

## PATIENT INFORMATION

## Having a Pipelle Biopsy

**What is an endometrial pipelle biopsy?**

This is the name of the procedure which takes a small sample of tissue from the lining of the womb (endometrium). This sample is then sent off to the laboratory to check if you have any cancer or other abnormal cells in the lining of your womb.

The biopsy may give answers to:

- Why you are having abnormal vaginal bleeding (heavy or prolonged periods, or bleeding between periods).
- Why you are having some bleeding after the menopause.
- Why an ultra sound scan shows you have a thickened lining of your womb.

If you need to have the biopsy taken it will be as part of your outpatient appointment with either a doctor or a nurse.

**Who is the biopsy not suitable for?**

The biopsy is not suitable for you if you:

- Are pregnant
- Have an infection in the vagina or pelvis
- Have pelvic inflammatory disease

**What is the benefit?**

The benefit of having the biopsy taken is to check for any abnormal cells (cancer or pre-cancer) so that treatment can be offered for your condition.

**What are the risks?**

The procedure is generally very safe.

You may experience mild period type pain during the procedure. Very occasionally you may need some simple painkillers like paracetamol after the biopsy but most women feel a little discomfort for only a short time whilst the biopsy is being taken.

In rare cases, patients may be at risk of:

- Prolonged bleeding
- Infection
- Uterine perforation (making a hole in the womb) but this is very rare.

Sometimes it can be difficult to get the biopsy, especially if you haven't had any children or have had treatment in the past to your cervix – in this case we will offer you an appointment to another clinic where the same sample can be obtained under visual guidance with a fine camera (hysteroscopy).

Rarely, we may have to consider doing the same procedure under a short general anaesthetic. This will be discussed with you in clinic. If it is suitable and acceptable, it will be arranged to take place on a different date after your outpatient appointment.

### **What are the risks of not having the biopsy?**

Early stage cancer is treatable with very good prognosis.

If we don't get a biopsy we are unable to diagnose and offer treatment for any potential conditions. If cancer cells are present, there is a risk that these cells can spread, become more aggressive and the disease may not be curable at a later stage.

### **Preparing for the biopsy**

You don't need to do anything in preparation for your biopsy. You are still able to have the procedure carried out if you are on your period or experiencing some postmenopausal bleeding.

### **During the biopsy**

If you need to have the biopsy taken it will be taken as part of the examination that the doctor or nurse will carry out. The doctor or nurse will explain to you what examinations they are going to do and ask if you are happy to have the biopsy taken. The chaperone nurse, who will also be in the room, will help you get undressed and positioned on the examination couch where you will be lying down for the examination. This nurse will be with you throughout the examination and procedure. The doctor or nurse will then explain that they are about to start the examination and talk you through the procedure.

1. Initially, they will insert a speculum into the vagina. A speculum is an instrument used to open the vagina – similar to when you have a smear test taken. This enables the doctor or nurse to examine the walls of the vagina and cervix to see if they appear healthy.
2. The doctor or nurse will then explain that they are about to take the pipelle biopsy by passing a thin plastic straw (pipelle) through the cervix then into the womb. The biopsy is taken by slight suction as the inside of the straw is pulled out causing the suction. This part of the procedure can cause the crampy period type pain that is often experienced. This pain generally settles once the procedure is finished, but a few women may feel like they want some simple painkillers.
3. Sometimes the procedure to take the biopsy is carried out more than once – this is to ensure a good amount of tissue is obtained to send to the laboratory to be tested.
4. Occasionally the position of the cervix is at an angle – which is completely normal, but this can make it slightly difficult to take the biopsy. If this is the case sometimes an instrument might be used to hold onto your cervix enabling it to be held in a better position to make it easier to take the biopsy.
5. After taking the biopsy the speculum will then be removed.
6. The nurse will then help you to get off the examination couch and will help you to get dressed if you need assistance. The biopsy sample will then be sent off to the laboratory to be examined and tested.

After the biopsy if you experience any discomfort after the biopsy has been taken you can take some Paracetamol or Ibuprofen that you may have at home.

You are able to go to work if you are feeling well and are also able to drive after the procedure.

You may experience some vaginal bleeding for the next day or so after having the biopsy taken and this is completely normal.

It is advisable to wear a sanitary towel just in case this happens and the nurse who is acting as a chaperone throughout the procedure will offer you a sanitary towel when you are getting dressed after having the biopsy taken.

You can continue with normal activities such as having a bath or shower, exercise and driving. We recommend that you do not have sex until the bleeding has stopped completely.

### **How do I get the results?**

Your biopsy sample will be sent to the laboratory for testing. We will write to you and your GP with the results. It can take between 1 - 2 weeks before you receive the letter with the results.

If you require further treatment or a follow-up appointment, we will send you an appointment letter with the date and time to attend the Gynaecology Outpatient Clinic.

If the sample obtained has been inadequate, the laboratory cannot give a satisfactory result and you will need further appointment to another clinic where the same sample can be obtained under visual guidance with a fine camera (hysteroscopy). Alternatively, we may have to consider doing the procedure in theatre under a general anaesthetic so that we can get a biopsy.

If this is the case it would be arranged to take place on a different date after your outpatient appointment. In some cases, we may call instead of writing a letter.

### **Symptoms to report**

If you start experiencing some heavy vaginal bleeding, or strong-smelling discharge then we advise you to contact your GP as you may have an infection and need some medication.

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If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on \_\_\_\_\_ or email: \_\_\_\_\_

Sources used for the information in this leaflet

- Cooper J M, Erickson M L, 'Endometrial sampling techniques in the diagnosis of abnormal uterine bleeding', June 2000
- Demirkiran F et al, 'Which is the best technique for endometrial sampling: Aspiration (pipelle) versus dilatation and curettage (D&C)', November 2012
- Rutherford T, Auerbach R, 'Endometrial biopsy, a review of sampling techniques', April 2012

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.