

NHS

**Blackpool Teaching
Hospitals**
NHS Foundation Trust

Endometrial Hyperplasia Without Atypia

**Gynaecology Department
Patient Information Leaflet**



People Centred

Positive



Compassion

Excellence

What is endometrial hyperplasia?

Endometrial hyperplasia is a thickening of the cells of the endometrium (the lining of the womb). It is a risk factor for the development of endometrial cancer.

What has caused my endometrial hyperplasia?

Endometrial hyperplasia is often related to an imbalance in the two female hormones, oestrogen and progesterone, leading to an excess of oestrogen. Oestrogen causes the lining of the womb to grow, and without enough progesterone to counteract this it can cause the overgrowth of the cells and cause endometrial hyperplasia.

There can be a number of reasons that there are high levels of oestrogen, such as medications that act like oestrogen, and it is more likely to occur in women with risk factors.

What are the risk factors for endometrial hyperplasia?

Endometrial hyperplasia is more likely to occur in women with the following risk factors:

- Obesity
- Perimenopause/post-menopause
- Medical conditions such as Polycystic Ovarian Syndrome, and Diabetes Mellitus
- Oestrogen-secreting tumours
- Medications that act like oestrogen such as tamoxifen
- Use of oestrogen without cyclical progesterone
- Cigarette smoking
- Family history of womb, ovarian, breast, or bowel cancer

What are the signs and symptoms of endometrial hyperplasia?

The most common symptom of endometrial hyperplasia is abnormal vaginal bleeding. This might be very heavy periods as you approach the menopause, or an episode of bleeding following the menopause.

How is endometrial hyperplasia diagnosed?

Endometrial hyperplasia can be suggested if the lining of the womb is thickened on an ultrasound scan. However, the only way to diagnose endometrial hyperplasia for certain is by a biopsy of the lining of the womb, and to look at the cells using a microscope.

A biopsy is where a small sample of the lining of the womb is taken using a small plastic tube that is passed through the cervix (neck of the womb) to suction some of the cells. This may alternatively be done during a hysteroscopy when a camera is used to look at the lining of the womb directly.

Once the cells have been looked at under the microscope, it will be possible to confirm if endometrial hyperplasia is present, as well as determining the type.

Will my endometrial hyperplasia lead to cancer?

In endometrial hyperplasia **without atypia** the risk of developing womb cancer over 20 years is less than 5%.

What treatment will I receive for endometrial hyperplasia without atypia?

- (a) **Progesterone:** The most effective form of treatment is with progesterone. There is a 90% chance that the cells will go back to normal. This can be given as either a hormone coil (Mirena) that sits inside the uterus, or as tablets. The hormone coil has the best success rate for treating endometrial hyperplasia and has the least side effects.
- (b) **Observation:** Observation alone with follow-up biopsy of the lining of the womb may also be appropriate if there are obvious risk factors that can be reversed immediately such as stopping usage of Oestrogen HRT (Hormone Replacement Therapy). The success rate of resolution however is lower compared to treatment with progesterone. It is suggested that there are possibly around 75% chance that the cells will revert to normal with this method.

What follow-up will I receive?

With either treatment, follow-up is needed with a repeat biopsy of the lining of the womb to check that the cells have gone back to normal. This is usually with a repeat biopsy of the lining of the womb 6 months after treatment and again at 12 months after treatment.

You may be discharged if you have 2 biopsies that show absence of endometrial hyperplasia. However, if you have risk factors for development of endometrial hyperplasia, your doctor may recommend follow-up with annual biopsy of the lining of the womb.

If you have any abnormal bleeding after you had been discharged or while you are being followed-up, you should contact your doctor. A repeat biopsy of the lining of the womb may be indicated.

Can I prevent endometrial hyperplasia?

If you are overweight, losing weight may help. The risk of endometrial hyperplasia and womb cancer increases with the degree of obesity.

Your doctor can also talk to you about the medications you are on, and may recommend some changes – please do not stop medications such as tamoxifen without discussing it with your doctor.

If you are taking HRT, please ensure that you are taking both the oestrogen and progesterone component of the HRT, as prescribed by your doctor. Your doctor may recommend HRT with higher progesterone component. It is also important to inform your doctor if you are taking any over the counter remedies that might contain oestrogen such as remedies for menopausal symptoms.

Useful contact details

Hospital Switchboard: **01253 300000**

Patient Relations Department

The Patient Relations Department offers impartial advice and deals with any concerns or complaints the Trust receives. You can contact them via tel: **01253 955588** or by email: bfwh.patientrelations@nhs.net

You can also write to us at: **Patient Relations Department, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: www.bfwh.nhs.uk

References

Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397** or bfwh.trustpolicyteam@nhs.net

Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call: **01253 955520**



Our Four Values:

People Centred Compassion	Positive Excellence
------------------------------	------------------------

