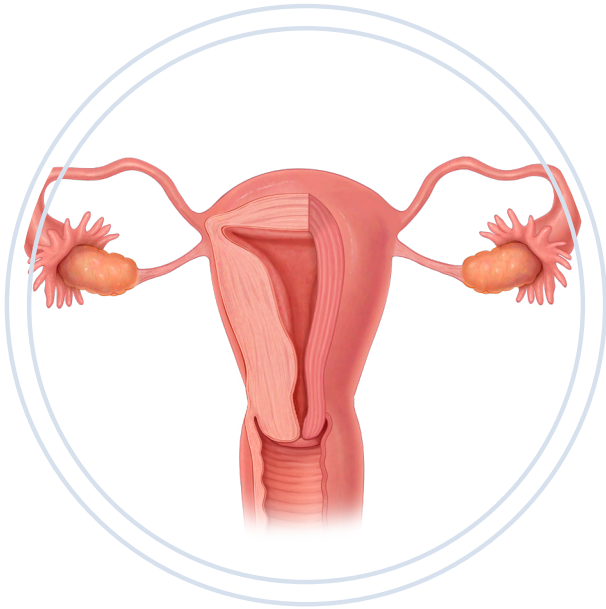


# Endometrial Hyperplasia



## What is Endometrial Hyperplasia?

Endometrial hyperplasia is a condition that occurs when the lining of the uterus (endometrium) grows too much. It is a benign, but sometimes pre-cancerous, condition. However, in some cases, it can lead to cancer of the uterus.



## Who is at risk?

Endometrial hyperplasia, or “overgrowth,” is more likely to occur in certain women. Those most at risk are women who:

- Are in the years around menopause
- Naturally skip periods or have no periods at all (not due to use of birth control)

- Are overweight
- Have diabetes
- Have polycystic ovary syndrome
- Take estrogen without progesterone
- Have an immediate family member with a history of endometrial cancer or Lynch syndrome

## Types

Healthcare providers describe endometrial hyperplasia based on the type of cell changes in the uterine lining. Types of endometrial hyperplasia include:

- **Simple or complex endometrial hyperplasia (without atypia):** This type has normal-looking cells that aren't likely to become cancerous ("without atypia" means less likely to become cancer). This condition may improve without treatment or your provider may recommend treatment with hormones.
- **Simple or complex atypical endometrial hyperplasia (with atypia):** This type is "atypical" and has a higher chance of becoming cancer. Without treatment, your risk of endometrial or uterine cancer increases.

Healthcare providers may use the terms simple and complex when they classify your condition; these refer to the types of patterns they see when they look at your cells. Be sure to discuss any questions and concerns you have about your diagnosis with your provider.

## Signs & Symptoms

The most common sign of hyperplasia is abnormal uterine bleed-

ing. If you have any of the following, you should see your ob-gyn:

- Bleeding during your period that is heavier or lasts longer than usual
- Short menstrual cycles (less than 21 days)
- Any bleeding after menopause
- Not having a period at all naturally (not due to use of birth control)

Many of these symptoms are common in women transitioning to menopause (i.e., erratic periods or irregular bleeding). Talk to your provider about your symptoms; it may be determined that checking for endometrial hyperplasia is unnecessary.

## Tests

If you have abnormal bleeding along with any of the other risk factors, you may need to be tested for endometrial hyperplasia. One or more of the following tests may be required:

- **Vaginal Ultrasound**—a small device is placed in your vagina to get a picture of the uterine lining.
- **Endometrial Biopsy**—your provider puts a narrow tube inside the uterus to take a sample of the cells for testing. This can be done in our office. We recommend taking ibuprofen prior to the procedure to help prevent cramping.
- **Dilation and Curettage**—the opening of the uterus is stretched (dilated). A device called a curette is used to gently loosen and remove a sample of the uterine lining and is then sent to be tested for cancerous cells. This procedure can be

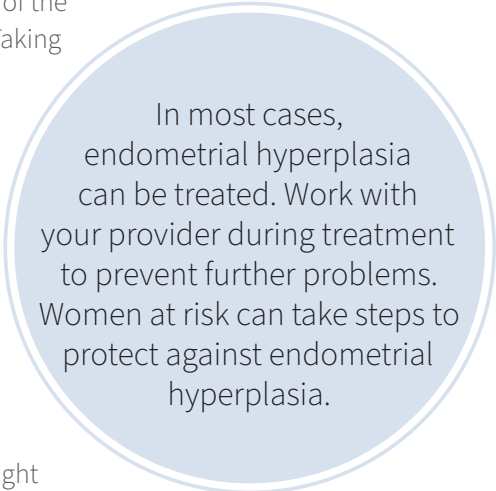
done in our office or in the operating room.

- **Hysteroscopy**—insertion of a slender, telescope-like device with a tiny camera into the uterus to look for areas in the lining that may be abnormal. This procedure can be done in the comfort of our office or in the operating room.

## Treatment

In many cases, endometrial hyperplasia can be treated with medication that is a form of the hormone progesterone. Taking progesterone will cause the lining to shed and prevent it from building up again. It will often cause vaginal bleeding.

How much and how long you take progesterone will depend on your condition—you and your provider will find a form and dosage that is right for you.



In most cases, endometrial hyperplasia can be treated. Work with your provider during treatment to prevent further problems. Women at risk can take steps to protect against endometrial hyperplasia.

After you have been taking progesterone, the lining of the uterus may be tested again in three to six months by endometrial biopsy. If the problem persists, more treatment (such as other medication or surgery) may be used.

Hysterectomy (surgery to remove the uterus) may be an option if you have completed your family and your biopsy showed cells that could become cancer (atypical hyperplasia).

## Protecting Against Endometrial Hyperplasia

Women can take steps to reduce the risk of endometrial hyperplasia. This can protect women with certain risk factors as well as help keep it from recurring.

- If you take estrogen after menopause, and you have a uterus, you need to take a form of progesterone to reduce the risk of endometrial hyperplasia and cancer of the uterus.
- If you don't have monthly periods, you may need to take a form of progesterone to help prevent the lining of the uterus from growing too much. Birth control pills (oral contraceptives) containing estrogen along with a form of progesterone may help protect against endometrial hyperplasia in women who don't have regular periods.
- If you are overweight, losing weight may help.



# DID YOU KNOW?

As a part of our Circle of Care, PT Center for Women offers specialized physical therapy services to women of all ages.

## Physical Therapy can treat:

- Bladder issues  
*(leakage or difficulty urinating)*
- Bowel dysfunction  
*(constipation or leakage of stool)*
- C-section or episiotomy scar pain
- Diastasis recti  
*(separation of abdominal muscles)*
- Headaches
- Low back, SI joint & tailbone pain
- Painful intercourse
- Pelvic organ prolapse  
*(fallen pelvic organs)*
- Pelvic pain
- Postpartum pain  
*(pain after pregnancy)*
- Pregnancy-related pain

We engage in an open dialogue so our patients feel no shame or any embarrassment when sharing private health concerns.

For more information or to schedule an appointment, call or text 920.729.2982 or visit [ptcenterforwomen.com](http://ptcenterforwomen.com)



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