Endometrial Polyps

Patient Information Series – What you should know, what you should ask.

What are endometrial polyps?

Endometrial polyps are benign lesions arising from the cavity of the womb. They are more frequently seen in women after menopause (12%). However, about 6% occur before menopause, of which 1% in women below age 30. Polyps can cause abnormal uterine bleeding, pain and infertility.

How do endometrial polyps develop?

It is not clear how endometrial polyps arise. A role has been attributed to hormones, as well as to genetic factors.

Should it be removed?

Your doctor will go through your medical file, look at your medical and family history. Based on this information, together with the information from the ultrasound examination, he/she will discuss with you whether it is preferable to wait or to schedule you for a removal of the polyp. This can be done by hysteroscopy. By using an electrically charged loop that is brought around the polyp and then retracted through a thin tube that can be inserted into the uterus through the vaginal canal. Your doctor at the same time fully inspects the inner lining of the uterus with the camera positioned on this handheld device.

If you don't experience any discomfort or bleeding and if you don't plan to become pregnant, waiting may be an option.

If you have postmenopausal or abnormal bleeding, or if you plan to become pregnant, hysteroscopy will often be the preferred treatment option.

Will it happen again?

Polyps might recur in up to 13%. Some polyps can grow, with an annual increment in their mean diameter of about 1%. However, up to 6% of small polyps may also disappear.

What other questions should I ask?

- Should the polyp be removed?
- Could it be cancer?
- Can polyp removal be performed in outpatient setting?
- What are the risks of the operation?

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