

Specialists In Reproductive Medicine & Surgery, P.A.

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Endometrial Biopsy *General Patient Information*

Definition:

An endometrial biopsy is a procedure in which a small amount of the lining of the uterus is removed via the cervix through a thin flexible catheter.

Anatomy/Physiology:

The lining of the uterus, called the endometrium, thickens each month a women moves through the ovulation process. The lining is preparing to accept a fertilized embryo. The lining, under some circumstances, may bleed irregularly or may not grow in an organized fashion. Abnormal cells, especially from women who do not shed their lining on a regular basis, may develop into pre-cancer and even cancerous tissue (endometrial cancer).

What The Test Can and Cannot Diagnose:

The test is designed to diagnose pre-cancer/cancer conditions. Chronic infections may also be diagnosed by the procedure.

The biopsy procedure is unable to diagnose endometriosis and some anatomic uterine abnormalities such as endometrial polyps. The biopsy itself removes 3% or less of the lining, so the procedure is only able to evaluate for global uterine lining changes.

Reason for Testing:

Postmenopausal women, women who do not ovulate and those women with abnormal uterine bleeding are potential candidates for the procedure.

Scheduling:

If the procedure is being done to evaluate for a pre-cancer problem, the procedure can be done at any time during a woman's menstrual cycle after confirmation that the woman is not currently pregnant.

What to Expect:

Some of the biopsy instruments used previously were far more uncomfortable than the plastic catheters used today. The physician or nurse practitioner performing the biopsy will be very gentle in

performing the procedure. The anticipation of the procedure is almost always worse than the procedure itself. We ask that you pay attention to what the clinician tells you and not what one of your “well-meaning” friends or family members tell you about the procedure.

Scheduling The Procedure:

- If you have regular cycles, you may call the office on the first business day within the first couple of days of menstruation to schedule your endometrial biopsy procedure. The first full day of menstrual bleeding is considered day number 1 of your cycle. The endometrial biopsy is generally performed between days 6-12 of your menstrual cycle. By performing the procedure following menses and before ovulation, we will decrease the possibility of including an early pregnancy in the biopsy specimen.
- If you have irregular cycles, you may schedule the endometrial biopsy procedure at any time. We will obtain a urine pregnancy test prior to the procedure and only perform the procedure if the pregnancy test is negative.

General Instructions:

We suggest that you take about 600 - 800 mg. of Ibuprofen (Motrin or Advil) about one hour prior to the procedure. The procedure is as follows;

1. A pelvic exam is commonly performed prior to the procedure to determine the position of your uterus and to assure that there is no suggestion of a pelvic infection being present. If an infection is suspected, the procedure may be canceled.
2. The cervix will be cleansed with a sterile solution to minimize the chance of infection.
3. A thin, plastic, flexible catheter is then threaded through the cervix into the uterine cavity. About one-third of the time, we will apply a topical anesthetic to the cervix, the cervix gently grasped and dilated in order to place the catheter into the uterine cavity.
4. The sample is then obtained over a period of 10-15 seconds. Uterine cramping, similar to strong menstrual cramps, will generally occur at this time. You will then be allowed to rest as long as needed following the procedure.
5. Ibuprofen (Motrin, Advil), Tylenol or other non-aspirin products will help to minimize any cramping following the procedure but these medications are only occasionally needed.

Complications:

Menstrual-like cramps and slight vaginal bleeding are commonly seen. True complications are infrequently seen.

Uterine perforation is an exceedingly infrequent complication of the procedure. The uterus is a rather hearty organ and has holes placed in it frequently without difficulty (i.e., genetic amniocenteses).

Antibiotics may be given prior to and following a procedure as directed by your doctor. If an infection does occur, oral or more likely IV antibiotics and hospitalization will be needed. Rarely, as with any pelvic infection, surgery to remove infected organs may be necessary leading to sterility. It should be understood that individuals who become infected were most likely previously infected and almost always have underlying severe damage to the pelvic. The procedure rarely initiates a new infection but rather reactivates an old or underlying infection.

Following the procedure you may feel slightly dizzy, this feeling will resolve with rest.

If you are pregnant at the time of the biopsy, there is a 2-3% chance the pregnancy will be included in the biopsy tissue.

Interpretation:

The pathologists at the hospital will read the biopsy results.

Treatment:

The specific treatments will be discussed at the time of the follow-up appointment. Pre-cancer changes may need to be evaluated more thoroughly with additional surgery and the specific therapy decided on a case-by-case basis.