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Consent for Endometrial Biopsy

The uterus is an organ made up of three layers. The innermost layer is functional and is known as the endometrium. This layer is the source of menstrual flow and is sensitive to hormonal changes in a woman's menstrual cycle. Abnormal uterine bleeding can be caused by hormonal imbalance, a growth within the uterine cavity such as a polyp or fibroid, cancer of the uterine lining, or pregnancy. By sampling this layer, information can obtained about the cause of the bleeding. This procedure is known as an endometrial biopsy. During this procedure, a small amount of the tissue lining the uterus is removed and sent to a pathologist for microscopic examination.

Indications for doing an endometrial biopsy include: 1) a history of abnormal or irregular menstrual periods, 2) a history of infertility, 3) post-menopausal bleeding, 4) spotting while on hormone replacement treatment, 5) a history of bleeding following intercourse.

An endometrial biopsy is performed in the doctor's office. Most patients do not require an anesthetic. Using ibuprofen prior to or after the procedure may reduce any discomfort or cramping. This procedure may be associated rarely with risks. These risks include, but are not limited to: infection, bleeding and uterine perforation. If the patient is pregnant at the time of procedure, it may cause miscarriage.

Following the procedure, the patient may have some mild vaginal spotting or light bleeding. If the patient develops severe lower abdominal or pelvic pain, moderate-to-profuse vaginal bleeding, or fever, she should notify her doctor. The prevalence of these complications is less than 1 in 100.

I understand my indication for an endometrial biopsy. By signing below I have signified that I have read the above information and have discussed any questions that I may have with my physician. I consent to an endometrial biopsy.

_____ _____

Name of healthcare provider explaining procedure Date

_____ _____ _____

Signature of Patient or Legal Representative Date DOB

_____ _____

Printed Name and Signature of Witness Date