

A randomised controlled trial of Outpatient versus inpatient Polyp Treatment (OPT) for abnormal uterine bleeding

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Declared competing interests of authors: Mr Clark reports receiving honoraria for training from Hologic and Ethicon, which make endoscopic instruments [Myosure (Hologic, Marlborough, MA, USA) and Versapoint (Gynecare, Ethicon, Somerville, NJ, USA)] suitable for removing uterine pathologies such as polyps. Since completing the OPT Trial recruitment (but not before completing writing this report) he received £40,000 funding from Smith & Nephew to evaluate a product (TruClear) also suitable for removing uterine polyps and fibroids. Dr Smith reports grants from National Institute for Health Research Grants during the conduct of the study, and grants from Smith & Nephew outside the submitted work.

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Plain English summary

Outpatient vs. inpatient polyp treatment for AUB

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Plain English summary

Abnormal vaginal bleeding is common, occurs in women of all ages, and is found in association with 'polyps', which are localised, overgrown areas of the endometrium (womb lining) which protrude inside the uterus (womb). Removal of polyps or 'polypectomy' involves placing surgical instruments into the uterus via the vagina. This procedure is usually performed under general anaesthetic in hospital. However, advances in technology have made it possible to perform polypectomy in a conscious patient in an outpatient setting. We do not know if this approach is as effective as traditional inpatient management and how acceptable it is to women. Convenience and cost-savings to the UK NHS are potential advantages of outpatient polypectomy, and so even if this approach was marginally less effective it may still represent an attractive option to women and health services. We therefore conducted a randomised controlled trial with a parallel patient preference study to evaluate the effectiveness, cost-effectiveness and acceptability of outpatient polypectomy compared with conventional inpatient polypectomy.

The trial showed that outpatient polypectomy alleviated bleeding symptoms in 73% of women at 6 months and was no worse than inpatient polypectomy at 6, 12 and 24 months. However, when choosing a treatment setting, women need to be aware that for every nine outpatient polypectomies performed an additional one procedure will fail compared with inpatient treatment. In addition, polypectomy in the outpatient setting is less acceptable compared with the inpatient setting. Outpatient polypectomy was found to be cost-effective compared with inpatient polypectomy.

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