

OG38 Endometrial Biopsy

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Huddersfield Royal Infirmary

- Main switchboard, who can connect you to the relevant department, on 01484 342 000
- Patient Advice and Liaison Service (PALS) on 01484 342 128

Calderdale Royal Hospital

- Main switchboard, who can connect you to the relevant department, on 01422 357 171
- Patient Advice and Liaison Service (PALS) on 01422 222 417

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What is an endometrial biopsy?

An endometrial biopsy involves removing small samples of tissue from the lining (endometrium) of your uterus (womb). It is common for an endometrial biopsy to be performed at the same time as a pelvic examination or another procedure such as a hysteroscopy (a procedure to look at the inside of your womb).

An endometrial biopsy is usually performed for the following reasons:

- Heavy periods or bleeding between periods (abnormal uterine bleeding).
- Vaginal bleeding after the menopause (postmenopausal bleeding).
- Unexpected bleeding while taking hormone replacement therapy (HRT).
- A pelvic ultrasound scan showing an abnormally thickened endometrium.
- To assess your response to treatment if you have endometrial hyperplasia (where the lining of your womb becomes too thick).

Your healthcare professional has suggested an endometrial biopsy. However, it is your decision to go ahead with the procedure or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your healthcare professional. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to give your consent. This is the final step in the decision-making process. However, you can still change your mind at any point before or during the procedure.

What are the benefits of an endometrial biopsy?

An endometrial biopsy is a good way of finding out if a problem in your endometrium is causing or contributing to your symptoms.

The tissue that your healthcare professional removes will be examined under a microscope to diagnose what the problem is and help decide on any further treatment.

Sometimes they may not find a cause. This is useful information as they will be able to reassure you that there is unlikely to be a problem with your endometrium.

Are there any alternatives to an endometrial biopsy?

An endometrial biopsy can be performed under a general anaesthetic if the procedure is difficult or too uncomfortable. Your healthcare team will be able to discuss this with you.

A biopsy is not recommended if you are pregnant (or likely to be pregnant), or have a pelvic infection. If this is the case, your healthcare professional may recommend that you wait until you are no longer pregnant or an infection has cleared.

What will happen if I decide not to have an endometrial biopsy?

Your healthcare professional may not be able to confirm what the problem is or recommend the best treatment for you. If you decide not to have an endometrial biopsy, you should discuss this with your healthcare professional.

What does the procedure involve?

Before the procedure

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to the healthcare team your name and the procedure you are having.

Your healthcare professional may ask you to have a urine pregnancy test. Sometimes the test does not show an early-stage pregnancy so let your healthcare professional know if you could be pregnant.

In the treatment room or clinic

An endometrial biopsy is usually performed without anaesthetic. However, if the procedure is difficult or you are uncomfortable, your healthcare professional may offer you a local anaesthetic (given as an injection or gel applied to your cervix) or in rare cases sedation. They will discuss this with you. The procedure usually takes

8 to 10 minutes, but the biopsy itself takes 1 to 2 minutes.

Your healthcare professional will use a speculum (the same instrument used for a cervical screening test) to view your cervix (neck of your womb). They will then pass a narrow plastic tube (called an endometrial sampler) through your cervix into your womb. This can cause cramping pain similar to a period.

Sometimes it may be difficult for your healthcare professional to insert the endometrial sampler if the opening in your cervix is narrow. This can be for a variety of reasons, such as thinning of the cervical tissue related to menopause, previous treatment to the cervix or if you have not given birth vaginally. Your healthcare professional may offer you a local anaesthetic to help reduce any discomfort while they gently stretch your cervix using a narrow dilator.

Once the endometrial sampler is in your womb, your healthcare professional will take samples by pulling out the middle part of the sampler, which creates suction. They will gently rotate or move the sampler inside your uterus to collect tissue. This can cause some cramping pain.

Your healthcare professional will remove the endometrial sampler and speculum.

If you are having an endometrial biopsy at the same time as a hysteroscopy, your healthcare professional may sometimes take samples while directly viewing the lining of your womb through the hysteroscope.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What complications can happen?

The healthcare team will try to reduce the risk of any complications.

Any numbers which relate to risk are from studies of people who have had this procedure. Your

healthcare professional may be able to tell you if the risk of a complication is higher or lower for you.

Complications are rare with this procedure but if they happen, some can be serious.

You should ask your healthcare team if there is anything you do not understand.

The possible complications of an endometrial biopsy are listed below.

- Pain during the procedure is usually similar to mild to moderate period pain. This can be easily controlled by taking simple painkillers such as paracetamol or anti-inflammatory painkillers such as ibuprofen 30 minutes to 1 hour before the procedure. If you find the procedure too painful, tell your healthcare professional and they will stop. They will give you time to recover and discuss other options with you, such as doing the procedure at a later date under a general anaesthetic.
- Feeling or being sick. Most people have only mild symptoms and feel better within a few minutes without needing any medication.
- Bleeding, which is usually light and settles within 1 to 2 days. It is important to use sanitary pads, not tampons.
- Infection, which may cause an unpleasant-smelling vaginal discharge or continued bleeding. This is uncommon and easily treated with antibiotics. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your healthcare professional know if you have any allergies or if you have reacted to any medication or tests in the past.
- A small hole in your womb made by one of the instruments, with possible damage to a nearby organ or tissue. This is very rare. You may need to stay overnight for close observation in case you develop complications. In rare cases you may need an operation.
- Failed procedure, if it is not possible to place the endometrial sampler into your womb.

Covid-19

Coming into hospital increases your risk of catching or passing on Covid-19 (coronavirus) as you will be around more people than usual. This risk increases further if the procedure involves your nose or throat. Practise social distancing, hand washing and wear a face covering when required.

How soon will I recover?

You should be able to go home straight after the procedure. However, your doctor may recommend that you stay a little longer.

If you had sedation:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

You may have some vaginal bleeding that usually lasts for only 1 to 2 days. The bleeding may be fresh (bright red) to begin with and then turn brown and watery. While you are bleeding use sanitary pads, not tampons. Do not have sex, swim or do strenuous exercise during this time.

You may get some cramps similar to a period. This usually lasts no more than 1 to 2 days. Take simple painkillers such as paracetamol or anti-inflammatory painkillers such as ibuprofen if you need them.

Let your doctor know if you develop any of the following problems.

- A high temperature.
- Heavy bleeding or an unpleasant-smelling discharge from your vagina.
- Your pain does not settle or increases and is not relieved by medication.

Do not drive until you are comfortable and able to control your vehicle, including in an emergency. Always check with the healthcare team.

The healthcare team will send you the results of the biopsy within about 3 to 4 weeks of your procedure. They will discuss with you any further treatment or follow up you need.

Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

An endometrial biopsy is usually a safe and effective way of finding out if there is a problem with the lining of your womb. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer

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