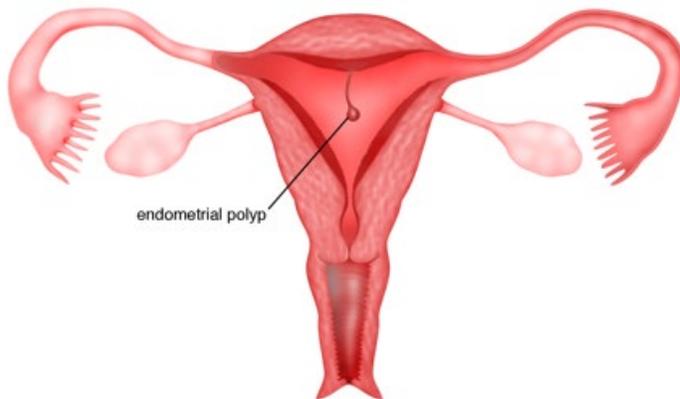




Endometrial Polyps Patient Information Sheet

What are endometrial polyps?

Endometrial polyps are localized growths of endometrium (uterine lining) that protrude into the uterine cavity. They often have a blood vessel that feeds their growth. Some people are more likely to develop polyps based on certain medical conditions, such as hormonal disturbances that affect ovulation or endometriosis. Endometrial polyps are more common with older age. They are relatively common – up to 25% of people with otherwise unexplained infertility can be found to have endometrial polyp(s).



https://www.melakafertility.com/my_book/chapter-6-endometrial-polyps/

How do endometrial polyps contribute to infertility?

Some people have no symptoms at all, but some may have changes in their menstrual bleeding pattern, experience infertility or recurrent early pregnancy losses. Having an endometrial polyp is associated with, but not always the cause of infertility or pregnancy loss.

Different theories exist to explain how polyps may contribute to infertility. Polyps may:

- Impair fallopian tube function and sperm transport
- Prevent implantation of an early pregnancy (embryo) in the uterus

How are endometrial polyps diagnosed?

The best test to identify a polyp is a saline infusion sonohysterogram (SIS) or hysterosalpingocontrast sonography (HyCoSy). This is a routine test at the OFC, usually booked during the second week of your menstrual cycle. Sometimes other pelvic imaging, such as transvaginal and pelvic ultrasound, hysterosalpingogram (HSG) or 3D ultrasound can identify possible polyps.

How are endometrial polyps treated?

Many reproductive aged people do not require any treatment for their polyps. However, if your menstrual cycles are abnormal or you are experiencing infertility or recurrent pregnancy loss, your physician may discuss having the polyp removed. The procedure to remove a polyp is called a hysteroscopic polypectomy and this is a short day procedure than can be done with minimal/no sedation or recovery.

Who should have their endometrial polyps removed?

The decision to have a polyp removed is individualized and your physician will help explain your options and provide their recommendation.

In general, people who may benefit from polyp removal include:

1. People with otherwise unexplained infertility who would like to continue to try to conceive naturally (without other fertility treatment)
2. People planning intrauterine insemination (IUI) fertility treatment
3. *Some* people planning in vitro fertilization (IVF)
 - a. There are not a lot of studies performed on people with polyps who undergo IVF, because polyps are often removed beforehand
 - b. IVF can be an expensive and invasive fertility treatment, so making sure the uterine cavity is optimized is important to consider
 - c. The decision of “if” or “when” to remove a polyp when planning IVF treatment will be made with your physician based on other factors influencing your fertility such as your age and the size and location of the polyp
 - d. In general, if you have already have frozen embryos and are planning embryo transfer, removing polyps before and embryo transfer is recommended

Endometrial polyps and early pregnancy loss

Our current guidelines do not recommend routine polypectomy in people who have recurrent pregnancy loss. However, we continue to research this association and your physician may discuss removal with you, especially if no other cause of recurrent pregnancy loss is identified.

Surgical Wait Times

Your OFC physician will refer you to a specialized surgeon for the hysteroscopic polypectomy. Surgical wait times can be lengthy and are frequently changing. Your OFC physician will be better able to advise on a wait time for your specific case.

References:

- Ghaffari F., Arabipour A., Bagheri Lankarani N., Hosseini F., Bahmanabadi A. Hysteroscopic polypectomy without cycle cancellation in IVF/ICSI cycles: a cross-sectional study. *European Journal of Obstetrics and Gynecology and Reproductive Biology*. 2016;205:37-42. doi:10.1016/j.ejogrb.2016.08.019
- Moon et al., 2016. Comparison of ultrasound-guided endometrial polypectomy carried out on the oocyte retrieval day and the first day of ovarian stimulation in IVF-ICSI cycles. *Repro Biomed Online*. ;33(3):376-80.
- El-Toukhy et al., 2016. Hysteroscopy in recurrent in-vitro fertilisation failure (TROPHY): A multicentre, randomised controlled trial. *The Lancet*. 387(10038)
- Recurrent Implantation Failure. Chapter 51. *Textbook of Assisted Reproductive Techniques, Fifth Edition* - Gardner, Weissman, Howles and Shoham
- Annabel Kemp & Tarek El-Toukhy (2019): A narrative review of adjuvants in in vitro fertilisation: evidence for good clinical practice, *Journal of Obstetrics and Gynaecology*