**Endometrial Biopsy Simulation**

Learning Objectives:

By the end of this simulation, you will be able to:

* State the indications and contraindications for endometrial biopsy in the office setting
* Properly counsel a patient on all the risks, benefits, and alternatives of an endometrial biopsy in the office setting
* State the equipment and supplies necessary to successfully perform an in office endometrial biopsy
* Demonstrate the steps of an office endometrial biopsy

Simulation:

* A ripe medium or large papaya
	+ Create a cervical os in each papaya by poking a hole in the stem of the papaya with a uterine sound
* A large plastic/paper cup to have papaya sit in (optional)
* A hemipelvis to place papaya in to mimic a uterus in a pelvis (optional)
* On a tray table, the following items should be set up:
	+ Single-toothed tenaculum
	+ Betadine swabs
	+ Speculum
	+ Uterine sound
	+ Pipelle
	+ Formalin container
	+ Silver nitrate sticks
* Papaya on a table lined with paper or chux pad

Lab Sequence

1. Assemble all of the equipment as described above
2. Conduct a timeout
3. Bimanual exam for size/position of uterus
4. Insert speculum and clean cervix with betadine
5. Insert the pipelle gently through the cervical os into the uterus until resistance is met (fundus)
6. If unable to pass the pipelle through the os, place a tenaculum on the anterior portion of the cervix portion of the papaya
7. If still unable to pass the pipelle, consider using a cervical dilator (e.g., Pratt dilator)
8. Withdraw the inner piston/plunger of the pipelle to create a suction
9. Rotate and twist (corkscrew) the pipelle gently while moving the pipelle in and out through all quadrants of the uterine (papaya) cavity
	1. Once pipelle tube is filled with tissue, remove the pipelle and push the inner piston/plunger back into the pipelle tube to empty the endometrial sample into a formalin container
	2. Attempt multiple uterine passes with the pipelle. It may be needed to get an adequate specimen
	3. Make sure the tip of the pipelle does not touch the formalin if multiple passes are needed
10. Once an adequate specimen is obtained, remove the tenaculum (if used)
	1. You would inspect the tenaculum site for bleeding in a live patient
11. Remove speculum