**Endometrial Biopsy Setup & Assistance**

**Purpose:** To assure that all equipment and supplies are available during an endometrial procedure.

**Responsibility:** Medical Assistant, Nurse

### Use

- Single toothed tenaculum
- Small bowl for betadine
- Uterine sound
- Kidney stone forceps (not needed)

### IUD Insertion Pack

- 3 x 3 Gauze pads (8-12)
- Ring forceps
- Metzenbaum scissors

### Materials

- Betadine
- Lidocaine 1% with epi
- Informed consent form on clipboard
- Endometrial pipelle
- Nonsterile gloves
- 2% Lidocaine plain
- 3 mL syringe with 21 g needle
- Needle Extender
- 25 g 1.5” needle
- Bicarb
- Speculum (medium & large)
- Mini pad
- Chux pads
- Sterile red top vacutainer
- 12 mL syringe with 21 g needle

### Billing

CPT 58100

### Room & Time:

Procedure 1 (room 4). 45 minute appointment.

**Prior to Procedure:**

1. Prelabel 1 biopsy container.
2. Draw up 2 mL of 2% Lidocaine plain and place it into red topped vacutainer.
3. Have available supplies but do not draw lidocaine into 12 mL syringe; attach needle extender and 25 g 1.5” needle.
4. Place Chux pad on exam table and in table drawer.
5. Obtain usual vital signs including LMP.
6. Do urine pregnancy test if not menopausal.
7. Instruct patient to disrobe, put on paper drape sheet and sit on end of exam table.
8. Make certain clinician gets consent form signed prior to start of procedure.

**During Procedure:**

1. Assist as needed.
2. Cut off the end of the endometrial sampler (pipelle) prior to expelling the sample into the biopsy fixative container.

Generally there is a bimanual exam to identify the position of the uterus. A speculum will be inserted and the cervix cleaned with Betadine. The anterior lip of the cervix will be grasped (for anteverted or anteflexed uteri with posterior lip grasped for retroverted or retroflexed uteri) with a tenaculum, which may feel like a pinch. The speculum may be withdrawn 2 cm while gentle traction is applied with the tenaculum this will feel like a pulling/pressure sensation. The pipelle will be inserted and the 2% Lidocaine will be instilled. The pipelle will be allowed to remain in place for 3 minutes allowing for anesthesia to take effect. The sample will be obtained, which may result in some cramping.

**After Procedure:**

1. Offer mini-pad to patient.
2. Send histology order form to pathology laboratory along with biopsy specimen. Specimen should be packaged appropriately and go out for same-day lab pickup.

Written: 7/19/89
Revised: 12/23/2008
Reviewed:
Endometrial Biopsy Note

Date: ____________________  Intake by:_______________________

S: _______________________

Consent: The procedure was explained to the patient, including all risks, benefits, alternatives and potential complications. Written consent is signed.

Testing: ☐ Urine HCG is negative. (If menopausal no testing needed)

Cervical Block: ☐ Not done  ☐ A cervical block was placed with 1mL of 1% lidocaine with epi injected at 2:00, 4:00, 6:00, 8:00, 10:00, & 12:00.

Uterus: Normal in size and shape. ☐ Fibroids noted  ☐ Ante  ☐ Retro  ☐ Verted  ☐ Flexed  ☐ Mid position. Cervix cleaned with Betadine. ☐ 1mL of 1% lidocaine with epi placed in the ☐ anterior ☐ posterior lip of the cervix. A single toothed tenaculum was placed in the ☐ anterior ☐ posterior lip of the cervix.

Procedure:
☐ While applying traction with the tenaculum the endometrial sampler loaded with 1mL of 2% lidocaine plain was slowly advanced through the internal os ☐ without difficulty ☐ with difficulty ☐ a dilator was used to open up the internal os. The lidocaine was instilled while slowly advancing the sampler fully into the uterine cavity while sounding the uterus. Uterine depth is _______ cm. The sampler was left in place for 3 minutes allowing for the anesthesia to take effect.

☐ Traction with the tenaculum was stopped. The endometrial sampler was held in position and the piston was pulled out firmly and without interruption with one swift steady motion. The sampler was then rotated 360 degrees while the sheath was moved back and forth 3-4 times until an adequate sample was obtained.

☐ The endometrial sampler was removed and the sample was transferred into the appropriate specimen container and sent by staff to pathology for review. The tenaculum and the speculum were then removed. There was ☐ minimal bleeding ☐ moderate bleeding ☐ heavy bleeding controlled with ____________________________.

Assessment:
☐ Post menopausal bleeding ☐ Amenorrhea
☐ Menstrual Disorder

Post Procedure:
☐ Patient was requested to make a follow-up appointment in _______ ☐ weeks ☐ months

Patient reports ☐ no ☐ mild ☐ moderate ☐ severe abdominal pain

☐ Patient tolerated the procedure well and there were no complications

☐ Patient was instructed to call the office for any increasing pain, fever, discharge or with any questions

☐ Patient to be notified of biopsy results and the expected plan of care.

☐ Dictated note
☐ Madeline D. Wiley, MSN, ARNP
☐ Robert T. Smithing, MSN, ARNP

Clinician Signature: ____________________________

Vital Signs

BP _______ P _______
RR _______ LMP _______

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