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## ASCCP Patient Education Information for Endometrial Biopsy and Cervical Dilation

### **What is an endometrial biopsy?**

An endometrial biopsy is a procedure that obtains a sample of the lining of the uterus, it is called the “endometrium”. The endometrium is shed on a cyclic basis (a “period”) during a woman’s menstrual cycle. In the event of pregnancy the endometrium provides a place for the fertilized egg to attach and develop. The cervix is the lower portion of the uterus or “mouth of the womb” that opens into the vagina. It provides a way into the uterus so that the biopsy can be done.

### **Why would I need this biopsy?**

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.

### **How is this biopsy done?**

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.

### **Does this hurt?**

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. 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.

**Are there risks involved from this procedure?**

This biopsy tends to be simple and uncomplicated. 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.

**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 is usually accomplished in the office.

**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).

**Can anyone have this biopsy?**

While most women can have an endometrial biopsy if recommended, there may be some women who should not undergo this procedure. It should not be performed in pregnant women, so please tell your provider if there is any chance that you are pregnant. Please inform your provider if you have other serious medical conditions such as heart disease, bleeding disorders or other serious health problems.