Office Endometrial Biopsy Simulation
Reaffirmed March, 2017

Preparation

Expected duration of simulation (approximate)
- Set up: 15 minutes
- Full Scenario: 20 minutes
- Task only: 10–15 minutes

Simulators to be used
- A ripe medium or large papaya (note: cantaloupe can be substituted)
  - 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)
- A standardized patient (SP) can be used for the counseling portion of the simulation

Room Setup
The room should be set up as similarly as an office patient room or procedure room if you are going to run through the entire scenario of speaking/counseling the patient and then performing the task. If only the task is going to be done, then the set up would not be as significant.

- 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
- Papaya sitting in a large paper/plastic cup (optional)
- Papaya sitting in a hemipelvis (optional)
- Chair or rolling stool for learner to sit on
- Chair for SP to sit (if using a SP for counseling)
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Figures:

- Endometrium
- Fundus
- Cervix
- Os

Hemipelvis
Additional equipment needed:
- A cervical dilator

Personnel needed for Simulation Exercise:
- Staff member to set up the papayas and equipment
- Standardized Patient (SP) if so desired

Basic Scenario Tips
Answers to common questions that come up:
- Remember that this is a simulation, nothing can be as exact as real-life, but this is a close approximation
- Reiterate that what is important is the learner going through the steps of the procedure from start to finish, so they are more familiar with them when they actually do the procedure in the office.

Common pitfalls to monitor for:
- Getting a green papaya may make the biopsy more difficult. Try to make sure that the papayas are ripe

Sequence

1. Assemble all of the equipment as described above
2. Begin counseling the patient on all of the risks, benefits, and alternatives to procedure (if using a standardized patient, if not proceed to step 4)
3. Conduct a timeout
4. Bimanual exam for size/position of uterus (if using a hemipelvis with papaya)
5. Insert speculum and clean cervix with betadine (if using hemipelvis with papaya)
6. Insert the pipelle gently through the cervical os into the uterus until resistance is met (fundus)
7. If unable to pass the pipelle through the os, place a tenaculum on the anterior portion of the cervix portion of the papaya
   a. 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 or vacuum
9. Rotate and twist (corkscrew) the pipelle gently while moving the pipelle in and out through all quadrants of the uterine (papaya) cavity
   a. 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
   b. Attempt multiple uterine passes with the pipelle. It may be needed to get an adequate specimen
   c. 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)
   a. You would inspect the tenaculum site for bleeding in a live patient
11. Remove speculum

Competency Assessment
Resident conducts a “time out.” Resident performs bimanual exam, properly inserts speculum and visualizes cervix, cleans cervix, and inserts Pipelle gently through the os (places tenaculum if needed). Resident properly uses Pipelle to obtain adequate specimen.