

PATIENT RESOURCES

Cervical Cone Biopsy

What You Should Know:

A cervical cone biopsy is surgery to remove tissue from the cervix. The cervix is the small round opening at the bottom of the uterus (womb). The cervix connects the uterus to the top of the vagina (birth canal). You may need a cervical cone biopsy if cells that are not normal are found during a Pap test. A cone biopsy may also be used to treat early cancer and other problems. Sometimes instead of having surgery to remove your uterus, a cone biopsy can be done so you can still have babies. Following are some of the reasons you may need this surgery:

- Cervical dysplasia, which is disease of the tissue of the cervix.
- Dysplasia involving the cervical canal.
- Abnormal Pap smear, which is not explained by office biopsies.
- Adenocarcinoma in situ (AIS), which is glandular disease of the tissue of the cervix.

A biopsy that needs only a small amount of tissue may be done in the doctor's office. Since your caregiver needs to remove a larger, cone-shaped biopsy specimen (conization) you need to go to the hospital or surgery center. You can go home the same day as the surgery.

Post anesthesia care

After surgery you will be monitored closely. You will wake up in the recovery room where nurses will be checking your blood pressure and pulse frequently. Although you will feel like sleeping, occasionally you will be asked to cough and take deep breaths to keep your lungs clear. You may be receiving oxygen by facemask. If you feel cool, the nurse will give you extra blankets.

The nurses want to make you as comfortable as possible; so let them know how you are feeling. You will still have an intravenous (IV) tube in your arm or hand. If it feels uncomfortable, please tell your nurse. It will be removed before leaving the hospital. If you wish to know about any equipment or procedures, the staff will be happy to explain it to you. Once you have sufficiently recovered from surgery, you will be discharged to home.

Recovery after surgery

- After surgery, you may feel weak and tired from the anesthesia you received during the procedure. It may take a couple of days for the tired feeling to go away. You should continue to take deep breaths and cough every 3-4 hours while awake for the first 24 hours after surgery. Deep breathing opens the tubes going to your lungs and helps to clear the lungs of sputum (spit).

Pain Medicine:

- You may experience some abdominal cramping for 24-36 hours following the procedure. A prescribed pain medicine, or acetaminophen may be taken. If you are having persistent/severe abdominal or vaginal pain please call your caregiver.

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Vaginal discharge:

- You will experience some bloody discharge. It should not be more than a light period initially. You may continue to have staining for 12-14 days.
 - If you are experiencing heavy vaginal bleeding or clotting requiring you to change a pad an hour, you need to call your physician right away. During the procedure, packing may be used to stop bleeding. It is a natural product that may be absorbed or it may fall out. It may look black or bloody, which is normal. Your physician will tell you if packing was used.

Restrictions:

- Nothing in the vagina for four weeks. Avoid vaginal douching, sex and tampons for four weeks as they increase your risk for bleeding and/or infection.
- You may drive unless taking medication that makes you drowsy.
- You may return to work in 2-3 days.
- Avoid any heavy lifting or aerobic type exercises for two weeks.

Call If:

- Temperature over 100.5 F
- Yellow/green foul smelling vaginal discharge.
- Persistent/severe abdominal or vaginal pain
- Vaginal bleeding or clotting more than a pad an hour