

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No.:	

Procedure Information Sheet – Endometrial Aspiration

1. Introduction

- 1.1. Clinical Indication: Abnormal uterine bleeding, e.g. heavy, prolonged or irregular bleeding / Bleeding after menopause / Thick endometrium seen on ultrasound scan or others (please specify) :

- 1.2. Endometrial aspiration serves as a useful tool in diagnosing various endometrial pathologies. An endometrial suction catheter is inserted through the cervix into the uterine cavity to aspirate and obtain the endometrial sample.

2. Procedure

- 2.1. Endometrial aspiration is a simple procedure which does not require anaesthetic. It can usually be performed in outpatient clinic after doctor's assessment.
- 2.2. Patient prepared in lithotomy position.
- 2.3. A sterile speculum is inserted in the vagina.
- 2.4. The cervix is gently probed with the uterine sound and the endometrial biopsy catheter tip introduced into the uterine cavity.
- 2.5. If the internal cervical os is very tight, os dilator might be used to gently and slowly open the cervix which might cause discomfort.
- 2.6. Once the catheter is in the uterine cavity, the internal piston on the catheter is withdrawn.
- 2.7. The catheter tip is moved with an in-and-out motion and twisting motion between the uterus fundus and the internal os to extract tissue in the catheter.
- 2.8. Once the catheter is filled with tissue, it is withdrawn and the sample is placed in the formalin container.
- 2.9. Gently removed the vaginal speculum when finished.

3. Expected Result

- 3.1. Diagnosis – Pathological Examination

4. Side Effects and after procedure care

- 4.1. It is common to have some light vaginal bleeding and discharge after procedure. Use sanitary pads, not tampons.
- 4.2. Your next menstrual cycle may not be regular. It may be late or early.

5. Complications

- 5.1. Instrumentation of the uterine cavity might cause cramping which usually subside in a few days.
- 5.2. Small risk of infection, prolonged bleeding, uterine perforation and failure of catheter to enter the uterine cavity.
- 5.3. Diagnosis error – small risk of missing endometrial pathologies.

6. Contraindications

- 6.1. If you are pregnant. All patients with the potential for pregnancy should be considered for pregnancy testing prior to the performance of the procedure.
- 6.2. Have an infection in the vagina or pelvis.

7. Risk of not having procedure

- 7.1. Persistent or worsening of symptoms.
- 7.2. Fail to diagnose endometrial pathologies.

8. Patient's Consent

- 8.1. This treatment procedure can only be carried out after consultation with the patient.

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9. Remarks

9.1. The above mentioned procedural information is by no means exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

10. Reference

- 10.1. THOMAS J. ZUBER, M.D. (2001). Endometrial Biopsy. Am Fam Physician, 63(6):1131-1135.
- 10.2. Cooper J M, Erickson M L, 'Endometrial sampling techniques in the diagnosis of abnormal uterine bleeding', June 2000.
- 10.3. Demirkiran F et al, 'which is the best technique for endometrial sampling: Aspiration (pipelle) versus dilatation and curettage (D&C)', November 2012.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

