



Cervical polyps appear as bright red tubelike growths pushing out of the cervical opening, either alone or in clusters. They consist of excess cervical tissue which "heaps up" within the cervical canal or from the endometrial lining of the uterus.

Polyps are very common and are often formed as the body attempts to heal itself after a cervical infection or irritation of the cervix, cervical canal or endometrial lining by growing new tissues. Polyps also can form during pregnancy when hormonal changes stimulate excess cervical tissues to grow.

Sometimes polyps cause slight bleeding between menstrual periods. This bleeding can occur spontaneously or can be provoked by intercourse, defecation, douching or self-exam. Polyps sometimes bleed during pregnancy. Most contain many blood vessels with a fragile outer wall. It is this unusual bleeding that causes some women to seek medical advice. A woman who is doing cervical self-examination may detect a polyp herself. In this case, regular self-observation can detect any changes. A woman who had gone through menopause but was bleeding, knew bleeding can be a sign of uterine cancer. She did self-exam and could clearly see the head of a large polyp protruding from her cervical opening (os) - not cancer at all.

A few large polyps may also cause crampy pain as they endeavor to work their way through the cervical canal.

Polyps are nearly always benign growths. Some physicians recommend removing them. A polyp can be removed in a doctor's office, usually under local anesthesia. The practitioner usually twists the polyp off and seals the base with an electric cautery (burning) needle. If the polyp is very large or if there are multiple polyps, you may have to go to the hospital for removal. Sometimes polyps recur after removal. In that case a D & C, dilation and curettage may be necessary to remove them permanently, though a D & C doesn't always get them if they are really tiny.

Many women decide not to have polyps removed and have followed a "wait, watch and see" course.

A doctor might suggest a hysterectomy for recurrent bleeding after menopause if there is no explanation for the bleeding. It could be a polyp and difficult to detect.