

## CONE BIOPSY (Cervical Conization)

*A cone biopsy is a procedure to obtain a sample of abnormal tissue from the cervix for further examination. This procedure obtains a larger sample than that obtained by cervical punch biopsy or colposcopy-directed biopsy. This is a surgical procedure to obtain a small cone-shaped sample of tissue from the cervix to examine under a microscope for any signs of disease. This biopsy may serve as the treatment, as well, if all of the diseased tissue is removed.*

Patient's  
Initials

- \_\_\_\_\_ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.
- \_\_\_\_\_ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.
- \_\_\_\_\_ I understand and accept the most likely material risks and complications of cone biopsy have been discussed with me and may include but are not limited to:
- *bleeding; and/or bleeding that requires vaginal packing or a blood transfusion*
  - *cervical scarring; occasionally causing painful menstrual periods or making it more difficult to evaluate an abnormal Pap smear*
  - *temporary pain after the procedure*
  - *inability of the cervix to remain closed during pregnancy (incompetent cervix)*
  - *infection*
  - *narrowing of the cervix*
  - *problems with a later pregnancy, or more difficulty for a woman to become pregnant*
- \_\_\_\_\_ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist with any surgical procedure.
- \_\_\_\_\_ I am aware that smoking during the pre- and postoperative periods could increase chances of complications.
- \_\_\_\_\_ I have informed the doctor of all my known allergies.
- \_\_\_\_\_ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.
- \_\_\_\_\_ I have been advised whether I should take any or all of these medications on the days surrounding the procedure.
- \_\_\_\_\_ I am aware and accept that no guarantees about the results of the procedure have been made.
- \_\_\_\_\_ I have been advised of the probable consequences of declining recommended or alternative therapies.
- \_\_\_\_\_ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.
- \_\_\_\_\_ I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation.
- \_\_\_\_\_ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand the above and that all blanks were filled in prior to my signature.

I authorize and direct \_\_\_\_\_, M.D., with associates or assistants of his or her choice, to perform a *cone biopsy* on \_\_\_\_\_ at \_\_\_\_\_.

(patient name) (name of facility)

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

*Continued*

\_\_\_\_\_  
Patient or Legal Representative Signature/Date/Time

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Patient or Legal Representative Name

\_\_\_\_\_  
Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, and alternatives to the proposed treatment and the risks and consequences of not proceeding, have offered to answer any questions, and have fully answered all such questions. I believe that the patient/legal representative (circle one) fully understands what I have explained.

\_\_\_\_\_  
Physician Signature/Date/Time

\_\_\_\_\_  
initial    copy given to patient

\_\_\_\_\_  
initial    original placed in chart

SAMPLE