

Informed consent form for conization (cervical tissue biopsy)

Name:

First name:

Date of birth:

Planned procedure: Conization (cone-shaped cervical tissue biopsy)

Reasons for the procedure in your case:

Cellular changes caused by an infection with the Human Papilloma Virus (HPV) have been detected on the outer part of your cervix. The affected cells are to be removed by conization. This is a safe method for treating, and also occasionally for diagnosing, unclear cellular changes on the cervix.

During conization, the *abnormal* tissue is removed and then examined under a microscope. In most women this procedure is also sufficient as treatment. In very early stages of cervical cancer, conization may also be the only treatment needed.

Urgency:

Various surgical methods are available:

These can involve an electrical loop or laser. In certain cases, a scalpel (knife) is used. Each of these methods has its own advantages and disadvantages. The cervix is always accessed from the vagina. The procedure can be performed under general, regional or local anaesthesia. Conization is *usually* performed as an outpatient procedure.

Risks and complications:

While *heavy bleeding* during the operation is rare, there is an increased risk of bleeding during the following two weeks. If you experience bleeding greater than that during your periods, you should urgently seek medical attention. The vaginal wall can be injured during the operation, but the rare cases that have occurred were managed immediately.

Postoperative inflammation is also rare.

Altered tissue is not completely removed. The conization is performed after prior marking of the abnormal tissue, which is clearly viewed under a colposcope. However, since the altered tissue can extend right up to the edges of the biopsy, further cutting may be needed in rare cases.

Recurrence (relapse) of altered tissue: Although abnormal cells are removed during the operation, in some women the human papilloma viruses that caused them can remain in the body and lead to further changes in the genital area at a later date. You should therefore continue to take part in screening examinations as this will mean that a second conization is rarely necessary.

Risk for later pregnancies: The risk of a premature birth is slightly increased after conization. This risk increases in line with the amount of tissue removed. Consequently, conization will be performed only if absolutely necessary, and only as much tissue as necessary will be removed.

After the operation:

Conization is usually performed as an outpatient procedure. Experience has shown that only slight pain occurs after the operation. You may shower after the operation, but should avoid taking baths, swimming, sexual intercourse or the use of tampons for around three weeks. Slight vaginal bleeding and/or discharge is normal during this time. You should contact your gynaecologist or hospital if you experience increasing pain, fever, sustained heavy vaginal bleeding or heavy discharge. Your cervix will be checked at follow-up visits in accordance with the recommendations of the SGGG (Swiss Society of Gynaecology and Obstetrics).

Informed consent discussion

Interpreter:

Proposed operation:

Operation outline: (surgical method, skin incision, what will be removed, reconstructed, etc., indicated side left, right)

Doctor's notes on the informed consent discussion (reason for dispensing with discussion, individual risk-increasing circumstances: age, heart disease, obesity, etc.).

Alternative treatment possibilities:

Date:

Time:

Duration of informed consent discussion:

Treatment mandate:

Dr _____ has conducted an informed consent discussion with me. I have understood the explanations and was able to ask all the questions that I wanted. I have been given a copy of the informed consent form.

I consent to the planned procedure and to the discussed changes and extensions that prove to be necessary during the operation.

Place, date:

Patient:

The text on the front page has been discussed with the patient and her questions have been answered. A copy of this informed consent form has been given to the patient.

Date, time:

Doctor:
