will be passed into your tummy through your tummy button, whilst you are asleep under a general anaesthetic).

### **After your operation**

You may experience period-like discomfort for a few days. Simple pain killers such as paracetamol should relieve this. You may also experience some bleeding for a few days. After a hysteroscopy you should use sanitary towels, not tampons, until your next period.

You can resume sexual intercourse once the bleeding has stopped.

If you have had your procedure under a general anaesthetic, most of the effects will wear off in a few hours; however, it is common to have poor concentration and memory for the first day or so. It is important therefore that you do not make important decisions, sign legal documents, drive or operate machinery or equipment for at least 24 hours after a general anaesthetic. Muscle aches or headaches may also be experienced over the first few days.

### **Contact numbers:**

If you have any concerns please telephone:

The Women's Health Unit where the lilac team will be available on 01274 364895 8.00am – 5.00pm Monday – Friday **or** Ward 12 for urgent advice on 01274 364380 (24hr contact).

We use Next Generation Text for people with hearing difficulties.  
To contact us ring 18001 01274 383341

If you need this information in another format or language, please ask a member of staff to arrange this for you.

**Smoking:** Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

**Wristbands:** When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay. The wristband will contain accurate details about you on it including all of the essential information that staff need to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear the wristband at all times. If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.