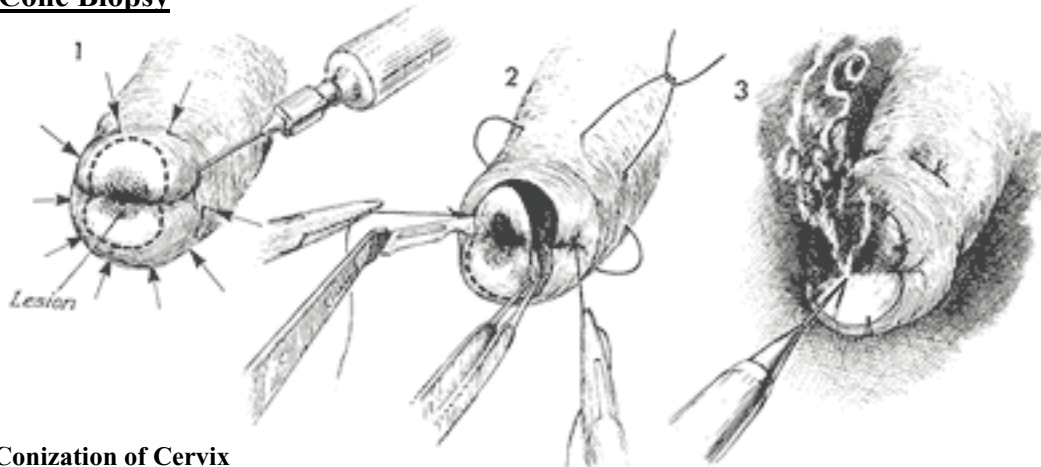


Cone Biopsy



Conization of Cervix

Printed with Permission. Wheelless CC. Atlas of Pelvic Surgery, Second Edition, pg. 187

A cone biopsy is a treatment for cervical abnormalities. It refers to a surgical procedure where a cone-shaped or cylinder-shaped piece of the cervix is removed. This procedure is the least type used currently since cryocautery, loop electroexcision (LEEP) or laser methods generally are adequate to treat the more common cervical problems. This method of treatment will result in a definitive diagnosis of the abnormal Pap smear; and will often be a cure for the problem at the same time with proper follow-up. In a small number of cases, a cone biopsy may interfere with childbearing.

There are various reasons for having to undergo a cone biopsy. These include:

1. An abnormal Papanicolaou smear that is considered high grade with normal colposcopy findings.
2. Colposcopy findings that extend deep inside the cervical canal so that they cannot be treated by a loop electroexcision procedure (LEEP) or laser procedure.
3. At times, the endocervical curettage can be significantly abnormal, suggesting the need for a cone biopsy.
4. At times, a Papanicolaou smear containing atypical glandular cells requires further biopsy and treatment, which may be a cone biopsy.
5. Suspicion of microinvasion.

The cold knife diagnostic procedure is generally considered a minor outpatient surgical operation. As with any procedure performed under anesthesia, fasting for 6 to 8 hours is recommended. You will be asked to sign an informed consent form. The procedure is generally a same day procedure in which hospitalization is not necessary.

The tissue is sent to the pathologist to judge whether all abnormal tissue was likely to have been removed.

What are the risks of the procedure?

The risks of this procedure, which rarely occur, include bleeding, infection, injury to tissue, vaginal tear, or recurrence of the abnormal condition. At times another procedure may be necessary. Evidence for an effect on childbearing is unclear; if you have concerns, you should discuss them with your health care provider.

What should be expected after the procedure?

After the procedure, there may be some cramping or discomfort for a week or so, but often there is no pain. Activities should be limited up to 10-14 days to avoid post operative bleeding. Avoid sexual intercourse, douching, and use of tampons, for about 4 to 6 weeks. You may have heavy, bloody or a yellow-colored discharge for 2 to 3 weeks after the procedure. If you experience heavy bleeding (soaking a pad in 1 to 2 hours), fever or worsening pain, you should contact your health care provider.