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What is an endometrial biopsy?

An endometrial biopsy (EMB) has been recommended to test the cells that line your uterus (the endometrium). It helps to evaluate abnormal uterine bleeding or irregularities on uterine imaging by detecting possible endometrial abnormalities that range from benign changes to infection to pre-cancer and cancer. An EMB takes a representative sample from your uterine lining and helps with diagnosis, but it will not treat the underlying problem.

What to expect during the biopsy:

An EMB is done with a speculum in place, similar to a Pap smear exam. We usually recommend premedication with ibuprofen or Aleve. We also typically numb the cervix with a lidocaine injection to reduce cramping. After wiping the cervix with a sterile solution to reduce infection risk, we then place a gentle grasper on the cervix to stabilize it for the procedure. A thin biopsy sampler is then passed through the cervix into the uterus, gently manipulated for about 30 seconds to release the cells, and is then removed. Uterine cramping will be felt during this short procedure and can range from mild to severe. Sometimes people feel lightheaded after the procedure. Mild cramping and light bleeding may last for a while afterwards.

Risks:

An endometrial biopsy is a low-risk procedure. The following very rarely occur:

- Heavy bleeding
- Infection
- Puncture ("perforation") of the uterus and possible damage to internal organs
- Disruption of an early, undiagnosed pregnancy

Warning signs are rare. Please call our office (802-735-1252) if you experience:

- Severe cramping or abdominal pain, nausea or vomiting
- Fever (temperature higher than 100.4F)
- Excessively heavy bleeding (soaking more than a pad an hour for more than two hours)

Alternatives:

Other ways to evaluate the endometrium are with D&C (dilation and curettage) and hysteroscopy (looking inside the uterus with a camera) plus D&C. Hysteroscopy with D&C is a more complete diagnostic examination of the uterine lining, and it can sometimes also treat abnormal cells. These alternative procedures can be done with or without anesthesia. They are also sometimes recommended for further evaluation after an initial endometrial biopsy. Imaging such as ultrasound can also sometimes be used instead of procedures, but cannot provide a definitive tissue diagnosis or treatment. Please let us know if you would like more information about these options or if you would like to decline evaluation altogether.

Consent:

I have read and I understand the above information, and I choose to have an endometrial biopsy.

Signed

Patient Name

Date

Witness

Date