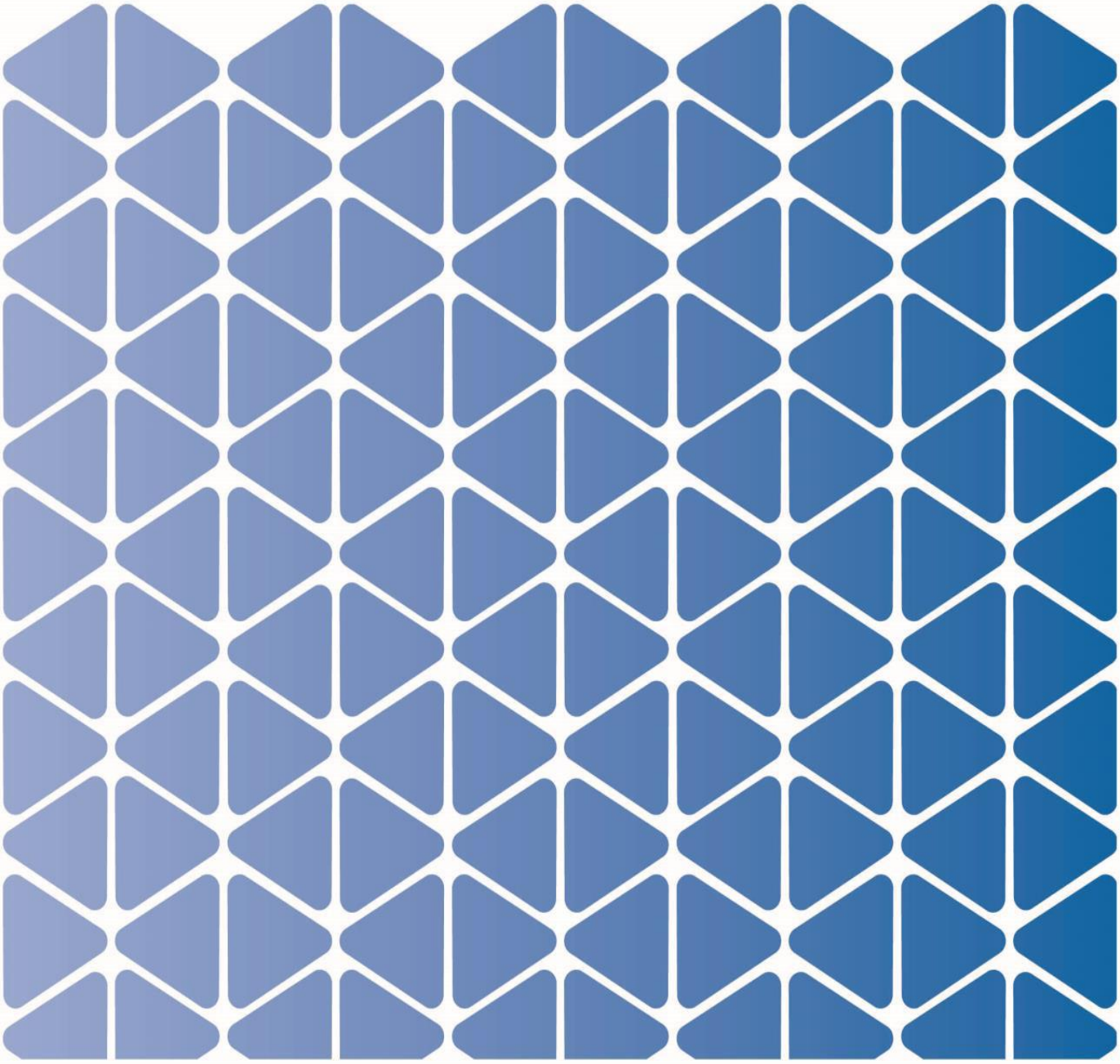
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION
GYNAECOLOGY ONE STOP CLINIC

CERVICAL POLYPECTOMY

Removal of polyps from the neck of the womb



We hope that this information leaflet will help you to understand your care options. We hope that you will feel comfortable to ask questions of your health professional so that you can work together to make a plan that meets your needs and priorities.

Remember you can always ask the healthcare professional to explain things differently, explain things again, or to write down information for you.

Cervical Polyps

A cervical polyp is a small piece of tissue that grows on the cervix (neck of the womb) or inside the cervical canal (space leading to womb). Some polyps are on a stalk, sitting away from the cervix and some sit directly on the cervix. Polyps are usually benign (not cancer). Less than one person in one hundred people (less than 1%) will have signs of pre-cancer or cancer.

Cervical polyps are sometimes found during smear tests. They often have no symptoms. Sometimes people notice bleeding after sexual intercourse, between periods or after menopause. Some people notice more vaginal discharge.

Cervical Examination

To tell whether or not you have a polyp, a speculum is placed in to your vagina so that the doctor can look at your cervix (similar to a smear test). If the doctor can see the whole polyp, they will discuss a polypectomy (removing the polyp) with you.

If the doctor thinks the polyp may be coming from your womb and not your cervix, they may ask to carry out a Hysteroscopy (a procedure where a small camera is placed in to the neck of the womb). This makes sure that the whole polyp is removed. This will be carried out at a separate appointment if it is needed.

If there is no polyp and no other signs or symptoms that you or the doctor are concerned about then you may be discharged.

How is a Cervical Polypectomy done?

If the doctor finds a cervical polyp, they will explain the process for removing it and ask if you are happy to go ahead.

This involves:

- Undressing from the waist down and lying on the couch.
- Placing a speculum into the vagina (similar to a smear test).
- Polyp forceps are then guided to the cervix and used to remove the polyp.
- The speculum and forceps will then be removed.
- Removing the polyp will take less than 1 minute.
- This polyp is sent to the laboratory to see if there are any abnormal signs.

The procedure is not very painful. Some women may have mild cramping. If you are not allergic to painkillers, we recommend taking paracetamol or ibuprofen before your appointment. Please follow the advice on the packaging.

What are the benefits?

- To stop or reduce bleeding (if bleeding was happening).
- To stop the polyp from growing larger.
- Potentially needing smear tests less often.

What are the risks?

Polypectomies are safe and you are unlikely to have any problems.

The rare risks are:

- Bleeding when the polyp is removed. Any bleeding can usually be stopped with silver nitrate, but sometimes a stitch is needed to stop bleeding. This is done with local anaesthetic and so is not painful.
- Infection of the cervix or womb.
- If the polyp cannot be removed the doctor will talk to you about a procedure called a Colposcopy (a procedure to remove larger or more strongly attached polyps).

There is a risk that your procedure will be cancelled if there is a chance of very early pregnancy. In order to be sure you are not pregnant at the time of the procedure you must not have sex or you must use reliable contraception between the first day of the last NORMAL period to the date of procedure.

If you are pregnant, you should wait until at least 6 weeks after pregnancy to have any polyps removed.

Are there any alternatives?

- If you do not wish to have the polyp removed, you can choose to have the polyp's growth checked with regular cervical examinations (as above). But, polyps do not go away on their own.
- In some cases, the procedure can be carried out under general anaesthetic (where you are asleep). This is only usually done if the examination is too uncomfortable for you, or if your polyp is very large, strongly attached, or inside the womb itself.

Consent

If you are happy to go ahead with your procedure, a doctor or nurse will ask you to sign a consent form. If you have any questions, please ask a member of staff looking after you.

How can I prepare?

Eat, drink and take any medications as you normally would.

What happens after the procedure?

You should be able to travel home on your own and carry out all your normal daily activities. You may prefer to have someone with you and may wish to keep the rest of your day free.

Bring a sanitary towel with you to wear after the appointment as you may have discharge. This discharge may be dark brown/black in the first few days, but some discharge may continue for one to two weeks. Avoid using tampons, vigorous exercise, swimming and sexual intercourse for one week.

We will write to you within 6-8 weeks with the laboratory test results and let you know what will happen next. Most people will not need another appointment.

Having read the above information, it might be helpful to think about the following…

- What do I want to ask my healthcare professional?
- What is worrying me about this procedure right now?
- What else is important in my life right now?
- Who is able to support me?
- Would I like someone to come with me to my appointment if possible? *There may be restrictions due to the Covid-19 pandemic.*

Notes

You can fill out the following table with your healthcare professional. This will help you to think about which option is best for you, given your individual situation. Doing nothing is also an option.

My Options include…	**The Benefits** Why is this option good for me?	**The Risks** What is not so good about this option for me?
To have cervical examination and have a polypectomy if needed.		
To monitor the polyp if I am found to have one.		

You might also want to ask…

- Are there any activities that I need to avoid after the procedure?
- Is there anything that I can do to help myself?
- Where can I go to get more information?

Notes

Remember you can always ask the healthcare professional to explain things differently, explain things again, or to write down information for you.

Who should I contact if I have any problems?
You should seek advice by calling the Emergency Gynaecology Assessment Unit (EGAU) or your GP if you have any of the following symptoms:

- Smelly discharge
- Heavy vaginal bleeding
- Severe abdominal pain
- High temperature

If you have any questions the EGAU helpline is open 24 hours a day, 7 days a week. **If your symptoms get worse, please call your GP, 111, or 999.**

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.