



PROCEDURE EDUCATION LITERATURE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

ENDOMETRIAL BIOPSY

Definition

Endometrial = pertaining to the tissue layer that forms the inner lining (endometrium) of the uterine (womb) wall

Biopsy = removal of tissue for diagnostic evaluation

An endometrial biopsy is a diagnostic test performed in the doctor's office, whereby a small sample of endometrial tissue is removed for microscopic evaluation. There are a variety of symptoms, such as abnormal uterine bleeding, postmenopausal bleeding, and irregularity in ultrasound or x-ray of the uterus that might lead your doctor to perform an endometrial biopsy. It is also used to help explain the cause of infertility when abnormal glands are found on Pap smear or to diagnose a persistent infection of the uterine lining. An endometrial biopsy is used when there is a suspicion of cancer within the uterus.

The menstrual cycle is designed to prepare a healthy endometrial lining for a fertilized egg to grow in. Once a month, if a woman does not become pregnant, the "old" lining is shed through the cervical canal with the menstrual period and replaced with "new" lining in preparation for pregnancy. This cycle is repeated throughout a woman's lifetime until her ovaries no longer make enough of the hormones needed to continue a regular, monthly cycle. Alterations in this cycle and irregularities of the lining of the uterus can lead to episodes of vaginal bleeding that are unpredictable, heavy, or cause significant discomfort.

For women in their teens, 20s, and 30s, irregular bleeding is most often the result of either pregnancy or an egg not being released during their menstrual cycles (anovulation). As women enter their 40s and 50s, ovulation becomes less regular and may lead to abnormal patterns of uterine bleeding. Another cause of bleeding in women in their 40s and 50s is thickening of the uterine lining. In the woman who has stopped menstruating, or reached menopause, a common cause for uterine bleeding is hormone therapy.

Irregular uterine bleeding and bleeding during menopause may be signs of uterine cancer. Because uterine cancer is more common in older women than in younger women, it is important that the cause of bleeding is investigated and treated. Cancers of the uterus, when discovered early in their development, can be cured.

There are a variety of procedures to collect endometrial tissue from the lining of the uterus. Several are designed to be performed in your doctor's office (endometrial biopsy) with very little advance preparation or discomfort. Dilation and curettage (D&C) is a procedure that removes a larger sample of the uterine lining and is typically performed in an outpatient hospital setting or surgery center. D&C is often combined with hysteroscopy (a procedure to look inside the uterus). The type of procedure recommended will depend on your symptoms, age, results of other testing, and the preference of your doctor. The pros and cons of each will have already been discussed with you in your consultation.

The results of the microscopic examination of the endometrial biopsy are usually available one week after the procedure. It will be necessary for you to discuss the results with your doctor so that treatment, if necessary, can be planned.

Preparation

For most women, there is no advance preparation needed before endometrial biopsy. In those women who are having an endometrial biopsy as part of an infertility investigation, the biopsy often needs to be performed at specified point in your menstrual cycle. If this applies to you, your doctor will ask you to keep records of your menstrual period and schedule the test according to your cycle.

If you have been having heavy bleeding, your doctor might ask for a blood test to check for anemia (low blood count). A pregnancy test is usually performed for women who might be pregnant.

Taking an over-the-counter pain reliever, such as ibuprofen or naproxen, 30 minutes to one hour before your appointment, may help control the slight cramping that you will likely have.



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Procedure

The procedure takes less than 10 minutes to complete. You will be lying on your back with your knees bent and heels in stirrups as you would for a pelvic examination. A brief examination to find out the location of your cervical opening and the size and shape of your uterus will be done. Following this, a speculum will be placed in the vagina to hold it open and an antimicrobial soap will be used to clean the vagina and cervix.

The cervix is lightly grasped with an instrument to hold it still while your doctor performs the biopsy. A variety of devices, called curettes, are used to collect a sample of the endometrium. These are narrow, hollow tubes that are inserted through the opening of the cervix and moved forward into the cavity of the uterus. Once in the cavity, a small amount of suction is created and the curette is then moved gently, forward and back, to scrape cells from the lining of the uterus and pull them into the hollow curette. After a sufficient sample has been collected it is placed in a labeled container and will be sent to the lab for microscopic examination.

Occasionally, the opening to the cervix will be too small to easily insert the curette. When this happens, your doctor may inject a local anesthetic (numbing medicine) into the cervix and then gently enlarge the opening before continuing with the biopsy.

After the biopsy specimen has been collected, the speculum and the instrument used to steady the cervix will be removed, at which time the procedure is completed.

Post Procedure

Recovery from this procedure will take only a few minutes, and once you have dressed you will be permitted to leave the office. You may have some light bleeding or spotting following the biopsy. It is suggested you use menstrual pads to maintain hygiene and protect your clothing. Though you may have some brief discomfort and cramping following the procedure, it is not necessary for you to plan additional time off from work or your normal activities. You are instructed to refrain from sexual intercourse, douching, and tampon use for the first several days after your biopsy.

Medications, such as ibuprofen or naproxen, are usually all that is needed for the cramping you might have after your biopsy. Ask your doctor what is recommended.

Expectation of Outcome

It will take up to a week to get a report back from the laboratory. Once this information is available, your doctor will make recommendations for further treatment based on the specific results of your testing. In the majority of cases, the endometrial biopsy is enough to make a diagnosis and treatment plans. However, some women will require further biopsy if the cause of symptoms is not clear.

Possible Complications of the Procedure

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of all possible outcomes, which may include, but are not limited to.

- **Perforation of the Uterus:** The most serious complication of the procedure is the creation of a perforation, or hole, in the wall of the uterus. Perforation of the uterus may lead to bleeding or infection within the abdomen. Perforation is not common.
- **Infection:** Endometrial biopsy involves placing an instrument through the vagina and cervix into the uterus. Because of this, it is possible to introduce a microorganism (such as bacteria or yeast) from the vagina into the uterine cavity. Many microorganisms are normally present in the vagina and cause no infection or other symptoms. However, when these same microorganisms are present within the cavity of the uterus, a more serious infection can be the result. Signs of infection that you should be watchful of are: foul-smelling vaginal discharge, tenderness or pain in the vagina and pelvis for more than two days, bleeding lasting more than two days, fevers, shaking chills, nausea, vomiting, weakness, and feeling ill.
- **Bleeding:** Most women will have a small amount of bleeding following this procedure. If your bleeding is heavier than your normal period, or lasts longer than two days, please call your doctor.
- **Interruption of Pregnancy:** If an endometrial biopsy is performed in the days immediately following ovulation and fertilization but before a pregnancy test is positive, there is a chance that an early pregnancy may be interrupted.
- **"False-negative" Test Results:** Although endometrial biopsy has been shown to be a very good method for detecting disease, there are a small number of biopsies that will not contain abnormalities when examined, while an abnormality is present in the uterus. This can occur for a variety of reasons. Keep in mind that the biopsy collects only a "sample" of the lining and not the entire lining. For this reason it is important that you discuss the result of your test with your doctor and understand how treatment will continue and what symptoms to look for.

Patient

Date

Physician

Date

Witness

Date