



Center for Incontinence and Female Pelvic Medicine

Information from Your Urogynecologist

Endometrial Biopsy

What is an endometrial biopsy?

Endometrial biopsy is a safe and effective method for evaluating the tissue lining the inside of the uterus (or womb). When your healthcare provider performs such a biopsy, he or she will need to place a speculum in the vagina; the same way a pap smear is collected, in order to see the cervix. Next, a narrow, hollow instrument is passed through the opening in the cervix and into the cavity of the uterus. It is actually a long tube and about as big around as a wooden matchstick. Through this tube, the provider can remove a sample of tissue by suction, like drawing up fluid in a syringe.

Why is a endometrial biopsy performed?

There are certain clues that may tell your provider that there could be an abnormality inside your uterus. The decision to recommend such a biopsy may come from an abnormal Pap smear result, abnormal bleeding patterns, bleeding after menopause, and evaluation of infertile couples, unusual vaginal discharge or concerns for an infection. The results of this test may give your provider information on how best to treat you.

Is a endometrial biopsy painful?

Generally, this procedure is very well tolerated and can be performed in the office. Most women will have some cramping like menstrual cramps. Sometimes patients are advised to ibuprofen (Motrin) or another similar drug before or after the procedure in order to minimize discomfort. Occasionally, your provider will give an injection of numbing medicine (local anesthetic) into the cervix before the procedure. Another instrument may be used to grasp and hold the cervix before the biopsy is done. Occasionally the cervix may need to be dilated to allow the catheter to pass through the cervix. The procedure is usually brief and takes just a few minutes to do. You might have some mild cramping or spotting afterwards. Generally there are no restrictions after this procedure and you should be able to go about your routine normally. Your provider may advise you not to have sexual relations, douche or use tampons for a few days after

What complications may develop after endometrial biopsy?

This biopsy tends to be simple and uncomplicated. You may experience some mild bleeding or spotting for a day or two following the procedure. The biggest risk is some discomfort as described above. A few women may experience dizziness or rarely, fainting during or immediately after the procedure. More serious risks include heavy bleeding from the uterus, infection in the uterus, or putting a hole in the uterus with the biopsy instrument. These complications are very rare and may not cause symptoms until after the procedure. Please let your provider know if you are experiencing increased bleeding or fever, or if you have worsening abdominal pain or other concerns in the days following your biopsy.

If you are pregnant at the time of the procedure, the pregnancy can be damaged, so before the procedure tell your doctor if there is a possibility that you are pregnant. Some women may develop infection in the uterus or fallopian tubes any time an instrument is placed into the uterus, but this is rare following endometrial biopsy. Rarely, a hole can be made in the wall of the uterus by the thin plastic catheter, especially if the uterus is angled up or down.

What is cervical dilation?

The biopsy instrument needs to be passed through the opening in the cervix (the endocervical canal) and into the uterine cavity. Sometimes this canal is too narrow to allow the instrument to pass. This is more likely in women after menopause or patients who have had treatment of the cervix such as a cone biopsy, loop excision (LEEP), freezing (cryotherapy), or laser. In this case, it may be necessary to dilate the cervical canal to make it wider. This may be attempted with cervical dilators which are small plastic or metal rods of varying size. Starting with the smallest and moving to larger sizes these are gently inserted into the cervix canal to slowly open the cervix. This may cause more cramping than usual and require an injection of numbing medicine in the cervix. This can usually be accomplished in the office.

What happens to the sample that is removed from the lining of my uterus?

The sample is sent to the hospital for examination by a subspecialist physician called a pathologist. The cells from the tissue are examined under the microscope, and the pathologist can determine if cancerous or precancerous cells are present. Your doctor's office will contact you once the report of the tissue examination is completed.

What happens if the provider is unable to complete the biopsy?

This depends on the reason for the biopsy. If your provider feels that it is necessary to obtain tissue from inside the uterus, he or she may recommend doing this in the operating room. Under anesthesia, the provider can use other techniques to accomplish the biopsy that might not be tolerated in the office. One such a procedure is often referred to as a "D&C" (dilation and curettage).

Following Endometrial Biopsy

1. If you have any discomfort after the procedure, you may take ibuprofen, three 200-mg tablets three times a day with food. Acetaminophen (brand name: Tylenol) can also be taken but is not as effective in reducing the uterine cramping.
2. You may drive home following the procedure, unless additional medications have to be given in the office to complete your procedure.
3. Some vaginal bleeding or spotting is common following the procedure. If you experience heavy bleeding, please call us at: (803) 457-7000
4. Infection following the procedure is uncommon but report any complaints that would suggest an infection, such as pain in the lower abdomen or vagina, or a foul-smelling vaginal discharge. Your doctor may prescribe an antibiotic for a few days following the procedure to prevent infection.
5. Please do not place anything in your vagina and avoid sex (intercourse) for one week following the procedure.
6. A nurse will call you with the report of the tests done on the tissue removed from your uterus. You may be asked to take hormones if abnormal cells are detected. Your doctor will talk to you about the best treatment strategy for you when you return to the office for a follow-up visit in a few weeks.