



Improving lives through the prevention and treatment of anogenital & HPV-related diseases

PATIENT RESOURCES

Endometrial Biopsy

What is an endometrial biopsy?

An endometrial biopsy is a procedure to obtain a sample of tissue from the lining of the uterus.

Why is an endometrial biopsy done?

An endometrial biopsy may be recommended if a patient has experienced abnormal bleeding, has an abnormal-appearing uterus on an ultrasound, or has a Pap test result that indicates a possible problem in the uterus. An endometrial biopsy is done to determine whether you have a serious condition such as a cancer or pre-cancer.

WHO SHOULD NOT HAVE AN ENDOMETRIAL BIOPSY?

An endometrial biopsy should not be done if you are pregnant, have a vaginal or pelvic infection, or are known to have cancer. If you are taking blood thinning medications or have a bleeding condition, you should tell your doctor. Usually an endometrial biopsy can be done without stopping blood thinners. An endometrial biopsy can also be done if you have an IUD; you do not need to remove it.

WHAT SHOULD YOU DO TO PREPARE?

No special preparation is needed. Taking 400-600 mg of ibuprofen one hour prior to the procedure will reduce cramping. Make sure you eat a meal or snack before your appointment. This will help prevent dizziness.

What should you expect during the procedure?



After you are brought to the examination room, you will be asked to undress from the waist down. Your provider will insert a speculum into the vagina and cleanse the cervix with a sterilizing solution. Sometimes providers will use local anesthesia to reduce cramping. A thin catheter (a thin tube, sometimes called a pipelle) will then be introduced through the natural opening in your cervical canal to enter the uterine cavity.

Some patients feel a cramp during this part of the procedure. Once the catheter is in the uterus, the provider will obtain the sample. This generally takes about ten seconds and may also cause some cramping. Once the catheter is removed, the cramping will quickly subside.

What are the risks?

The most common side effect of endometrial biopsy is cramping, which goes away quickly after the procedure is completed. Many patients will have light vaginal bleeding or spotting for several days following the procedure. Feeling lightheaded is not uncommon during or right after endometrial biopsy. Making sure you eat and drink before your procedure will make this less likely.



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Endometrial Biopsy (continued)

There is a risk of perforating (making a hole in the wall of) the uterus. This risk is less than one in one hundred, and even if it does happen, the small soft pipelle does not cause serious harm and usually no further treatment is needed. There is also a very small risk of infection, so if you develop a fever and belly pain after your procedure, you should tell your provider.

What should you expect after the procedure?

Most patients feel fine, but some will continue to have mild cramping for a short time after the procedure. There may be slight bleeding. You may use a pad. All activities can be resumed following the procedure, including exercise. Most providers recommend that you do not put anything in the vagina (no sex, tampons, or douching) for one week after the procedure. This is to avoid infection. You should call if you have a fever, cramping continuing for 48 hours or more, increasing pain, foul-smelling vaginal discharge, or bleeding heavier than a normal period.

WHEN SHOULD I EXPECT RESULTS?

Results are generally available in a week. At the time of the procedure, your provider will let you know if you should call for results, if their office will call you, or if the results are to be discussed at a subsequent appointment. If you have not heard about your results as planned, be sure to call.

ARE RESULTS EVER INCONCLUSIVE?

Sometimes the pathologist is not able to make a definitive diagnosis. This can occur if there is not enough tissue due to either heavy bleeding or a thin lining in the uterus. In that case, you may need a repeat sample or further testing such as a dilatation and curettage (D&C), which involves gently opening the cervix and removing a sample of the lining of the uterus or hysteroscopy, which is looking with a camera inside your uterus.

Are there circumstances in which the test cannot be completed?

Sometimes the test is not completed if the cervix is tightly closed or the patient becomes too uncomfortable.

What if I am bleeding at the time of the procedure?

Do not cancel. Many patients have this test because of unpredictable or continuous bleeding and it is perfectly fine to have the procedure while bleeding.

ASCCP is a professional society for an interdisciplinary group of healthcare professionals including physicians, physician assistants, nurse practitioners, midwives and researchers, who are focused on improving lives through the prevention and treatment of anogenital and HPV-related diseases. For more information visit www.asccp.org.