

Management of endometrial polyps depends on the specific clinical situation. Bothersome symptoms, fertility concerns, or cancer risk can affect treatment decisions when it comes to endometrial polyps.

Management options fit into two categories: expectant management or surgical removal. There are no medications that are currently recommended for the treatment of endometrial polyps.

EXPECTANT MANAGEMENT OF POLYPS

Where appropriate (e.g. asymptomatic premenopausal women), endometrial polyps can simply be left alone. Some studies suggest that up to 25% of these polyps, especially if small (<10 mm), may regress on their own or slough off with a period.

SURGICAL MANAGEMENT OF POLYPS — the procedure is called a **hysteroscopic polypectomy**

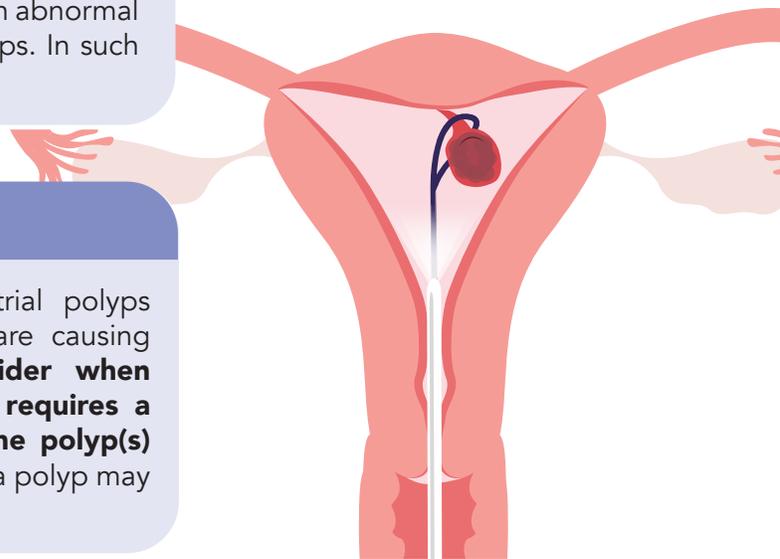
This surgery is typically performed by introducing a camera into the uterine cavity through the vagina with an instrument called a hysteroscope. The polyp is then removed via a very thin instrument introduced through the hysteroscope. It does not involve any incisions into your abdomen and is considered *minimally invasive*. Most patients are able to be discharged home a few hours after surgery and do not require an overnight stay.

PREMENOPAUSAL

In premenopausal women with fertility concerns or with abnormal bleeding, investigations may reveal endometrial polyps. In such cases, surgical removal is often recommended.

POSTMENOPAUSAL

Postmenopausal women diagnosed with endometrial polyps often require surgical removal, especially if they are causing symptoms. **Other factors physicians may consider when determining whether a postmenopausal patient requires a hysteroscopic polypectomy include the size of the polyp(s) and patient age.** These factors relate to the risk that a polyp may contain precancerous or cancerous cells.



Generally, a hysterectomy (removal of the uterus) is not required to treat polyps, unless there is evidence of endometrial cancer or, in most cases, hyperplasia (precancerous cells).

In order to determine whether expectant management or surgery is right for you, many factors, as noted above, must be considered. Please speak to your physician about your treatment options and their recommendations before making a decision.

References

1. Wolfman W. No. 249-Asymptomatic endometrial thickening. J Obstet Gynaecol Can. 2018 May; 40(5):e367-377.
2. AAGL Advancing Minimally Invasive Gynecology Worldwide. AAGL Practice report: Practice guidelines for the diagnosis and management of endometrial polyps. J Minim Invasive Gynecol. 2012 Jan; 19(1):3-10

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