

## INFORMED CONSENT FOR ENDOMETRIAL BIOPSY

An endometrial biopsy is an office-based procedure that involves the collection of tissue from the endometrium of the uterus (inner lining of the uterus) using a small pipelle and suction. The tissue collected is sent to the laboratory and evaluated by a pathologist. Indications for an endometrial biopsy include, but are not limited to, post-menopausal bleeding, abnormal uterine bleeding, heavy menstrual bleeding.

Most patients do experience pelvic discomfort and cramping with the procedure, but the severity quickly subsides once the procedure is complete. You can take ibuprofen and/or acetaminophen at recommended dosages and frequency for pain relief if you do not have any contraindications.

It is also possible to experience nausea, dizziness, weakness during the procedure or immediately after its completion. This usually resolves within 10-15 minutes after the procedure.

Risks of the procedure are uncommon. They include, but are not limited to:

- Infection (i.e. fever, unresolving pelvic pain, foul-smelling vaginal discharge)
- Perforation of the uterine wall & injury to surrounding organs
- Bleeding/hemorrhage

It is possible that the procedure does not yield an adequate amount of tissue and that the health care provider recommends to either repeat the procedure on another day or monitor you clinically and/or with ultrasound. This is decided on a case-by-case basis.

It is also possible that the health care provider is not able to access the uterine cavity due to a "stenotic os." In these cases, you will either be asked to return to the office to repeat the procedure on another day with a prescription for a medication to put in the vagina a few hours before the appointment in order to soften the cervix (i.e. misoprostol) or you will be referred to an OBGYN who can complete a different type of procedure with different equipment to collect the sample required.

It is not recommended to put anything in the vaginal for a total of 24 hours after the procedure to reduce the risk of infection.

I have read the above information. I have had the chance to ask questions which were answered to my satisfaction. I understand the benefits and risks with the procedure. I consent to proceed with an endometrial biopsy today.

[Patient First Name Last Name]		[Today's Date]
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