Gynaecology Pathway

WAHT-TP-027

Polyps in Fertility Patients

Key Document code:	WAHT-TP-027	
Key Documents Owner:	Miss K Brown	Consultant Gynaecologist
Approved by:	Gynaecology Governance Meeting	
Date of Approval:	14th November 2025	
Date of review: **This is the most current version and should be used until a revised document is in place**	14th November 2028	

Key Amendments

Date	Amendment	Approved by
26th January 2019	Documents extended for 3 years	Mr Hughes
14th December 2020	Documents approved for 3 years	Miss Blackwell
14th November 2025	Documents updated & approved for 3 years	Miss Blackwell

Impact of polyps on implantation rates

The diagnosis of an endometrial polyp during ovarian stimulation is a relatively common finding. Whereas the effect on implantation for natural conceptions and IUI is well documented, the impact on outcome of IVF cycles is more controversial.

Endometrial thickness, texture and structure are crucial for the implantation process. The mechanism by which polyps would interfere with the complex process of implantation is not completely understood but it is postulated an inflammatory reaction resembling the contraception effect of an intrauterine device as the most satisfactory explanation (Ben-Nagi, Miell et al.2009).

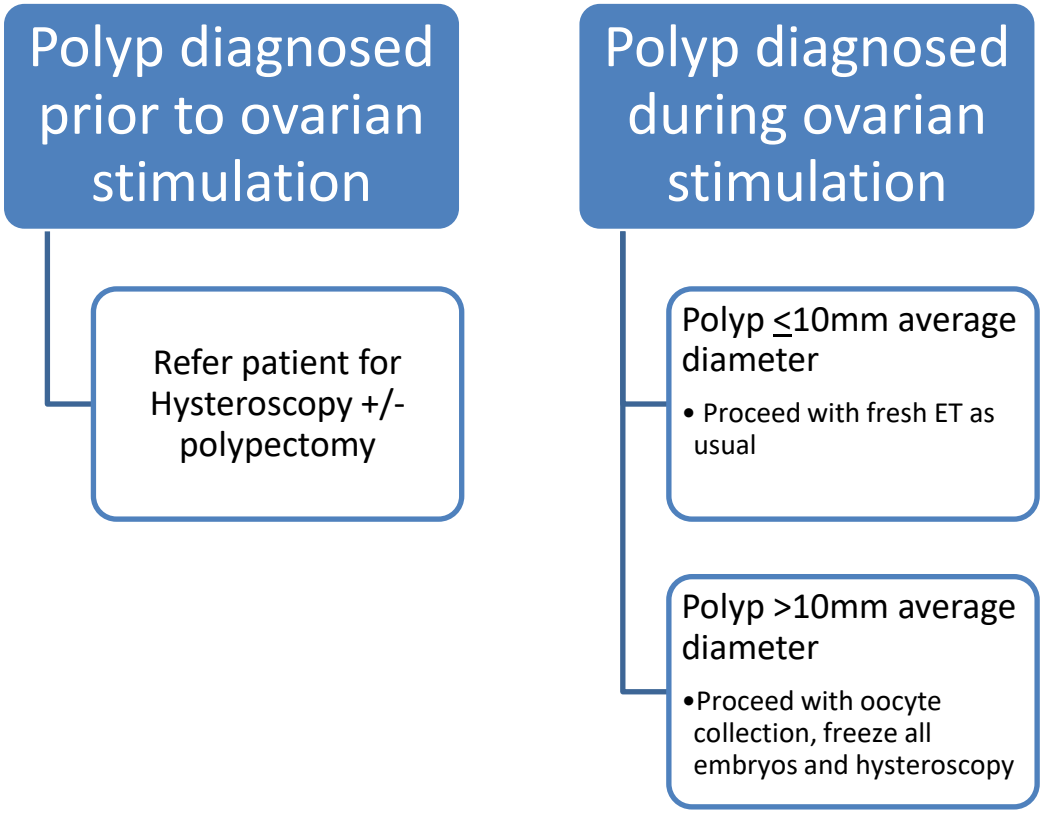
Management of polyps diagnosed prior and during IVF cycles

Only recently some studies have provided sufficient evidence to draw conclusions on recommendations about the management of endometrial polyps diagnosed during IVF cycles. A recent retrospective study analysing more than 250 patients concluded that there was no difference in terms of implantation, pregnancy and miscarriage rates between patients diagnosed with a polyp during ovarian stimulation and their matched controls (Tiras, Korucuoglu et al.2012). Therefore, cancellation/embryo freezing during IVF cycles to perform hysteroscopy plus polypectomy is not justified.

Size of the polyp is another important factor to be considered on the decision making process. In this same study by Tiras et al the maximum diameter of the polyps investigated was 14mm. Measurements of the endometrial polyp must always be performed on two dimensions and the average must be adopted as the definitive dimension of the endometrial polyp. Some studies have demonstrated no negative effect for polyps below 15mm of average diameter (Lass, Williams et al.1999;Isikoglu, Berkkanoglu et al.2006). According to these findings we have considered reasonable an upper cut-off limit of 10mm on average diameter.

Much has been speculated about differences on the impact of the polyps depending on their location within the uterine cavity. Although some studies described a higher impact related to polyps located in the uterotubal junction this could not be confirmed with other studies. Thus the location of the polyp is irrelevant to decide on its potential impact and no decision should be made based purely on this feature.

These recommendations will not be applicable to polyps diagnosed before IVF (i.e. baseline scan) since there is not enough evidence to extrapolate results to this situation. Therefore, the suspicion of a polyp before starting ovarian stimulation will be an indication for referral for hysteroscopy and polypectomy.



Monitoring

This section should identify how the Trust plans to monitor compliance with, and the effectiveness of, this policy. It should include auditable standards and/or key performance indicators (KPIs) and details on the methods for monitoring compliance.

The NHSLA requirements are:

Organisations should measure, monitor and evaluate compliance with the minimum requirements within the NHSLA Risk Management Standards. This should include the use of audits and data related to the minimum requirements. The organisation should define the frequency and detail of the measurement, monitoring and evaluation processes.

Monitoring demonstrates whether the process for managing risk, as described in the approved documentation, is working across the entire organisation. Where failings have been identified, action plans must have been drawn up and changes made to reduce the risks. Monitoring is normally proactive - designed to highlight issues before an incident occurs - and should consider both positive and negative aspects of a process.

The table below should help to detail the 'Who, What, Where and How' for the monitoring of this policy.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Accurate reporting of polyps and review of the report	Analysis of any incidents ie at hysteroscopy, of during IVF treatment.	Whenever necessary	Fertility Lead and Lead Fertility Nurse	Fertility MDT	Whenever necessary following incidents

References:

Ben-Nagi.,J. J Miell, et al (2009). “The effect of hysteroscopic polypectomy on the concentrations of endometrial implantation factors in uterine flushings. “ Reprod Biomed Online 19 (5): 737-744.
Isikoglu, M., M Berkkangoglu, et al. (2006). “Endometrial polyps smaller than 1.5cm do not affect ICSI outcome” Reprod Biomed Online 12 (2): 199-204
Lass, A. , G Williams, et al. (1999). “ The effect of endometrial polyps on outcomes of in vitro fertilization (IVF) cycles.” J Assist Reprod Genet 16 (8): 410-415.
Tiras. B., U. Korucuoglu, et al. (2012). “Management of endometrial polyps diagnosed before or during ICSI cycles. “ Reprod Biomed Online 24 (1): 123-128

November 2025 review – no new evidence necessitating a significant update

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Supporting Document 1 - Equality Impact Assessment Tool

Equality and Health Inequalities Impact Assessment (EHIA) Tool

Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form
Please read HEIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council	
Worcestershire Acute Hospitals NHS Trust	✠	Worcestershire County Council	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust	
Other (please state)			

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	K Brown	**O&G Consultant**	**Kiritea.brown@nhs.net**
Date assessment completed	**25.1.26**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Polyps in Fertility Patients**			
What is the aim, purpose and/or intended outcomes of this Activity?	TO ensure the correct management of Polyps in fertility patients			
Who will be affected by the development & implementation of this activity?	❑ y ❑ ❑	Service User Patient Carers Visitors	y ❑ ❑ ❑	Staff Communities Other _____
Is this:	y Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	References as above			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Agreed in Fertility MDT and Gynae Governance			
Summary of relevant findings	As per GL			

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity	y			Agreed in Fertility MDT and Gynae Governance
Race including Traveling Communities				
Religion & Belief				
Sex				
Sexual Orientation				
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		

How will you monitor these actions?	**Review and investigate as per any concerns via datix and complaints**			
When will you review this HEIA? (e.g in a service redesign, this HEIA should be revisited regularly throughout the design & implementation)	GL will be reviewed every 3 years, or earlier if new guidance available			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing HEIA	
Date signed	25.1.26
Comments:	
Signature of person the Leader Person for this activity	
Date signed	25.1.26
Comments:	

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	**Yes/No**
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval