Thickening of the womb lining (Endometrial hyperplasia)

A biopsy of the lining of your womb may show that the cells are growing more than would be expected, this is called endometrial hyperplasia. If left untreated, this can sometimes progress to cancer. Your result may be reported as either endometrial hyperplasia without atypia (indicates early changes) or as atypical hyperplasia (indicates more advanced changes).

Endometrial hyperplasia without atypia

This means that there are some early changes to the cells in the lining of your womb. If left untreated, this has up to a 5% risk of progression to cancer over 20 years. The majority of cases will revert to normal during follow up even with no treatment.

How is it treated?

Treatment is usually by insertion of a hormone-containing coil into your womb. This device releases the hormone progesterone, which helps to reverse the changes to the cells of the lining of your womb and reduce the risk of progression to cancer. If you do not wish to have the coil fitted, you can take similar hormone-containing tablets. However, the coil has fewer side effects compared to the tablets and has been shown to be better at reversing the changes to the lining of your womb. The hormone-releasing coil would therefore be the recommended first choice for treatment. If this is what you choose to have, please ask your doctor to provide the information leaflet for the hormone-containing coil for further details.

Given the low risk of progression, you may wish to have no treatment and have follow-up biopsies alone. However, higher rates of cure are achieved with treatment.

If you are overweight, losing weight helps in lowering the risk of progression to cancer. If you are on oestrogen hormone therapy (for contraception or menopausal symptoms), it is advisable to stop therapy during treatment. However, if you feel the benefits of hormone therapy are more important to you and wish to continue, please discuss this with your doctor.

What happens next?

Treatment should be continued for a minimum of 6 months and you will have follow-up biopsies every 6 months until at least two biopsies in a row show normal results. It is, however, advisable to keep the coil in for 5 years even after a normal biopsy. You will receive appointments for follow-up every 6 months from the hospital; if you do not receive a follow-up appointment as expected please contact us. Also, please contact us if you experience any further symptoms (unexpected bleeding) between your appointments or after the recommended period of follow-up.

Longer periods of follow-up or removal of the womb may be required in certain high-risk situations – your doctor will discuss this with you.

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Atypical Hyperplasia

This result means that there is a more significant risk of progression to cancer. In addition, there is a 25-40% risk of there already being cancer in a part of the womb that has not been biopsied and may only show once the womb is removed (hysterectomy).

How is it treated?

You will be offered an operation to remove your womb (hysterectomy) usually along with removal of the tubes and ovaries, unless this is an unsuitable option for you (for example: if you are trying to conceive, or have other illnesses making you very high risk for surgery). Your options will be discussed with a team of doctors and yourself to ensure treatment is tailored to best suit your needs.

If a hysterectomy is not suitable, you will be advised to have treatment by insertion of a hormone-containing coil (with progesterone) in your womb. If you are not suitable for coil insertion or choose not to have it, oral progesterone tablets will be offered. However, the coil is more effective than the tablets and would be the preferred treatment. This treatment is intended to reduce/reverse the changes within the lining of your womb. You will need to continue this treatment with close follow up with biopsies until you can finally have a hysterectomy. If you do not have a hysterectomy, you will need a biopsy of the lining of your womb every 3 months until two biopsies in a row show normal results, and then at least every 12 months until the time when you can have the hysterectomy.

If you are being followed up for this condition, you should receive an appointment for initial follow up 3 months after diagnosis and then as described above.

When to get in touch?

Please contact us if:

- you have not received your appointments (timeframe based on your diagnosis).
- you experience unexpected bleeding between your appointments.

In case of the above, please telephone 01296 838888, select option 2 Obs and Gynae then option 3 hysteroscopy or email bht.gynaeoph@nhs.net

Please contact your GP urgently if you have any abnormal bleeding having previously been diagnosed with hyperplasia and discharged from our care.

How can you help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Handwashing and wearing a face mask is an effective way of preventing the spread of infections. We ask that you, and anyone accompanying you, use the hand sanitiser available at the entrance to every ward before entering and immediately after leaving the ward. In some situations, hands may need to be washed at the sink using soap and water rather than using the hand sanitiser as hand sanitisers are not suitable for use when dealing with patients who have symptoms of diarrhoea.

If you need advice or further assistance, please contact our patient advice and liaison service (PALS): call 01296 316042 or email bht.pals@nhs.net

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

Division of Women, Children & Sexual Health Services

Approvals:
Gynae Guidelines Group: Nov 2021 Chair's action
O&G SDU: January 2022
Clinical Guidelines Review Group: not required
Patient Evaluation forms: Dec 2021
Equality Impact Assessment: Dec 2021
Communications Advisory Panel: Apr 2022