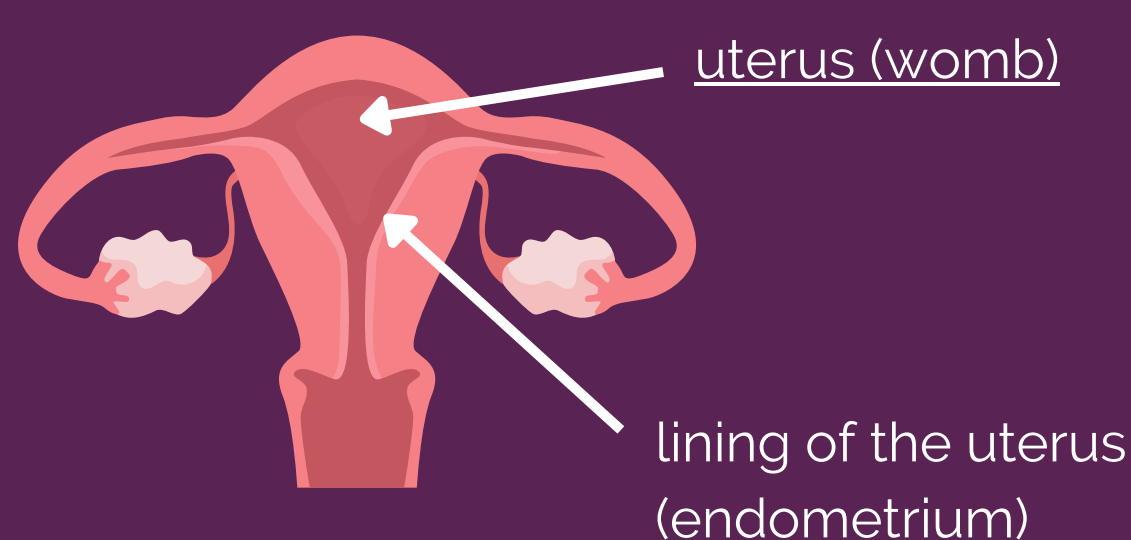


## What is endometrial hyperplasia?

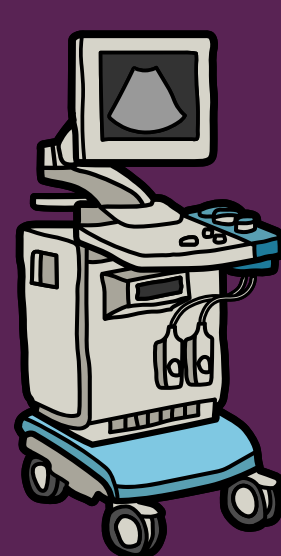
Endometrial hyperplasia happens when the lining of the uterus (endometrium) grows too thick or in a less ordered way than expected.

There are two types of endometrial hyperplasia:

1. endometrial hyperplasia **without atypia**
2. endometrial hyperplasia **with atypia**

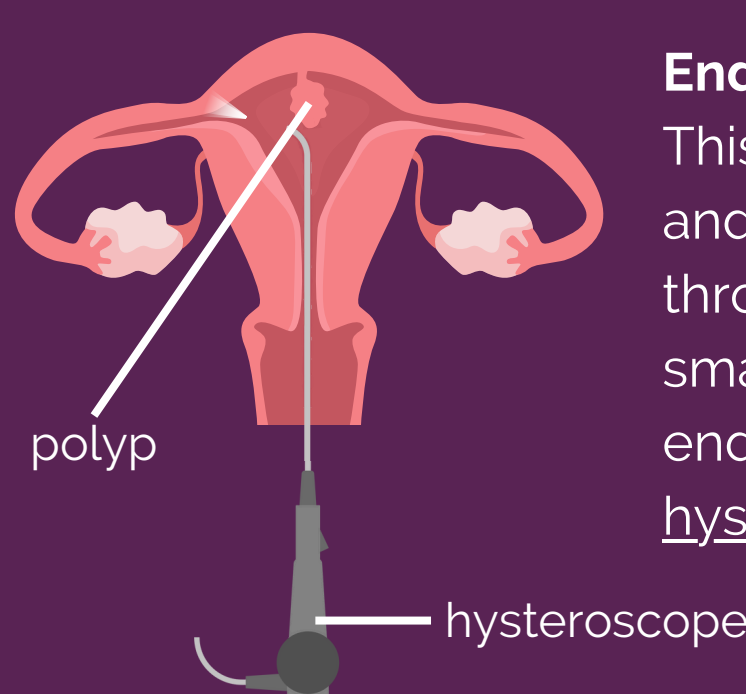


## How is endometrial hyperplasia diagnosed?



### Transvaginal (internal) ultrasound scan

This will show if the lining of the uterus is thickened, contains polyps, and has any other changes. If your endometrium is thicker than expected, your healthcare professional will recommend a biopsy (or removal of polyps).



### Endometrial biopsy

This is done by using a speculum and passing a very thin tube through the cervix to remove a small sample from the endometrium. Alternatively, a hysteroscopy may be suggested.



**For some women, a speculum examination, biopsy or hysteroscopy causes mild pain, but others find these procedures more painful. Your healthcare professional will discuss your options for pain relief, including having the procedure under general anaesthetic.**

## Does endometrial hyperplasia have a risk of cancer?

Endometrial hyperplasia can be precancerous. **However:**

Endometrial hyperplasia **without atypia** usually settles on its own in eight in ten women.



Less than 5 in 100 women who have endometrial hyperplasia **without atypia** will develop endometrial cancer **within 20 years**



28 in 100 women who have endometrial hyperplasia **with atypia** will develop endometrial cancer **within 20 years**



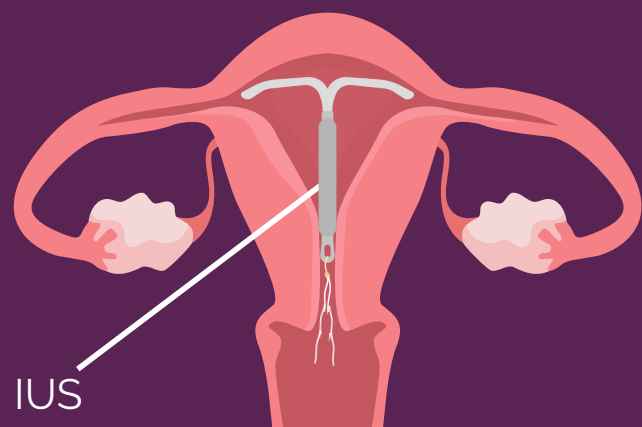
There is also a risk of cancer already being present that was not found in the biopsy.

## How is endometrial hyperplasia without atypia treated?

You will be offered the choice of no treatment, or treatment with progesterone. This can lower the risk of the hyperplasia becoming cancerous, and also manage heavy bleeding if this is a problem for you.



Progesterone can be given by tablet, such as norethisterone or medroxyprogesterone.



Progesterone can be given using a small, T-shaped plastic device, (IUS) which is placed inside the uterus.

### Will I need another biopsy after starting treatment?

You will be recommended to have another biopsy six months after you have been diagnosed with endometrial hyperplasia, and again six months after that.

If you have a BMI of over 35 or have chosen progesterone tablets as treatment, you will be offered a biopsy every year. This is because you may have a higher risk of the endometrial hyperplasia coming back.



## How is endometrial hyperplasia with atypia treated?



**Your healthcare professional will discuss your individual options and any risks or benefits with you. You can decline treatment, and change your mind at any time.**

If you have completed your family, you will usually be advised to have a hysterectomy. If you have a hysterectomy, you will no longer be able to get pregnant.

### What if I don't want to have a hysterectomy?

If you do not want to have a hysterectomy, your healthcare professional will recommend treatment with progesterone tablets or the IUS (the same treatment for endometrial hyperplasia without atypia).

**You will be offered regular biopsies, usually every three months, so that any progression to cancer can be picked up sooner. Although the progesterone hormone may reduce your risk of endometrial cancer, it may not prevent it.**



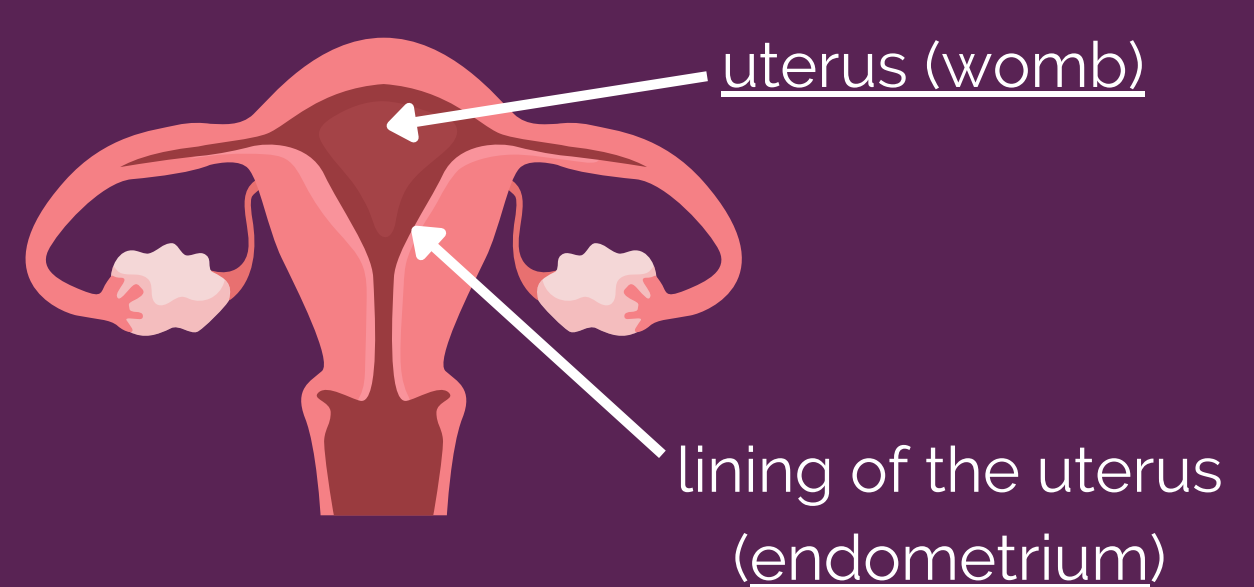
# Endometrial hyperplasia

## What is endometrial hyperplasia?

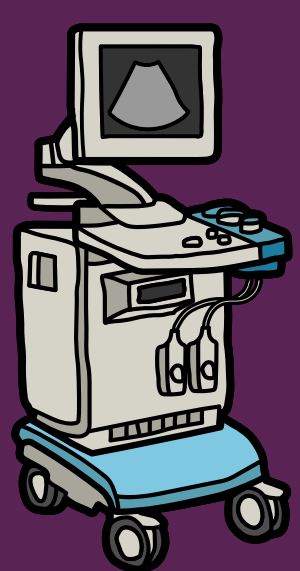
Endometrial hyperplasia happens when the lining of the uterus (endometrium) grows too thick or in a less ordered way, than expected.

There are two types of endometrial hyperplasia:

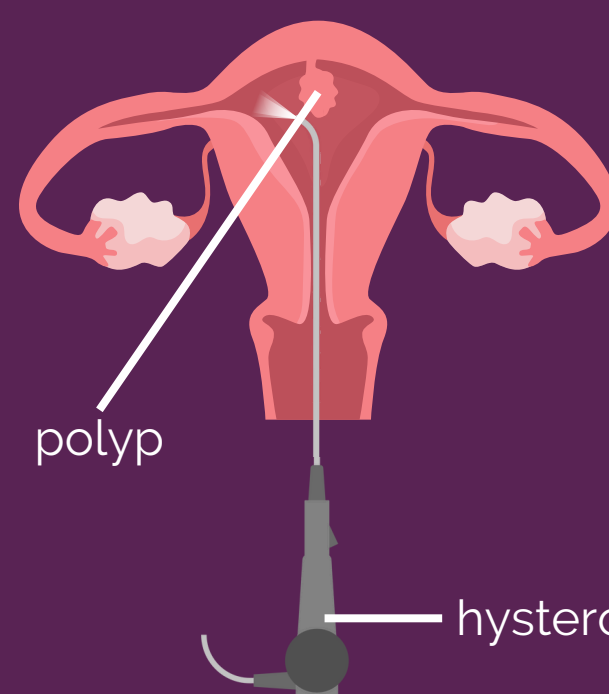
1. endometrial hyperplasia **without atypia**
2. endometrial hyperplasia **with atypia**



## How is endometrial hyperplasia diagnosed?



**Transvaginal (internal) ultrasound scan:** this will show if the lining of the uterus is thickened, contains polyps, and has any other changes. If your endometrium is thicker than expected, your healthcare professional will recommend a biopsy (or removal of polyps).



**Endometrial biopsy:** this is done by using a speculum and passing a very thin tube through the cervix to remove a small sample from the endometrium. Alternatively, a hysteroscopy may be suggested.

**!!** For some women, a speculum examination, biopsy or hysteroscopy causes mild pain, but others find these procedures more painful. Your healthcare professional will discuss your options for pain relief, including having the procedure under general anaesthetic.

## Does endometrial hyperplasia have a risk of cancer?

Endometrial hyperplasia can be precancerous, however:

Endometrial hyperplasia **without atypia** usually settles on its own in 8 in 10 women



Less than 5 in 100 women who have endometrial hyperplasia **without atypia** will develop endometrial cancer **within 20 years**



28 in 100 women who have endometrial hyperplasia **with atypia** will develop endometrial cancer **within 20 years**



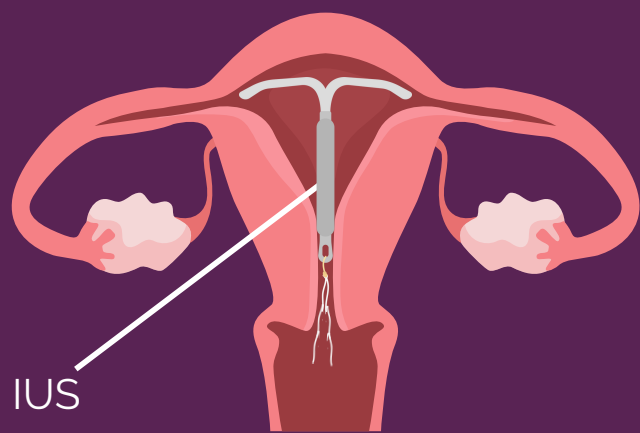
There is also a risk of cancer already being present that was not found in the biopsy.

## How is endometrial hyperplasia without atypia treated?

You will be offered the choice of no treatment, or treatment with progesterone. This can lower the risk of the hyperplasia becoming cancerous, and also manage heavy bleeding if this is a problem for you.



Progesterone can be given by tablet, such as norethisterone or medroxyprogesterone.



Progesterone can be given using a small, T-shaped plastic device, (IUS) which is placed inside the uterus.

### Will I need another biopsy after starting treatment?

You will be recommended to have another biopsy 6 months after you have been diagnosed with endometrial hyperplasia, and again 6 months after that.

If you have a BMI of over 35 or have chosen progesterone tablets as treatment, you will be offered a biopsy every year. This is because you may have a higher risk of the endometrial hyperplasia coming back.



## How is endometrial hyperplasia with atypia treated?



**Your healthcare professional will discuss your individual options and any risks or benefits with you. You can decline treatment, and change your mind at any time.**



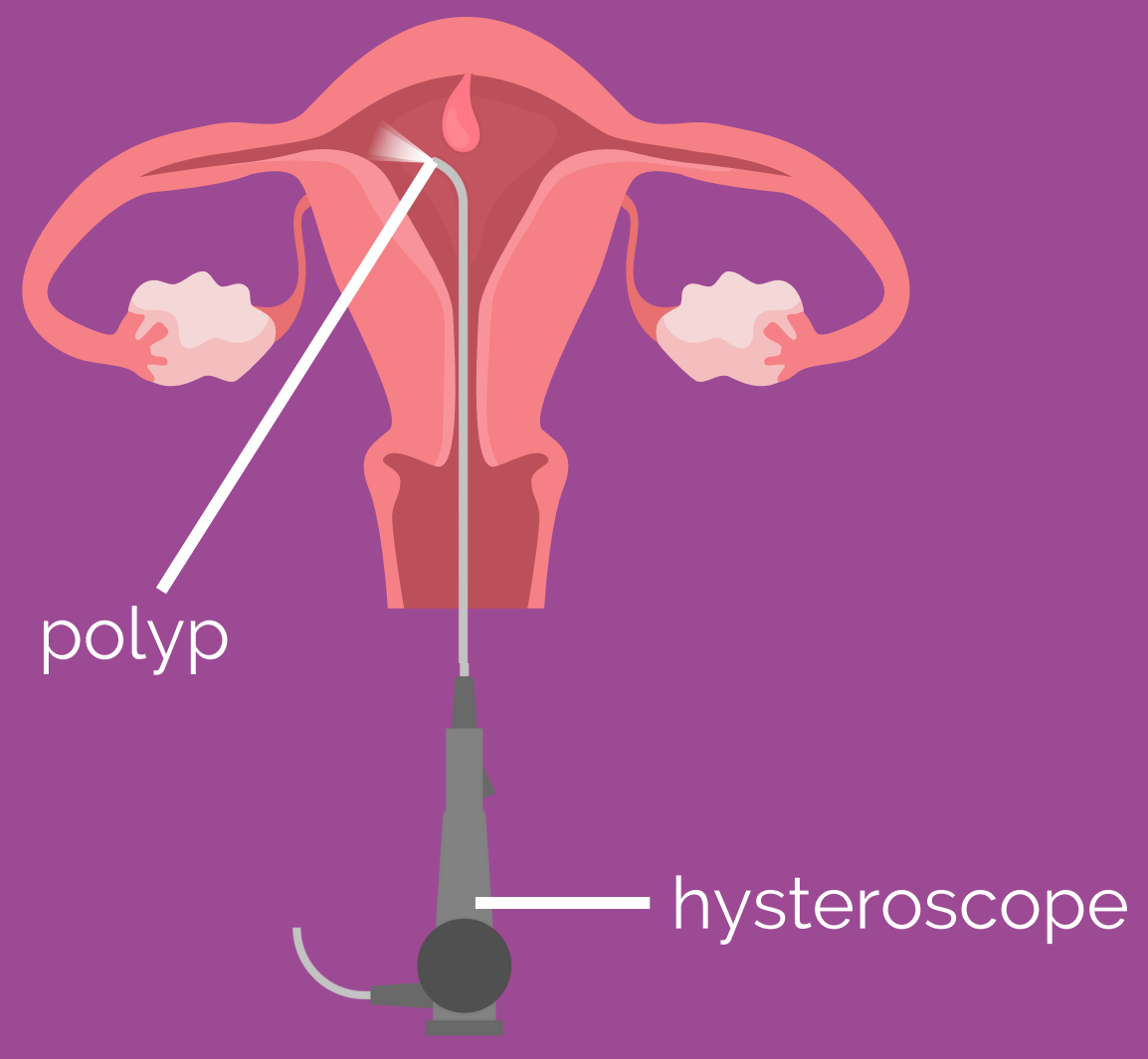
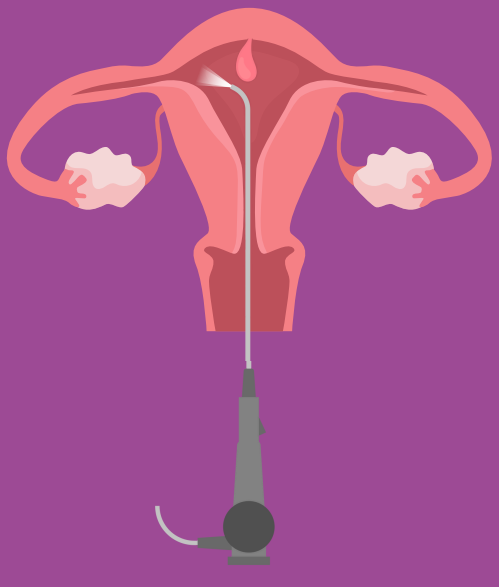
If you have completed your family, you will usually be advised to have a hysterectomy. If you have a hysterectomy, you will no longer be able to get pregnant.

### What if I don't want to have a hysterectomy?

If you do not want to have a hysterectomy, your healthcare professional will recommend treatment with progesterone tablets or the IUS (the same treatment for endometrial hyperplasia without atypia).

**You will be offered regular biopsies, usually every three months, so that any progression to cancer can be picked up sooner. Although the progesterone hormone may reduce your risk of endometrial cancer, it may not prevent it.**





polyp

hysteroscope