

Procedure Recording Form

Endometrial Biopsy

Patient name: _____ Date: _____ Age: _____

How long symptoms have been present: _____

Circle the correct response:

Abnormal uterine bleeding?	Yes	No	Obesity?	Yes	No
Amenorrhea?	Yes	No	Diabetes mellitus?	Yes	No
Prior endometrial hyperplasia?	Yes	No	HIV positive?	Yes	No
Hereditary nonpolyposis colon cancer?	Yes	No	Unopposed estrogen therapy?	Yes	No
Prior AGUS Pap smear?	Yes	No			

Date of last Pap smear: _____

Finding: _____

Date of last endometrial biopsy: _____

Finding: _____

Date of last menstrual period: _____

Pregnancy test prior to procedure? Yes No

Preprocedure bimanual examination revealed the uterus position: _____

Procedure Description

The patient gave informed consent for the procedure. The patient took, or was offered, preprocedure ibuprofen. The patient was placed in the lithotomy position, and bimanual examination was performed to check the uterine position and uterocervical angle. The sterile speculum was inserted, and the cervix was centered in the speculum. The cervix was sprayed for 5 seconds with 20 percent benzocaine solution. Sterile gloves were placed, and the cervix was cleansed with povidone-iodine solution. An attempt was made to insert the uterine sound, but the cervix was mobile and required stabilization with a tenaculum placed on the anterior lip of the cervix. The sound was then placed to the fundus. The endometrial catheter was placed to the fundus, suction was created by withdrawing the piston, and multiple passes were made in the endometrial cavity while the catheter was twirled or spun. The catheter was then removed, and the endometrial sample placed in formalin. The tenaculum was removed, hemostasis was confirmed, the vagina was swabbed clear of blood and the speculum was removed. The patient tolerated the procedure well.

Uterine sound omitted? Yes No Second pass made with endometrial catheter? Yes No

Tenaculum placement omitted? Yes No Cervix dilated with Pratt dilators? Yes No

Complications: _____

Postprocedure antibiotic given? Yes No

Diagnosis: _____

Plan: _____

Physician: _____ CC: _____

(AGUS = atypical glandular cells of undetermined significance; HIV = human immunodeficiency virus.)

Adapted with permission from Zuber TJ. Office Procedures. Baltimore: Lippincott Williams & Wilkins, 1999.

Nursing Instructions

Endometrial biopsy

Nonsterile Tray: Examination for Uterine Position

Nonsterile gloves

Lubricating jelly

Absorbent pad placed beneath the patient on the examination table

Formalin container (for endometrial sample) with the patient's name and the date recorded on the label

20 percent benzocaine (Hurracaine) spray with extended application nozzle

Sterile Tray for the Procedure

Place the following items on a sterile drape covering the Mayo stand:

Sterile gloves

Sterile vaginal speculum

Uterine sound

Sterile metal basin with cotton balls and povidone-iodine inside

Endometrial suction catheter

Cervical tenaculum

Ring forceps (for wiping the cervix with the cotton balls)

Sterile 4 × 4 gauze (to wipe off gloves or equipment)

Sterile scissors (if the physician chooses to cut off the catheter tip to deliver the endometrial sample into the formalin container)

Keep sterile cervical dilators available, but do not open the sterile packaging unless the dilators are needed.

Nurse can spray the benzocaine spray onto the cervix for 5 seconds, avoiding contamination of the sterile speculum with the extended nozzle, once the physician is sterile-gloved and has placed the speculum.

Postprocedure Nursing Instructions, Endometrial Biopsy

Assist the patient off the examination table and offer the patient an absorbent pad to place in the underwear for any procedure-related drainage or bleeding.

Offer the patient ibuprofen (Motrin) if the patient did not take any preprocedure medication.

Fill out the pathology forms and send the sample to the laboratory.

The instruments should be scrubbed, washed, rinsed and dried. Place the instruments in a clear sterilization packet, individually or as a surgical tray, and sterilize in the autoclave.

Bloody or soiled gauze, cotton balls and the catheter should be disposed of in an appropriate biohazard waste container.

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Informed Consent Form

Endometrial Biopsy

Patient: _____

Date: _____

1. I hereby authorize Dr. _____ to perform the procedure known as endometrial biopsy.
2. I understand that this is a procedure performed to evaluate the tissue lining the inside of my uterus (womb). The procedure is usually performed to evaluate abnormal or excessive vaginal bleeding or lack of vaginal bleeding, or to exclude the presence of cancer. A thin plastic catheter is inserted into my uterus and moved back and forth as suction is applied to obtain a tissue sample. The doctor may need to dilate the opening to my uterus to pass the catheter into the uterus. The entire procedure can be somewhat uncomfortable, and efforts will be made to minimize my discomfort. I understand that the practice of medicine is not an exact science and that no guarantee can be made regarding the outcome of my planned procedure.
3. My doctor has explained to me that the procedure is generally safe, but that certain risks accompany any procedure. Risks associated with endometrial biopsy include:
 - Bleeding, sometimes lasting for several days after the procedure
 - Damage to an unknown pregnancy that is present when the biopsy is performed
 - Pain and cramping
 - Perforation (a hole in the uterus wall) that may require surgical closure
 - Allergic reaction to medications or instruments used
 - Infection in the uterus or nearby tissues
 - Rare, unusual reactions, including possible death following any surgical procedure
4. I understand that there are alternatives to this procedure, such as visualizing the uterine lining with hysteroscopy, ultrasonography or CT scan. I understand that the alternate procedures are more expensive and may not provide information beyond what endometrial biopsy can provide. I understand that I can refuse the procedure.
5. I understand that unforeseen conditions may alter the planned procedure. I give permission to my doctor to alter the procedure (such as to mechanically dilate a closed cervical canal), if necessary, or to administer additional anesthetics or medications if I should need them for the completion of my procedure.
6. I have read this form and other sheets given to me by my doctor. I have had my questions answered to my satisfaction.

Witness: _____ Patient: _____

Date: _____

Minor: _____ Parent: _____

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