

## Uterine Polyps

### Definition

Uterine polyps are growths attached to inner wall of the uterus and protruding into the uterine cavity. Overgrowth of cells in the lining of the uterus (endometrium) leads to the formation of uterine polyps. The sizes of uterine polyps range from a few millimeters — no larger than a sesame seed — to several centimeters — golf ball sized or larger. They are attached to the uterine wall by a large base or a thin stalk.

You can have one or many uterine polyps. They usually stay contained within your uterus, but occasionally, they may slip down through the opening of the uterus into your vagina. Although they can happen in younger women, uterine polyps most commonly occur in women in their 40s and 50s.

### Symptoms

It's possible to have uterine polyps without signs or symptoms.

Signs of uterine polyps include:

- § Irregular menstrual bleeding — for example, having frequent, unpredictable periods of variable length and heaviness
- § Bleeding between menstrual periods
- § Excessively heavy menstrual periods
- § Vaginal bleeding after menopause
- § Infertility

Uterine polyps can develop in pre- or postmenopausal women. Postmenopausal women may experience only light bleeding or spotting.

### When to see a doctor

Seek medical care if you have:

- § Vaginal bleeding after menopause
- § Bleeding between menstrual periods
- § Irregular menstrual bleeding

### Causes

Although the exact cause of uterine polyps is unknown, hormonal factors appear to play a role. Uterine polyps are estrogen-sensitive, meaning that they respond to estrogen in the same way that the lining of your uterus does — growing in response to circulating estrogen.

Risk factors

You're at greater risk of developing uterine polyps if:

- § You're obese
- § You take tamoxifen, a drug therapy for breast cancer
- § You have high blood pressure (hypertension)

### Complications

Whether uterine polyps lead to infertility remains controversial. However, if you have uterine polyps and you've been experiencing infertility, removal of the polyps might boost your fertility. In one study, infertile women who underwent surgical polyp removal (hysteroscopic polypectomy) had much higher pregnancy rates — 63 percent versus 28 percent — after intrauterine insemination (IUI) than did women with uterine polyps who underwent IUI alone. Uterine polyps also may present an increased risk of miscarriage in women undergoing in vitro fertilization (IVF). If you're undergoing IVF treatment and you have uterine polyps, your doctor will probably recommend polyp removal before embryo transfer.

### Preparing for your appointment

Your first appointment will likely be with either your primary care provider or a gynecologist. Because appointments can be brief, and it can be difficult to remember everything you want to discuss, it's a good idea to prepare in advance of your appointment.

What you can do

- § Write down any symptoms you're experiencing. Include all of your symptoms, even if you don't think they're related.
- § Make a list of any medications and vitamin supplements you take. Write down doses and how often you take them.
- § Have a family member or close friend accompany you, if possible. You may be given a lot of information at your visit, and it can be difficult to remember everything.
- § Take a notebook or notepad with you. Use it to write down important information during your visit.
- § Prepare a list of questions to ask your doctor. List your most important questions first, in case time runs out.

For uterine polyps, some basic questions to ask include:

- § What could be causing my symptoms?
- § What kinds of tests might I need?
- § Are medications available to treat my condition?
- § What side effects can I expect from medication use?
- § Under what circumstances do you recommend surgery?
- § Could uterine polyps affect my ability to become pregnant?
- § Will treatment of uterine polyps improve my fertility?
- § Are there any alternative treatments I might try?

Make sure that you understand completely everything that your doctor tells you. Don't hesitate to ask your doctor to repeat information or to ask follow-up questions for clarification.

What to expect from your doctor: Some potential questions your doctor might ask include:

- § How long have you been experiencing symptoms?
- § How often do you experience these symptoms?
- § How severe are your symptoms?
- § Does anything seem to improve your symptoms?
- § Does anything seem to make your symptoms worse?
- § Have you been treated for uterine polyps or cervical polyps in the past?
- § Have you experienced any issues with infertility? Do you wish to become pregnant?

### Tests and diagnosis

If your doctor suspects that you have uterine polyps, he or she might perform one of the following tests or procedures:

- § **Transvaginal ultrasound.** A slender, wand-like device placed in your vagina sends out sound waves and creates an image of your uterus, including its interior. A related procedure, known as hysterosonography, involves having salt water (saline) injected into your uterus through a small tube threaded through your vagina and cervix. The saline expands your uterine cavity, which gives the doctor a clearer view of the inside of your uterus.
- § **Hysteroscopy.** Doctors may perform a procedure called hysteroscopy to diagnose and treat uterine polyps. In a hysteroscopy, your doctor inserts a thin, flexible, lighted telescope (hysteroscope) through your vagina and cervix into your uterus. Hysteroscopy allows your doctor to examine the inside of your uterus and remove any polyps that are found. This eliminates the need for a follow-up procedure.
- § **Curettage.** During curettage, your doctor uses a long metal instrument with a loop on the end to scrape the inside walls of your uterus. This may be done to collect a specimen for laboratory testing or to remove a polyp. Your doctor may perform curettage with the assistance of a hysteroscope, which allows your doctor to view the inside of your uterus before and after the procedure. When performed on its own without the aid of a hysteroscope, the procedure is known as blind curettage.  
Most uterine polyps are noncancerous (benign). However, some precancerous changes of the uterus (endometrial hyperplasia) or uterine cancers (endometrial carcinoma) appear as uterine polyps. Your doctor may send a tissue sample for laboratory analysis to be certain you don't have uterine cancer.

#### Treatments and drugs

To treat uterine polyps, you might consider:

- § **Watchful waiting.** Small, asymptomatic polyps may resolve on their own. Treatment is unnecessary unless you're at risk of uterine cancer.
- § **Medication.** Certain hormonal medications, including progestins and gonadotropin-releasing hormone agonists, may shrink a uterine polyp and lessen symptoms. But taking such medications is usually a short-term solution at best — symptoms typically recur once you stop taking the medicine.
- § **Surgical removal.** If you undergo hysteroscopy, instruments inserted through the hysteroscope — the device your doctor uses to see inside your uterus — make it possible to remove polyps once they're identified. The removed polyp may be sent to a laboratory for microscopic examination.

- § **Hysterectomy.** If closer examination reveals that a uterine polyp contains cancerous cells, surgery to remove your uterus (hysterectomy) becomes necessary. 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.



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