



- Polyps grow inside the uterus, on the lining of the endometrium
- Polyps are found in up to 30% of women with abnormal uterine bleeding
- Polyps may be seen on ultrasound. A special ultrasound using saline in the endometrial cavity (saline infusion sonography or SIS) may be needed to help visualize polyps
- Most polyps are benign (not malignant or cancerous) but a small number may contain cancer (3% of polyps), therefore, removal is recommended
- Risk factors for malignancy include postmenopausal status, history of tamoxifen use, obesity, and abnormal bleeding
- Hysteroscopy is the best procedure for both diagnosing and treating polyps
- After a polyp is removed, final pathology will confirm the diagnosis

ABOUT HYSTEROSCOPY

- Uses a camera the size of a straw to look inside the uterus
- No surgical incisions are made. A thin camera is passed from the vagina through the cervix
- Hysteroscopy may be performed in the office or in the operating room depending on patient and physician preference
- Taking ibuprofen 800 mg by mouth 1 hour prior to the procedure is recommended

TYPES OF HYSTEROSCOPY

DIAGNOSTIC HYSTEROSCOPY – looking in the uterus to diagnose a polyp or other structural abnormality from inside the uterus

OPERATIVE HYSTEROSCOPY – Using an instrument under camera guidance to remove a polyp or other structural abnormality from inside the uterus

