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INFORMED CONSENT FOR ENDOMETRIAL BIOPSY

I hereby authorize the above providers to provide the treatment listed below. I have been advised of the:

1. Nature and character of the proposed treatment;
2. Anticipated results of the proposed treatment;
3. Alternative forms of treatment, including non-treatment;
4. Recognize possible risks, complications, and anticipated benefits involved in the proposed treatment.

Endometrial Biopsy Procedure

I understand that this is a procedure performed to evaluate the tissue lining of the inside of my uterus. The procedure is usually performed to evaluate abnormal or excessive vaginal bleeding or lack of vaginal bleeding, or to exclude the presence of cancer. I understand that this procedure will take a small sampling of tissue from the lining of the uterus and have been told the purpose of the procedure. I understand that a speculum will be placed in my vagina and that my cervix will be cleaned with betadine. A thin plastic catheter will then be inserted into the uterus and a sample of tissue from the uterine lining will be obtained under suction. There may be some cramping and discomfort during the procedure. Occasionally the cervix may need to be dilated to pass the catheter into the uterus which may cause cramping. A numbing medicine may be used like lidocaine or benzocaine on the cervix.

Benefits of the Procedure:

- Help to make a diagnosis of my condition
- May detect cancer of the uterus or pre-cancerous changes
- Help to plan future therapy

Risks of the Procedure

- Cramping pain during procedure and 1-2 days after the procedure
- Bleeding (may occur for several days after the procedure)
- Infection in the uterus or tissue around the uterus
- Perforation (hole in the uterine wall) of uterus (very rare with plastic sampler device)
- Allergic reaction to medications: betadine, lidocaine, or benzocaine
- Can faint from the procedure
- Disruption of unknown pregnancy
- Missed abnormal tissue (2-6% risk) & need for further evaluation & possible surgical procedure
- Rare unusual reaction following any surgical procedure

I certify that this form has been fully explained to me, that I have read it or have had it read to me, and that I understand its contents. I have had the chance to ask questions. All my questions and concerns have been answered to my satisfaction. I will indicate my informed consent for treatment with the following signature:

Date

Signature of Patient

Witness