

Referral Support Service

Gynaecology

GY01

Cervical Polyps

Definition

A cervical polyp is a common, usually benign growth on the cervix and is often found at routine speculum examination. A polyp may occasionally cause IMB, PCB, changes in vaginal discharge or prevent a smear test being taken.

Exclude red flags

Suspicious looking cervix possible cervical cancer e.g. fungating mass

General Points

Cervical polyps arise from glandular [epithelial hyperplasia](#). They are commonly benign, but they can be malignant in 0.2–1.5% of the cases. The risk is even less with asymptomatic polyps.

- They are more common in parous women and women in their 40s and 50s.
- The removal of polyps is a painless procedure suitable for primary care management.

Management

Symptomatic polyps: should be removed due to the small risk of malignancy. Polyps can be removed in primary care (technique described below) and should be sent off for histological examination. **Do not remove if patient is pregnant (risk of miscarriage)**

Asymptomatic polyps: if asymptomatic the risk of malignant change is so small you can offer woman a choice of removal or monitoring.

Technique for removal of cervical polyp

1. Gain verbal consent.
2. Routine speculum examination.
3. Grasp polyp at base using sponge-holding forceps, twist clockwise with gentle traction (several 360 degree twists may be required) until it falls off.
4. Apply Silver nitrate to base.
5. Send the polyp off for histology.

Advise the patient that she may experience light bleeding and mild period cramps for up to 24hrs after removal. She may also get some grey/brown coloured discharge for a couple of days.

[Video of cervical polyp removal](#)

Outcome

Based on histology: if it is a normal **benign cervical polyp** no further action is required. If it is found to be an **endometrial polyp** an USS needs to be requested to check for other endometrial polyps. If there are more present the patient will require referral on to Gynaecology.

Referral Information

- **Indications for referral**
 - The base of the polyp is not visible (could be a prolapsed endometrial polyp)
 - the polyp is >1cm wide
 - You are unable to remove in primary care
 - Confirmed Endometrial polyp

- **Information to include in referral letter**
 - Any current hormonal treatment
 - Smear history (including last smear result)
 - Relevant past medical/surgical history
 - Current regular medication and allergies

- **Investigations prior to Referral**
 - Cervical smear (if due)
 - USS if suspected prolapsing endometrial polyp

Patient information leaflets/ PDAs

[Health Navigator \(NZ\) information on Cervical Polyps](#)

Responsible GP: Dr Jacqui Caine
Responsible Consultant: Miss Nicola Dean
No drugs in the guidance

Date published: October 2021
Review October 2026

© NHS Vale of York Clinical Commissioning Group

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments