



# Endometrial hyperplasia

## Information for patients from Women's Health

This leaflet is for patients diagnosed with endometrial hyperplasia. This leaflet will explain the following.

- What endometrial hyperplasia is
- What the symptoms and possible causes are.
- How the biopsy is taken.
- The chances of developing endometrial cancer if you have endometrial hyperplasia.
- What the treatment options are.
- Who to contact if you have any questions.

We hope this leaflet answers some of the questions you may have. If you have any further questions or concerns, please speak to a member of your healthcare team.

### What is endometrial hyperplasia?

Endometrial hyperplasia is the overgrowth of tissue in the lining of the womb (endometrium).

There are two types of endometrial hyperplasia.

1. Endometrial hyperplasia **without** atypia. A condition where the lining of the womb (endometrium) becomes thickened, but the cells are still considered normal.
2. Endometrial hyperplasia **with** atypia. A condition where the lining of the womb (endometrium) becomes thickened, but the cells are abnormal. If left untreated, there is a risk that this will develop into endometrial cancer.

### What are the symptoms of endometrial hyperplasia?

- Heavy or unexpected vaginal bleeding.
- Bleeding after menopause.

- Unexpected bleeding on HRT (hormone replacement therapy).
- Some people will not have any symptoms. Endometrial hyperplasia is found while having investigations for another reason.

### What are the risk factors for endometrial hyperplasia?

Endometrial hyperplasia is often caused by an imbalance between the oestrogen and progesterone hormones. This can be caused by the following risk factors.

- Obesity (being very overweight).
- Oestrogen Therapy with no / insufficient progesterone therapy.
- Tamoxifen.
- Polycystic Ovary Syndrome (PCOS).
- Ovarian tumours that release oestrogen.
- You have not had children.
- Diabetes.

In some cases, none of these risk factors exist and the cause is unknown.

To lower your risk of developing endometrial hyperplasia, or of it progressing, keep your weight within a healthy range.

### How is endometrial hyperplasia diagnosed?

An ultrasound scan will show whether the lining of your womb:

- is thicker than expected; or
- has any polyps (growth of excessive tissue).

If the scan finds either, we will advise you to have a biopsy taken from the lining of your womb.

### How is a biopsy taken?

A biopsy is taken using one of the following techniques.

- Using a speculum and passing a thin tube into your vagina, to take a sample from the womb lining.
- With the help of a hysteroscope. This can be done as an outpatient while you are awake or under general anaesthetic (you are asleep).

### What happens if I choose not to have the biopsy?

A biopsy is the only way of diagnosing endometrial hyperplasia. If you do not have a biopsy, we will not be able to see if you have the condition, and if treatment is needed. Please discuss this with your doctor.

### What are my chances of developing endometrial cancer if I have endometrial hyperplasia?

Endometrial hyperplasia without atypia can be precancerous. However, it can also settle on its own in 8 in 10 women [1].

- Less than **5 in 100** women (5%) who have **endometrial hyperplasia without atypia** will develop endometrial cancer within 20 years.
- **28 in 100** women (28%) who have **endometrial hyperplasia with atypia** will develop endometrial cancer within 20 years.

There is a risk of cancer being present, but not found during a biopsy. However, this risk is very minimal. In most cases, if cancer is present a biopsy will find it.

### How is endometrial hyperplasia treated?

You will discuss the following treatment options with your doctor before any decisions are made. If you have any questions or concerns about any of the treatments, please speak to your doctor.

- **Treatment for endometrial hyperplasia without atypia**

- **Changes to your lifestyle**

Endometrial hyperplasia without atypia may regress if you make changes to your lifestyle. This means the symptoms may reduce in severity or go back to normal. The following are some examples of the lifestyle changes you could make.

- Lose weight.
- Change the dose of oestrogen / progesterone in your HRT.
- Manage your symptoms if you have Polycystic Ovary Syndrome (PCOS).
- Have oestrogen-producing ovarian tumours removed.

These lifestyle changes may help endometrial hyperplasia from returning after treatment.

- **Progesterone hormone treatment**

Treatment with the hormone progesterone has shown that in 9 in 10 women endometrial hyperplasia will resolve.

- Progesterone can be given by tablet once a day. It is usually suggested that you take progesterone for 6 months.
- Progesterone can also be given using a small, T-shaped plastic device, called the Mirena IUS (intra-uterine system). This device is placed inside the womb. Many women prefer the Mirena as it:
  - is more likely that hyperplasia will resolve if you use this method

- may have fewer side effects; and
- can offer ongoing treatment for 5 years.

For more information, please read the **Mirena coil** leaflet.  
(<https://leaflets.ekhuft.nhs.uk/mirena-coil/html/>)

### What are the side effects of taking progesterone?

- **Common or very common (1 in 10 to 1 in 100 people).** Appetite increased; cervical abnormalities; constipation; fatigue; headache; hyperhidrosis; hypersensitivity; nervousness; oedema; tremor; vomiting.
- **Uncommon (1 in 100 to 1 in 1000).** Congestive heart failure; corticoid-like effects; diabetes mellitus exacerbated; diarrhoea; dry mouth; euphoric mood; hypercalcaemia.

### ◦ Will I have follow-up appointments?

Most patients have a biopsy 6 months after a diagnosis of endometrial hyperplasia without atypia, and again 6 months after that. Some patients may not need any further biopsies.

You can stop taking progesterone tablets, if the biopsy finds that:

- the hormone treatment is working; and
- there are improvements.

You may have a higher risk of the endometrial hyperplasia coming back, if:

- you have a BMI of more than 35; or
- your treatment was with progesterone tablets.

You will usually be offered biopsies every year.

If you have been discharged from follow-up for endometrial hyperplasia, and have unexpected or unusual bleeding in the future, please tell your GP.

### • Treatment for endometrial hyperplasia with atypia

If a patient has endometrial hyperplasia with atypia and has completed their family, most are advised to have a hysterectomy. For more information, please read our **Hysterectomy** leaflet, (<https://leaflets.ekhuft.nhs.uk/hysterectomy/html/>) or speak to your doctor.

Four in 10 patients diagnosed with atypical hyperplasia and who go on to have surgery, have a final diagnosis of early endometrial cancer. This is why surgery to remove the womb is recommended for patients with atypical hyperplasia [2]. Thankfully surgery cures most patients.

### What if I choose not to have a hysterectomy?

If you are unable or do not want to have a hysterectomy, we will recommend treatment with progesterone tablets or the Mirena IUS. See above for more information on progesterone and Mirena IUS.

We will offer you regular biopsies, usually every 3 months. Biopsies will be offered until:

- you have two consecutive negative results; or
- you have a hysterectomy.

Although this may prevent cancer, or allow cancer to be found sooner, you may still develop cancer. Studies show that around 1 in 4 women with atypia, who do not choose to have a hysterectomy, will develop cancer.

### What happens if I choose not to have treatment?

**Patients diagnosed with cancer and who decide not to have treatment.** We will continue to perform biopsies to check how your cancer is progressing.

**Patients with endometrial hyperplasia with atypia.** These patient will also be referred to the Gynaecology Multidisciplinary Team.

### What if I wish to have children?

- We advise you not to get pregnant until a biopsy has confirmed that the hyperplasia has resolved.
- **Patients taking progesterone to treat endometrial hyperplasia.** Your fertility will return once you stop treatment.
- You should be offered the chance to discuss fertility treatment with a specialist. This may support you to get pregnant sooner.

### Contact details

If you have any questions or concerns, please contact the Rapid Access Clinic on 01227 864240.

### Further information

- East Kent Hospitals. Hysterectomy patient leaflet. (<https://leaflets.ekhuft.nhs.uk/hysterectomy/html/>)
- East Kent Hospitals. Mirena Coil patient leaflet. (<https://leaflets.ekhuft.nhs.uk/mirena-coil/html/>)
- Royal College of Obstetricians and Gynaecologists (RCOG). Endometrial hyperplasia. February 2016. (<https://www.rcog.org.uk/media/p44lp3a3/endometrialhyperplasiainfographic.pdf>)

[Websites last accessed 30th September 2025]

### References

1. Royal College of Obstetricians and Gynaecologists (RCOG). Management of Endometrial hyperplasia. Green Top No 67. Published February 2016. (<https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/management-of-endometrial-hyperplasia-green-top-guideline-no-67/>)
2. Chelsea and Westminster Hospital NHS Foundation Trust. Endometrial Atypical Hyperplasia. (<https://www.chelwest.nhs.uk/your-visit/patient-leaflets/womens-services/endometrial-atypical-hyperplasia>)

### Ask 3 Questions

There may be choices to make about your healthcare. Before making any decisions, make sure you get the answers to these three questions:

- What are my choices?
- What is good and bad about each choice?
- How do I get support to help me make a decision that is right for me?

Your healthcare team needs you to tell them what is important to you. It's all about shared decision making.

### What do you think of this leaflet?

We welcome feedback, whether positive or negative, as it helps us to improve our care and services.

If you would like to give us feedback about this leaflet, please fill in our short online survey. Either scan the QR code below, or use the web link. We do not record your personal information, unless you provide contact details and would like to talk to us some more.

**Giving feedback about this leaflet**



<https://www.smartsurvey.co.uk/s/MDOBU4/>

If you would rather talk to someone instead of filling in a survey, please call the Patient Voice Team.

- **Patient Voice Team**  
Telephone: 01227 868605  
Email ([ekhuft.patientvoice@nhs.net](mailto:ekhuft.patientvoice@nhs.net))

**This leaflet has been produced with and for patients.**

**Please let us know:**

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

**You can let us know this by:**

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

**Any complaints, comments, concerns or compliments**, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email ([ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)).

**Patients should not bring large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

**Further patient information leaflets** are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

Reference number: Web 151

First published:  
October 2025

Last reviewed:  
October 2025

Next review date:  
February 2029

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