



## Procedure Information

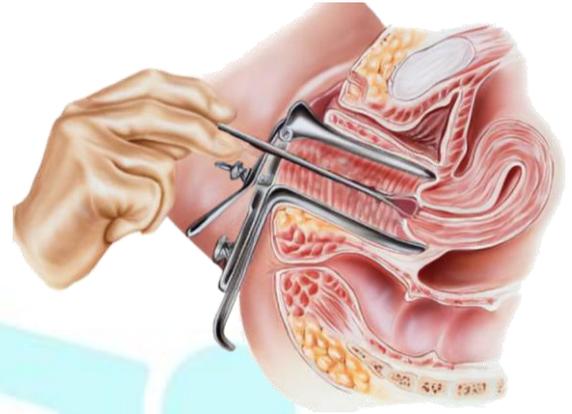
### Endometrial Biopsy

#### Introduction

Endometrial biopsy is the removal of a small piece of tissue from the endometrium, which is the lining of the uterus. This diagnostic procedure can help to find out cellular changes due to abnormal tissue or variations in hormone levels.

#### Outcomes

A small sample of tissue is examined under a microscope. It helps to find out cause of abnormal uterine bleeding, screen for endometrial cancer, evaluate fertility and test for the response to hormone therapy.



Source:

<https://images.medindia.net/amp-images/patientinfo/endometrial-biopsy.jpg>

#### Procedures

1. The procedure can be performed under local or without anaesthesia.
2. A speculum is gently inserted into the vagina to hold it open that the cervix can be viewed.
3. A plastic suction catheter is gently inserted and passed through the cervix into the uterus. Once the catheter is in the uterus cavity, a small amount of the endometrial lining is suctioned into the catheter.
4. The sample is sent to Pathology Department for diagnostic study.
5. The placement of the thin plastic catheter inside the uterus can produce temporary cramping. Experience of minor discomforts during and after the procedure is common. The discomfort may last up to few hours.

#### Contraindications

1. Pregnancy
2. Acute pelvic inflammatory disease
3. Clotting disorders (coagulopathy)
4. Acute cervical or vaginal infections
5. Cervical cancer

## **Possible Risks and Complications**

1. Vaginal bleeding
2. Uterus or fallopian tubes infections (rare)
3. Uterine perforation (rare)

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all procedures are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising.

## **Pre-procedure Preparations**

1. Good hygiene can prevent infection.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. The procedure should not be performed in pregnant patients. Female who are or might be pregnant must inform to the doctor.
5. In the two days before the procedure, apply any medicines (such as cream) and douche in the vagina should be avoided.

## **Post-procedure Instructions**

You can usually be discharged on the same day after the procedure.

## **Advice on Discharge**

1. Some vaginal bleeding or spotting for a few days is common.
2. The following prescribed medications may be taken if necessary:
  - Pain medication: relieve the uterine cramping
  - Antibiotics: prevent infection
  - Hormones: if abnormal bleeding due to changes in hormone levels
3. Sexual intercourse should be avoided until all your bleeding has stopped.
4. Immediately consult your doctor or return to hospital for professional attention in the event of massive vaginal bleeding, offensive-smelling discharge, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
5. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

