

STANDARDIZED PROCEDURE

ENDOMETRIAL BIOPSY (Adults, Peds)

I. Definition: Endometrial Biopsy

Endometrial biopsy is the removal of a sample of endometrial tissue for pathologic or fertility evaluation. This procedure may be performed on individuals registered in clinical research studies.

II. Background Information

A. Setting: The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision: The necessity of this procedure will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the procedure. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative

C. Indications

1. The evaluation of post-menopausal bleeding.
2. The evaluation of abnormal uterine bleeding in any appropriate patient.
3. The evaluation of abnormal endometrial cells found on a Pap smear.

D. Precautions/Contraindications

1. Untreated vaginal, cervical, uterine or adnexal infection.
2. Severe cervical stenosis that is unresponsive to cervical dilatation.
3. The presence of a bleeding disorder, coagulopathy, thrombocytopenia, or use of anticoagulation medications. Consult with physician.
4. At any time when a hysteroscopic evaluation would be more appropriate.

III. Materials

Clean field, clean gloves, sterile gloves (if needed), speculum, povidine iodine swabs or other antiseptic, single toothed tenaculum, paracervical block (if needed), cervical dilation set (if needed), Explora® curette, or Pipelle® curette.

STANDARDIZED PROCEDURE

ENDOMETRIAL BIOPSY (Adults, Peds)

IV. Endometrial Biopsy Procedure

A. Pre-treatment evaluation

Negative pregnancy test if of childbearing age, or as appropriate.

B. Set up

Clean area with clean gloves, unopened sterile gloves, povidone iodine swabs, sterile tenaculum, Explora® curette and Pipelle® curettes in size 3mm and 4mm, and paracervical block or cervical dilators if required.

C. Patient Preparation

1. Explain the steps of the procedure to the patient. Advise that she may experience moderate cramping during the insertion. Patient may medicate with 400mg of ibuprofen or similar OTC analgesic if desired.
2. Counseling regarding rationale and risks/benefits. Obtain consent for the procedure.

D. Procedure

1. Perform a time out prior to the start of the procedure. Using clean gloves, perform bimanual exam to determine uterine size and position.
2. Insert largest appropriate speculum for maximum cervical exposure. Consider covering the speculum with a condom if redundant vaginal mucosa occludes the cervix.
3. Cleanse the cervix with povidone iodine or other antiseptic.
4. Paracervical anesthetic may be administered if needed. Wait 3-5 minutes before proceeding with procedure.
5. Apply the tenaculum to stabilize the cervix when necessary.
6. Cervical dilation may be necessary if the sound does not easily pass through the internal cervical os.
7. Insert the Pipelle® or Explora® curette, withdraw the stylette to achieve a slight vacuum. Thoroughly sample the endometrium with the curette. Deposit sample into appropriate pathology sample jar.
8. Fill out pathology requisition with appropriate information

E. Post-procedure

1. Assess the patient for comfort and stability. Observe for signs of vasovagal reaction.
2. Instruct the patient to observe pelvic rest for 1-2 days or until comfortable.
3. Advise the patient to anticipate intermittent uterine cramping for 1 day to 1-2 weeks. May use Non-steroidal anti-inflammatory agents (NSAIDS) PRN for relief.
4. Instruct the patient to observe for abnormal bleeding or signs/symptoms of infection, (i.e. fever/chills, severe abdominal cramping, abnormal or odorous vaginal discharge) and to call if any problems arise.

STANDARDIZED PROCEDURE

ENDOMETRIAL BIOPSY (Adults, Peds)

5. Advise patient that results should be available within a week.

F. Follow-up treatment

Follow-up appointment pending pathology findings.

G. Termination of treatment

See above

V. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.
2. Record the time out, indication for the procedure, procedure, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching, discharge, and follow-up instructions.

B. All abnormal or unexpected findings are reviewed with the supervising physician.

V. Competency Assessment

A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:
 - a. Medical indication and contraindications of endometrial biopsy
 - b. Risks and benefits of the procedure
 - c. Related anatomy and physiology
 - d. Consent process (if applicable)
 - e. Steps in performing the procedure
 - f. Documentation of the procedure
 - g. Ability to interpret results and implications in management.
3. Advanced Health Practitioner will observe the supervising physician perform each procedure three times and perform the procedure **three** times under direct supervision.
4. Supervising physician will document Advanced Health Practitioner's competency prior to performing procedure without direct supervision.

STANDARDIZED PROCEDURE

ENDOMETRIAL BIOPSY (Adults, Peds)

5. The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least **three** times per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.
3. Demonstration of continued proficiency shall be monitored through the annual evaluation.
4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY

Questions about this procedure should be directed to the Chief Nursing Officer.

VIII. HISTORY OF POLICY

Revised March 2012 by Subcommittee of the Committee for Interdisciplinary Practice

Reviewed March 2012 by the Committee on Interdisciplinary Practice

Prior revision October 2008

Approved March 2012 by the Executive Medical Board and the Governance Advisory Council.

This procedure is intended for use by UCSF Medical Center staff and personnel and no representations or warranties are made for outside use. Not for outside production or publication without permission. Direct inquiries to the Office of Origin or Medical Center Administration at (415) 353-2733.