CERVICAL POLYPS

The cervix is the lower part of the uterus (womb), a tube-like channel between the uterus and the vagina. Cervical polyps are growths that usually come from the cervical canal into the vagina. They vary in size and often look like bulbs on thin stems. Cervical polyps are usually benign (not cancerous) and can occur alone or in groups. Most polyps are small, about 1 to 2 centimetres long. Because rare types of cancer can look like polyps, all polyps should be removed and examined for signs of cancer. The cause of cervical polyps is not well known but they are associated with inflammation of the cervix. They also may result from an abnormal response to the female hormone oestrogen or develop from a small area of prominent cervical blood vessels.

Cervical polyps are relatively common, especially in women over 20 who have had at least one child. They are rare in girls who have not started menstruating.

Cervical polyps can develop from the outer surface layer cells of the cervix. These are known as ectocervical polyps and are more common in postmenopausal women. Cervical polyps that develop from cervical glands inside the canal are known as endocervical polyps. Most cervical polyps are endocervical polyps and are more common in premenopausal women who have had at least one child.

Symptoms

Cervical polyps may not cause any symptoms. However, you may experience:

- discharge, which can be foul-smelling if there is an infection
- bleeding between periods
• heavier bleeding during periods
• bleeding after intercourse.
• bleeding after the menopause

Sometimes cervical polyps can cause problems with fertility.

**Diagnosis**
If you have a cervical polyp, you usually will not be able to feel it or see it yourself. Cervical polyps are discovered during a routine pelvic examination or whilst having a cervical smear test.

**Expected duration**
A polyp sometimes will be shed on its own during sexual intercourse or menstruation. However, most polyps need to be removed because they tend to grow indefinitely.

**Treatment**
Cervical polyps are removed surgically. A specialist instrument, known as polyp forceps, is used to grasp the base of the polyp stem and the polyp is removed with a gentle twisting motion. Bleeding is usually brief and limited.

The polyp or polyps are sent to a pathology laboratory for examination. If the polyp is cancerous, then treatment will depend on the extent and type of cancer identified.

Large polyps and polyp stems that have a broad base usually need to be removed during an operation under local or general anaesthesia. You will not need to stay in hospital overnight.

Cervical polyps may grow in the future from different areas of the cervix, usually not from the original site. Regular pelvic examination will help to identify and treat polyps before they cause symptoms.

**After removal of a polyp**
You will need to wear a sanitary pad after the procedure as you will have some bleeding. This will continue for 7 to 14 days. You may experience some abdominal discomfort but it should soon disappear. If it continues, you are advised to take a mild painkiller, ie paracetamol.

Do not use tampons while you are bleeding and avoid sexual intercourse during this time. You can take a bath or shower as normal.

You will be given a return out-patient clinic appointment if necessary.

If you have any problems, please contact the hospital on one of the following numbers:

- **Doncaster Royal Infirmary**
  - Ward G5, 01302 553163
  - Gynaecology Out-Patient Clinic, 01302 381361

- **Bassetlaw Hospital**
  - Ward B7, 01909 500990 ext 2257
  - Gynaecology Out-Patient Clinic, 01909 500990 ext 2214

- **Montagu Hospital**
  - Rockingham Ward, 01709 321107
  - Gynaecology Out-Patient Clinic, 01709 321113
  - 24-hour advice line, 07775 823119