

## General Commissioning Policy

<b>Treatment</b>	<b>Cervical Polyps</b>
<b>For the treatment of</b>	<b>Cervical Polyps</b>
<b>Background</b>	<p>NHS Scarborough and Ryedale CCG (SRCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers.</p> <p>This commissioning policy is needed in order to clarify the criteria for referral for cervical polyps.</p>
<b>Definition</b>	<p>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 or prevent a smear test being taken.</p> <p><b>General points</b></p> <ul style="list-style-type: none"> <li>• 1% of symptomatic polyps will have dysplastic features, which may lead to cancer.</li> <li>• More common in parous women.</li> <li>• Removal of polyps is a painless procedure suitable for primary care management.</li> <li>• <a href="#">Cervical Polyp image</a></li> </ul> <p><b>Exclude Red Flag Symptoms</b></p> <ul style="list-style-type: none"> <li>• Cervical cancer – fungating growth on cervix</li> </ul>
<b>Management</b>	<p><b>Symptomatic</b> Where possible, polyps should be removed in primary care (technique described below) and sent for histological examination. If histology reveals the polyp was of endometrial origin a USS should be ordered (to rule out other lesions). If not possible, see 'Refer to Secondary Care' below.</p> <p><b>Asymptomatic</b> polyps: offer woman choice of removal</p> <p><b><u>Technique for removal of cervical polyp</u></b></p> <ul style="list-style-type: none"> <li>• Consent – removal of polyps is not a painful procedure and is similar to a smear test</li> <li>• Routine speculum examination</li> <li>• Grasp polyp at base with polyp or sponge-holding forceps, twist clockwise with gentle traction (several 360 degree</li> </ul>

Responsible GP – Dr Omnia Hefni, SRCCG	Approved: February 2017
Responsible Consultant – Ms Louise Hayes, YHFT	Date published: February 2017
Responsible Pharmacist – Ms Rachel Ainger, SRCCG Medicines Mngt	NHS Scarborough & Ryedale Clinical Commissioning Group

	<p>twists may be required)</p> <ul style="list-style-type: none"> <li>• Apply Silver Nitrate to base</li> <li>• Send polyp for histology</li> <li>• Advise the patient that she may experience light bleeding and mild period cramps for up to 24hrs after removal</li> </ul> <p>Removal of a cervical polyp - (<a href="#">video link</a>)</p> <p><b>Outcome</b></p> <p><b>Histology</b> – normal <i>benign cervical polyp</i> – no further action required</p> <p><b>Histology</b> – reveals an <i>endometrial polyp</i> – USS advised to ensure no further endometrial polyps are present</p> <p><b>Refer to Secondary Care if:</b></p> <ul style="list-style-type: none"> <li>• Suspected prolapsed endometrial polyp (base of polyp not visible)</li> <li>• Large polyp &gt;1cm wide</li> <li>• Unable to remove in primary care and symptomatic</li> </ul>
<b>Investigations prior to referral</b>	<ul style="list-style-type: none"> <li>• Cervical smear (if due)</li> <li>• If histology reveals the polyp was of endometrial origin – a USS should be ordered (to rule out other lesions)</li> </ul>
<b>Information to include in referral letter</b>	<ul style="list-style-type: none"> <li>• Indication for referral: &gt;1cm / suspected endometrial polyp / unable to remove</li> <li>• Any current other hormonal treatment</li> <li>• Smear history (including last smear &amp; result)</li> <li>• Relevant past medical / surgical history</li> <li>• Current regular medication and allergies</li> </ul>
<b>Patient Information</b>	<a href="#">Patient.info</a>
<b>Date reviewed</b>	January 2017
<b>Next Review Date</b>	2019
<b>Contact for this policy</b>	CCG Service Improvement Team <a href="mailto:scrccg.rssifr@nhs.net">scrccg.rssifr@nhs.net</a>

#### References:

1. <http://www.pathways.scot.nhs.uk/polyps.htm>
2. <http://www.pathways.scot.nhs.uk/Gynaecology/Gynae%20Intro%2023Sep05.htm#polyp>

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