



Informed Consent for Endometrial Biopsy

At the recommendation of my physician, I am requesting that an endometrial biopsy be performed by Van Dyke Gynecology.

An endometrial biopsy is a procedure in which a small sample of endometrium (the tissue lining of the uterus) is removed and examined for abnormalities. The endometrial biopsy is most often used to determine causes of abnormal uterine bleeding, but it can also be used to assist the evaluation of conditions that may affect the person's ability to get pregnant or carry a pregnancy to term.

The endometrial biopsy begins just like a pelvic examination. A speculum is inserted into the vagina and the cervix is swabbed with an antiseptic solution. A special catheter is then placed into the uterus, and a small piece of uterine lining is removed via the catheter. Occasionally there is difficulty placing the catheter into the uterus. If this happens, an instrument called a tenaculum is placed on the cervix. This instrument is used to hold the cervix in place. If a tenaculum is used, there may be a cramping sensation.

Mild to moderate cramping may be felt during the procedure. This usually subsides within a few minutes after the procedure has been completed. Occasionally the cramping may be severe and cause a flushed nauseous feeling which may last a few minutes. Light vaginal bleeding may be noted following the procedure.

Some of the risks of this procedure include, but not limited to, allergic reaction to the antiseptic solution used to cleanse the cervix, disruption of a pregnancy, perforation of the uterus, and/ or rarely a pelvic infection. **I understand that after the procedure, I have fever, abdominal pain, or heavy vaginal bleeding or any other problems I believe are related to the procedure I should contact Regional Physicians Reproductive Medicine immediately. I further understand that a pregnancy test may be performed prior to the test. Although the test is sensitive at detecting an early pregnancy, it may not detect all pregnancies.**

I have read and understand this consent form. Any questions that I may have had have been answered to my satisfaction.

Patient _____

Date _____

Witness _____

Date _____

Physician _____