



(Biopsy-Endometrium)

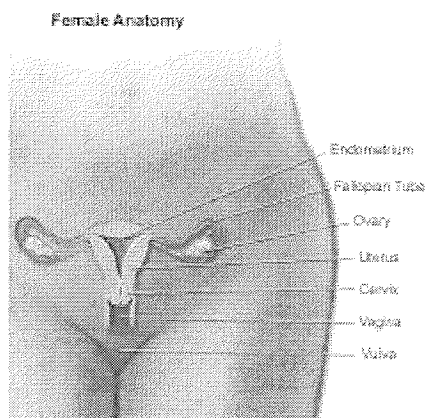
Procedure overview

What is an endometrial biopsy?

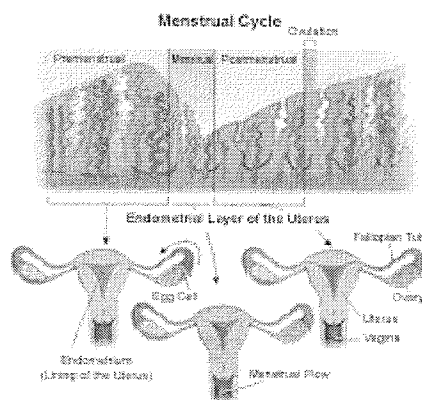
An endometrial biopsy is a procedure done to take a small tissue sample from the lining of the uterus, called the endometrium. The tissue is then examined under a microscope for abnormal cells, or the effects of hormones on the endometrium.

Why might I need an endometrial biopsy?

You may need an endometrial biopsy if you have abnormal menstrual bleeding, bleeding after menopause, or absence of uterine bleeding. Biopsy results may show cell changes related to hormone levels, or the presence of abnormal tissues, such as fibroids or polyps, which can lead to abnormal bleeding. Endometrial biopsy may also be used to check for uterine infections, such as endometritis.



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An endometrial biopsy may also be used to check the effects of hormone therapy or to check for abnormal cells or cancer. Endometrial cancer is the most common cancer of the female reproductive organs. Endometrial biopsy is no longer recommended as a routine part of the evaluation and treatment of infertility (inability to conceive).

There may be other reasons for your healthcare provider to recommend an endometrial biopsy.

What are the risks of the procedure?

As with any surgical procedure, complications may occur including:

- Bleeding
- Pelvic infection

- Puncture of the uterine wall with the biopsy device, which is rare

Tell your healthcare provider:

- If you are allergic to or sensitive to medicines, iodine, or latex
- If you are pregnant or suspect that you could be (endometrial biopsy during pregnancy may lead to miscarriage)

There may be other risks depending on your specific medical condition. Be sure to discuss any concerns with your healthcare provider before the procedure.

Certain factors or conditions may interfere with an endometrial biopsy. These factors include:

- Acute vaginal or cervical infections
- Acute pelvic inflammatory disease
- Cervical cancer

How do I prepare for the procedure?

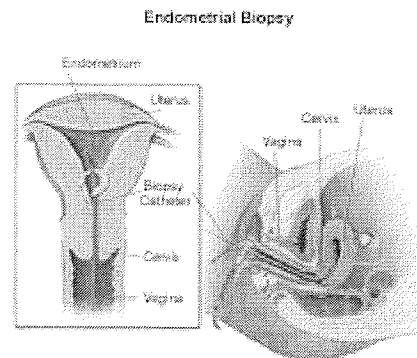
- Your healthcare provider will explain the procedure to you and you can ask questions.
- You will be asked to sign a consent form that gives your permission to do the procedure. Read the form carefully and ask questions if something is not clear.
- Generally, no preparation, such as fasting or sedation, is needed. However, your healthcare provider may recommend that you take a pain reliever 30 minutes before the procedure.
- Tell your healthcare provider:
 - If you are pregnant or think you could be
 - If you are sensitive to or are allergic to any medicines, iodine, latex, tape, and anesthetic agents (local and general)
 - About all medicines (prescription and over-the-counter) and herbal supplements you take
 - If you have a history of bleeding disorders or if you are taking any anticoagulant (blood-thinning) medications, aspirin, or other medicines that affect blood clotting (you may be told to stop these medicines before the procedure)
- Your healthcare provider may ask that you keep a record of your menstrual cycles. You may need to schedule the procedure for a specific time of your cycle.
- If a sedative is given before the procedure, you will need someone to drive you home afterwards.

- You may want to bring a sanitary napkin to wear home after the procedure.
- Based on your medical condition, your doctor may request other specific preparation.

What happens during the procedure?

An endometrial biopsy may be done in a doctor's office, on an outpatient basis, or as part of your stay in a hospital. Procedures may vary depending on your condition and your healthcare provider's practices.

Generally, an endometrial biopsy follows this process:



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1. You will undress completely or from the waist down and put on a hospital gown.
2. You will be instructed to empty your bladder before the procedure.
3. You will lie on an exam table, with your feet and legs supported as for a pelvic exam.
4. Your healthcare provider will insert an instrument called a speculum into your vagina to spread the walls of the vagina apart to expose the cervix.
5. Your cervix may be cleansed with an antiseptic solution.
6. The healthcare provider may numb the area using a small needle to inject medicine, or a numbing spray may be applied to your cervix.
7. A type of forceps, called a tenaculum, may be used to hold the cervix steady for the biopsy. You may feel some cramping when the tenaculum is applied.
8. A thin, rod-like instrument, called a uterine sound, may be inserted through the cervical opening to determine the length of the uterus and location for biopsy. This may cause some cramping. The sound will then be removed.
9. A thin tube, called a catheter, will be inserted through the cervical opening into the uterus. The catheter has a smaller tube inside it. The healthcare provider will withdraw the inner tube creating suction at the end of the catheter. The healthcare provider will then gently rotate and move the tip of the catheter in and out to collect small pieces of endometrial tissue. This may cause some cramping.
10. The amount and location of tissue removed depends on the reason for the endometrial biopsy.
11. The catheter and speculum will be removed and the tissue will be placed in a preservative.
12. The endometrial tissue will be sent to a lab for testing.

What happens after the procedure?

After the procedure, you may rest for a few minutes before going home. If you have any type of sedative, you will need someone to drive you home.

You may want to wear a sanitary pad for bleeding. It is normal to have some mild cramping and spotting or vaginal bleeding for a few days after the procedure. Take a pain reliever for soreness as recommended by your healthcare provider. Aspirin or certain other pain medicines may increase the chance of bleeding. Be sure to take only recommended medicines.

You may be instructed not to douche, use tampons, or have sex for 2 to 3 days after an endometrial biopsy, or for a period of time recommended by your healthcare provider.

You may also have other restrictions on your activity, including no strenuous activity or heavy lifting.

You may resume your normal diet unless your healthcare provider advises you differently.

Your healthcare provider will advise you on when to return for further treatment or care.

Tell your healthcare provider if you have any of the following:

- Excessive bleeding, or bleeding longer than 3 days after the procedure
- Foul-smelling drainage from your vagina
- Fever and/or chills
- Severe lower abdominal pain

Your healthcare provider may give you other instructions after the procedure, depending on your situation.

Online resources

The content provided here is for informational purposes only, and was not designed to diagnose or treat a health problem or disease, or replace the professional medical advice you receive from your healthcare provider. Please consult your healthcare provider with any questions or concerns you may have regarding your condition.

This page contains links to other websites with information about this procedure and related health conditions. We hope you find these sites helpful, but please remember we do not control or endorse the information presented on these websites, nor do these sites endorse the information contained here.

[American Cancer Society](#)

[American College of Obstetricians and Gynecologists](#)

[National Cancer Institute \(NCI\)](#)

National Institutes of Health (NIH)

National Library of Medicine

National Women's Health Information Center

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