
ENDOMETRIAL BIOPSY

An endometrial biopsy involves taking a sample of the uterine lining (endometrium) for microscopic evaluation.

BACKGROUND:

Each month that a woman has a menstrual cycle, her ovary produces one or more follicles, each of which contains an egg. After the egg is released from the ovary, the follicle develops into a corpus luteum which produces the hormone progesterone. Progesterone thickens and matures the endometrium in preparation for implantation of a fertilized egg. By sampling the lining of the uterus, the effects of progesterone can be evaluated. This, in turn, supplies information about the quality of follicular maturation and ovulation. Improper maturation of the endometrium is known as luteal phase deficiency. This has been implicated as a cause of infertility or miscarriage. The endometrial biopsy does *not* screen for endometriosis.

SCHEDULING:

The endometrial biopsy is performed in the luteal phase of your menstrual cycle (the time period following ovulation).

- You should contact our office when your menstrual cycle begins to review how to schedule the procedure.
- You will be asked to use an ovulation predictor kit to determine when ovulation occurs. When the ovulation predictor kit shows a color change, contact our office. The endometrial biopsy procedure will be scheduled for the following week.

PROCEDURE:

The procedure takes only a few minutes and is done in the office by your physician. A speculum is inserted into the vagina and the cervix is visualized. An antiseptic solution containing iodine is used to cleanse the cervix. Please let our office know if you are allergic to iodine. The physician will then guide a thin plastic instrument through the cervix and into the uterine cavity. Suction is applied and the instrument is slowly withdrawn. As the instrument is withdrawn, a sample of your endometrial lining is pulled into the instrument. This sample is then sent to the laboratory where a pathologist examines it under a microscope.

As the instrument passes through the cervix into the uterine cavity you may feel a cramp (similar to that experienced during a menstrual cycle). To minimize this discomfort, you may take ibuprofen (Advil[®], Motrin[®], Nuprin[®]), Alleve[®], or Tylenol[®] one hour prior to your scheduled appointment. Following the procedure, there may be some vaginal bleeding, but the onset of your next menstrual cycle will not be affected.

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RISKS:

Complications of the procedure are rare, but include a punctured uterine wall and subsequent infection. Contact our office if you develop a fever (temperature greater than 100.4 degrees Fahrenheit) or increasing pelvic pain.

Since the procedure is performed in the time period following ovulation, there is a chance that you may be pregnant at the time of the procedure. A pregnancy test may be performed prior to the procedure. It may, however, be too early to detect a pregnancy that has recently implanted. There have been several studies that have examined whether or not there is an association between an endometrial biopsy and subsequent miscarriage. These studies determined that the rate of miscarriage is not higher in cycles where an endometrial biopsy was performed.

RESULTS:

The endometrium appears distinctly different each 24 – 48 hours after ovulation. The pathologist will report how many days after ovulation the lining appears to be. Your physician will correlate the results of the test with the actual date the sample was obtained during your menstrual cycle. If the lining is less mature than expected, you may have a luteal phase deficiency. Depending on the degree of variation, your doctor may want to repeat the test in the following cycle, as some normal, fertile women may have an occasional “out of phase” biopsy.

Results of the endometrial biopsy are available in about a week. You will be contacted to discuss the results of the test and any treatment recommendations.

I have read the description of the endometrial biopsy and understand the risks and benefits.

Patient's Name

Date

Witness

Date

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