REMOVAL OF POLYP CHECKLIST

☐ Cervical Polyp  or  ☐ Endometrial Polyp

☐ Information folder given to patient

☐ Booking form faxed/emailed

☐ US attached
BOOKING FORM FOR REMOVAL OF CERVICAL OR ENDOMETRIAL POLYP

Patient’s Name: __________________________  Surname: __________________________
DOB: ___/___/___
Address: _____________________________________________________________
Phone 1: ________________________________
Phone 2: ________________________________
Procedure: Removal of Polyp  □ Cervical Polyp  □ Endometrial Polyp
LMP: _____/_____/____
Referring GP: __________________________________________________________
Please list relevant medical history:

Or attach referral and test results / US report.
FINANCIAL INFORMATION

As recommended by your doctor you will be having:

HYSTEROSCOPY AND REMOVAL OF POLYP

The procedure will be performed by Dr Alex Ades from AGORA Centre for women’s health at Epworth Hawthorn Hospital.

As part of the services provided to you, here is an indication of the costs. If you have private health insurance, most of the fees associated with the procedure will be covered by your private health fund.

AGORA Centre will charge you a one-off fee of $300. This is an out of pocket fee that is not reimbursed by Medicare or your health fund.

If you don’t have private health insurance, Epworth Hawthorn Hospital will charge you hospital fees.

As with any medical/surgical procedure if unforeseen circumstances should arise, it may be necessary to arrange additional medical services. If this happens there may be additional costs to you that are not covered by this estimate.

If you have any concerns or would like to discuss any of these figures in more detail, please call 03 9421 2533 or email admin@agoracentre.com.au.

SURGICAL INFORMATION

You will be having HYSTEROSCOPY AND REMOVAL OF POLYP at Epworth Hawthorn Hospital. Please make sure that:

- The nature of the procedure was explained to you by your doctor.
- You were given written information about the condition and about the procedure that will be performed.
- You understand and accept the possible complications and risks associated with the procedure.
- You had the opportunity to ask questions and you are satisfied with the explanations you received.
- You understand that you cannot have the procedure if you are pregnant. It is your responsibility to inform the doctors before the procedure if there is any chance that you could be pregnant.

If you have any concerns that have not been addressed, feel free to contact the AGORA Centre on 03 9421 2533 or email admin@agoracentre.com.au. You will also have the opportunity to talk to Dr Ades on the day, before having the procedure done.
HOSPITAL DIRECTIONS AND PATIENT INFORMATION

Your doctor has booked you for an outpatient gynaecological procedure at Epworth Hawthorn Hospital. The information below will help you understand the process and make it easier for you on the day. Please make sure you also read the information about your condition and the specific procedure you are having.

Hospital directions
Epworth Hawthorn Hospital address:
50 Burwood Rd - Hawthorn - 3122

Map

By car
There is car parking in the building at a cost.

By train
The hospital is next door to the Hawthorn train station.

By tram
Tram 75 – City (Spencer Street) – Vermont South. Tram Stop 26 Hawthorn Railway Station/Burwood Rd Hawthorn.

By Bus
Line 609, Hawthorn – Fairfield has the closest Bus Stop.

On the day of your procedure:
Please arrive at the Hospital 15 minutes before the scheduled time for your procedure.
Please come to Level 1 and present to the theatre reception desk.

Inside the procedure room
Just before the procedure, you will be asked to take off your trousers / skirt and underwear.
You will be positioned on a gynaecological examination table in a similar manner to having a Pap Smear or an internal ultrasound.
The procedure is performed through the vagina and the uterine cervix.
There are no cuts or surgical incisions and the discomfort is usually very minimal.
You will receive local anaesthesia if necessary.
You can talk to the surgeon, ask questions and voice any concerns at all times.
The average procedure time is around 15 to 20 minutes.
Once the procedure is over you can put your clothes back on and you are ready to go home.
You are welcome to stay in the hospital for a while before going home if you need to.
Please contact the Hospital or the Agora Centre on 03 9421 2533 if:
• You experience severe or worsening pain.
• You have a temperature of more than 38C.
• If bleeding is heavier than a regular period.

•.
HYSTEROSCOPY

What is a hysteroscopy?
A hysteroscopy is a diagnostic or surgical procedure done using a hysteroscope. The hysteroscope is an instrument that consists of a long and thin optical lens attached to a camera. It is used to provide vision inside the uterine cavity. In a similar manner a gastroscopy looks inside the stomach, an arthroscopy looks inside joints and a laparoscopy looks inside the abdomen.

It is used for diagnosis when the hysteroscope is used to look for any problems inside the uterus, and for treatment, when the hysteroscope is used to remove polyps and fibroids or to insert contraceptive devices.

Why do I need a hysteroscopy?
A hysteroscopy gives the surgeon the ability to diagnose any problems inside the uterine cavity and at that same time treat most of the problems found.

It is used to take biopsies in the case of post-menopausal bleeding, to remove polyps or small fibroids and to insert permanent contraception devices such as Essure.

How is a hysteroscopy performed?
The hysteroscope is inserted through the vagina into the natural opening of the cervix and therefore does not require incisions or cuts. Modern equipment has made the procedure virtually pain free and, in most cases, it can be performed in an office setting without the need for a general anaesthetic. In some cases local anaesthetic is used and, for long procedures such as removal of large fibroids, general anaesthetic may be required.

What happens on the day of my procedure?
You will be asked to come to the outpatient procedure unit at the hospital about 15 minutes before the scheduled time for your procedure.

You will be greeted by one of the nurses and brought into the outpatient waiting area.

You don’t have to change into any special clothes.

You will be asked to remove your trousers, skirts, etc and your underwear.

The procedure is done on a gynaecological exam bed in a position similar to having an internal ultrasound or a colposcopy. It takes about 15 to 20 minutes.

Once the procedure is over you can dress yourself. As soon as you are comfortable and we are confident everything is fine, you can leave the hospital.

What are possible complications of a hysteroscopy?
By and large, there are no major complications associated with the procedure. The main one is a uterine perforation. That means that an instrument is inserted too deep into the uterine cavity and can cause a small puncture to the uterine wall. The hysteroscope can then reach inside the abdominal cavity and, worst case scenario, can damage intra-abdominal organs such as the bowel. Uterine perforations are fairly rare (1/200 procedures) and serious complications are extremely rare (< 1/1000).

Please read the fact sheet about any specific procedure you are having.
ENDOMETRIAL AND CERVICAL POLYPS

What is an endometrial or cervical polyp?
A polyp is a small lump or nodule that grows in some parts of the body. What defines a polyp is that it grows away from the organ where it originates from, usually on a small pedicle or stalk. Nodules on the other hand tend to grow within the organ where they originate. Cysts are particular types of nodules filled with fluid.

An endometrial polyp as the name says originates from the endometrium, the tissue present inside the uterus. Endometrial polyps grow inside the uterine cavity. A cervical polyp grows from the epithelial cells of the cervix and usually can be seen outside the uterus at the tips of the cervix.

Why do polyps grow?
Any growth in our bodies, from simple things like skin moles, breast nodules and ovarian cysts to more serious conditions such as cancers, happens when one particular cell multiples itself more than it should creating an extra mass of cells where there shouldn't be one. It can be seen as a small defect in the mechanisms that control cell multiplication in the body.

What is the difference between benign and malignant growths?
A benign nodule, cyst or polyp is usually limited, meaning first that it eventually stops growing and second that it doesn't spread to other areas. A malignant growth, also known as cancer, never stops growing. If untreated, it spreads to nearby organs and eventually can send metastasis to distant parts of the body.

Are endometrial and cervical polyps dangerous?
The vast majority of endometrial and cervical polyps are benign, meaning that they do not cause any harm other than simple symptoms such as vaginal bleeding and mild cramps. A small number of polyps, in the order of 1 to 3 %, can be malignant and develop into cancer.

How do I know if I have an endometrial or cervical polyp?
Sometimes polyps cause symptoms. These are usually irregular bleeding in women who still have periods and new bleeding in women who are already in menopause. Sometimes polyps do not cause any symptoms and women are unaware of their presence. Cervical polyps are sometimes seen by the doctor during a Pap Smear, endometrial polyps can be seen on ultrasound.

What tests need to be done to diagnose an endometrial or cervical polyp?
Most polyps can be seen on ultrasound and that is usually the first test done on women who experience abnormal bleeding. Sometimes a hysterosonogram may be required. This is a particular type of ultrasound where a special fluid is squirted inside the uterine cavity. This adds contrast helping delineate the polyp thus increasing its visualisation on ultrasound. The definitive diagnosis is made through direct visualisation with a hysteroscope. A hysteroscope is an optical instrument attached to a camera. It is inserted inside the uterus through the cervix providing direct vision of the uterine cavity and the polyp. The hysteroscope is also used to surgically remove the polyp. (please refer to the hysteroscopy explanation for more information).
ENDOMETRIAL AND CERVICAL POLYPS

If I find out that I have an endometrial or cervical polyp does it have to be removed?

In most cases the answer is yes. Symptomatic polyps, i.e. polyps that cause bleeding, discharge, etc, need to be removed for resolution of the symptoms and asymptomatic polyps usually need to be removed to exclude the possibility of cancer.

How are polyps removed?

The removal of endometrial or cervical polyps is a relatively simple procedure. Some cervical polyps are completely seen outside the cervix and can be removed in a doctor’s office or surgery with an instrument called a polyp forceps. Endometrial polyps and deeply inserted cervical polyps require a hysteroscopy. Polyps are then removed under direct vision with special hysteroscopic surgical instruments. Small polyps can be removed as outpatient procedures with local anaesthesia. Larger polyps may require a general anaesthetic. One way or the other, there are no cuts or surgical incisions, no significant post-operative pain and the recovery is immediate.

Can polyps come back?

Polyps that have been removed do not come back. There is a possibility that new polyps will grow in the future.

What if my polyp is malignant?

In a small number of cases (1 to 3%) pathology will show that the polyp is malignant. In this case more treatment may be required. This may in the form of more investigations such as a hysteroscopy for further curettings, medication and, in a small number of cases, a hysterectomy.