

# Having a cervical polypectomy

## Introduction

This leaflet gives you advice and information about having a cervical polypectomy (removal of polyps from the neck of the womb). Please read it before you go home so that you can have your questions answered before you leave.

Feel free to discuss any questions or concerns with your nurse or telephone the Colposcopy Clinic on 0118 322 7197 or Sonning Ward on: 0118 322 7181.

## What is a cervical polypectomy and why do I need one?

A cervical polyp is a small piece of tissue, usually on a stalk, that grows on the cervix (neck of the womb). Sometimes the cervical polyp is broad-based, where it does not have a stalk but sits on the cervix. Often they cause no symptoms and are found as a result of other examinations. Polyps are usually benign (non-cancerous). Less than 1% may have pre-cancerous or cancerous changes within them; it is therefore advisable to have them removed.

A polypectomy is the removal of polyps.

## What are the risks of a cervical polypectomy?

The procedure is very low risk, but may cause an infection or heavier bleeding. Before being sent for a polypectomy your doctor will have carried out a full pelvic examination, including an examination of your cervix using a speculum and you may have had an ultrasound or scan.

## What happens during a cervical polypectomy?

This is normally done in the outpatient clinic. You will be asked to undress from the waist down and lie down on an examination couch. A speculum (the instrument used to open up the vagina) is passed into the vagina to expose the cervix.

The polyp may be on a stalk and is, therefore, removed by grasping the polyp with blunt forceps (a grasping, scissor-like instrument) and gently twisting the polyp until it is released from its base. If the polyp is broad-based, a local anaesthetic is injected into the cervix to numb the area. A heated wire loop is used to shave the polyp off. The tissue is then sent to the laboratory for analysis.

The procedure is not painful although you may experience a dull ache while it is being carried out. Pain relief is not usually needed during or after the procedure but you can take your normal pain relief tablets (following the recommended dosage) if necessary.

Removal under general anaesthetic (i.e. you are asleep) is only recommended if the polyp is very large and possibly originating from inside the uterus, or if you find the speculum examination too uncomfortable.

### How will I feel afterwards?

You may have some watery discharge or get some light bleeding following the procedure. We recommend that you wear sanitary pads (not tampons) until your next period and avoid sexual intercourse until the discharge stops. If you have had the polyp twisted off the discharge may last up to one week. If a heated wire loop has been used the light bleeding may last up to 4 weeks.

You may have some crampy pains for a few hours after the procedure. You may take some simple painkillers for this, following the dosage instructions.

### What happens to the polyps?

We always send the removed tissue for testing in a laboratory. This is routine. If you need any further treatment, we will write to you with the results of the histology (analysis of the tissue) within six weeks.

### Advice following the polypectomy

You can carry on as normal following the procedure as it will not cause any restrictions to your daily routine. If you get an offensive discharge or heavy bleeding you should arrange to see your GP as you may have an infection. We also suggest that you avoid long soaks in the bath and bubble baths until your discharge has stopped.

### Useful contacts

We hope that this information has been useful for you. If there is anything you do not understand or if you have any questions, please ask the clinic nurse or telephone us.

Colposcopy Clinic: 0118 322 7197 / 0118 322 7186.

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