

Accessing the Endometrial Cavity:

Endometrial Biopsy and IUD/IUDS Insertion

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Conflict of Interest Declaration

“I have no financial interest in any drug or device company”

“I may discuss off-label uses of medications”

Thank-you

- Bayer Health Care for supplies

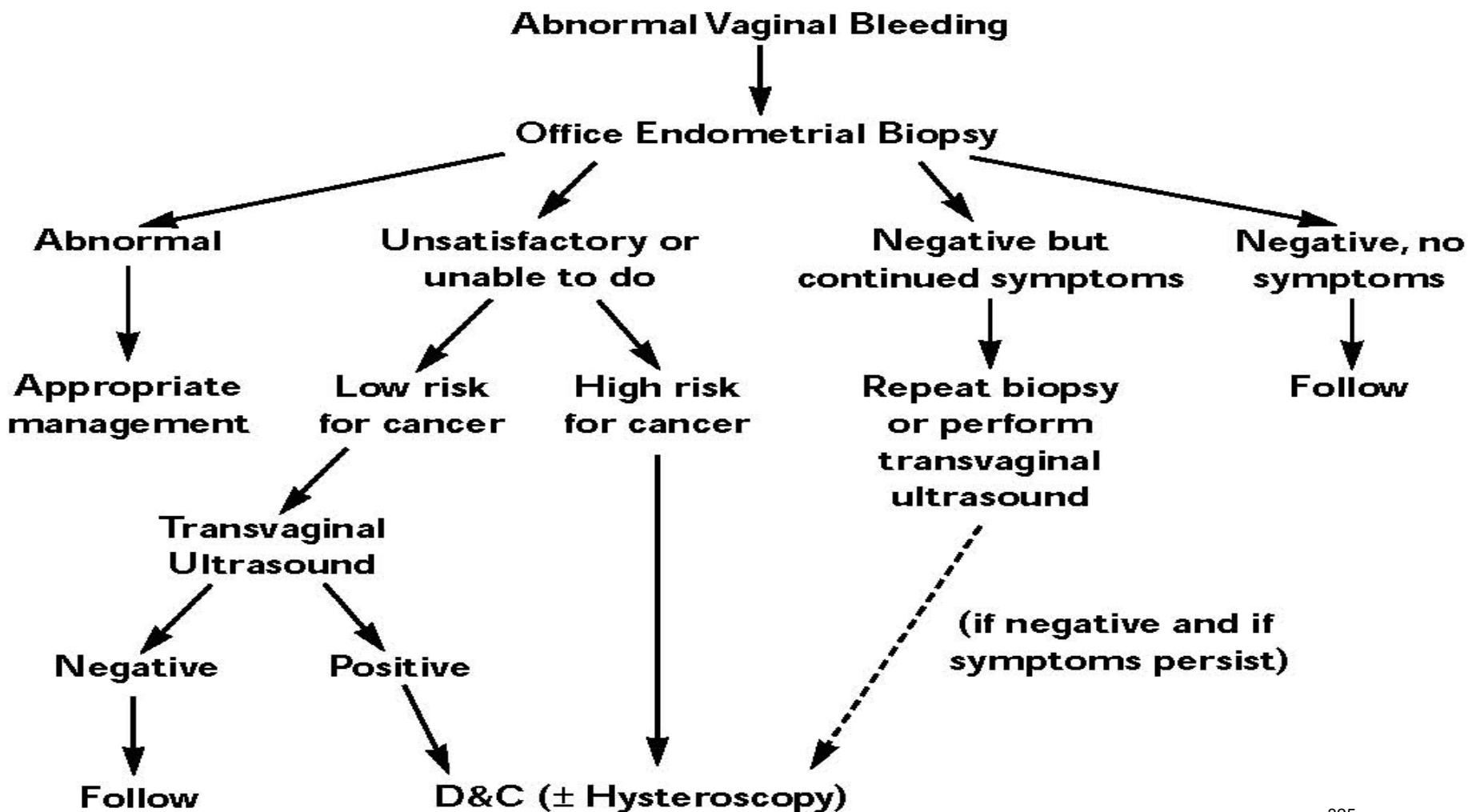
Why Access?

Endometrial pipelle biopsy

- Post Menopausal Bleeding
- Abnormal Uterine Bleeding when risk of uterine cancer or hyperplasia

? Endometrial Cancer

ALGORITHM FOR THE MANAGEMENT OF ABNORMAL VAGINAL BLEEDING



Other Uses of Endometrial Biopsy

- patient with 1 year of amenorrhea
- endometrial dating to define the phase of the menstrual cycle
- evaluation of infertility
- diagnosis of luteal phase defect by timing of cycle and endometrium evaluation of uterine response to hormone therapy
- atypical glandular cells on Pap smear
- follow-up for previous endometrial hyperplasia
- Infectious disease - tuberculosis

Contraindications to Endometrial Bx

- Pregnancy
- Acute pelvic inflammatory disease
- Clotting disorders
- Acute cervical infections
- Cervical cancer

Uses of IUD / IUDS

- Contraception
- Progesterone IUDS:
 - Endometriosis
 - Adenomyosis
 - Menorrhagia
 - Dysmenorrhea
 - Endometrial protection from estrogen

Efficacy and Side Effects

- Pregnancies: IUD = 6-8, IUDS = 1 / 1000 women in 1st year of use
- With IUD 1/3 of women don't tolerate increased flow and dysmenorrhea
- IUDS causes decreased flow or amenorrhea but flow can be irregular
- Risks of perforation at insertion (both), expulsion (IUD>>IUDS), migration (IUD only)
- Infection risk overstated and minimal

Contra-indications for IUD/IUDS

ABSOLUTE CONTRAINDICATIONS

- pregnancy
- current, recurrent, or recent (within past 3 months) PID or STI
- puerperal sepsis
- immediate post-septic abortion
- severely distorted uterine cavity
- unexplained vaginal bleeding
- cervical or endometrial cancer
- malignant trophoblastic disease
- copper allergy (for copper IUDs)
- breast cancer (for LNG-IUS)

RELATIVE CONTRAINDICATIONS

- risk factor for STIs or HIV
- impaired response to infection (HIV +, corticosteroid therapy)
- from 48 hours to 4 weeks postpartum
- ovarian cancer
- benign gestational trophoblastic disease

Infection Prevention?

- Endometritis / PID
 - Cochrane Collaboration: neither doxycycline nor azithromycin before IUD insertion confers benefit
 - Risk of infection with IUD very small
 - Cochrane could find no data to address endometrial biopsy
- AHA: prevention of bacterial endocarditis antibiotic prophylaxis necessary only if obvious infection
- Some physicians cleanse the os with iodine and some don't

Ripen Cervix?

- Misoprostol 400 - 800 microgm po/pv night before or 8 hr previous
- 3-mm osmotic laminaria dilator (insert in the morning, do procedure in the afternoon)
- estrogen cream daily for 4 to 5 days

Anaes?

- possible small benefit from NSAID, topical lidocaine gel, or paracervical block (Cochrane)
- Through 18-gauge catheter sheath, inject 5 cc of 2% lidocaine through the cervix into the uterine cavity. Keep the catheter in the uterus for 3 minutes to limit backflow. (NEJM)
- No method consistently eliminates pain

Questions?

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