



OBSTETICS • GYNECOLOGY • INFERTILITY
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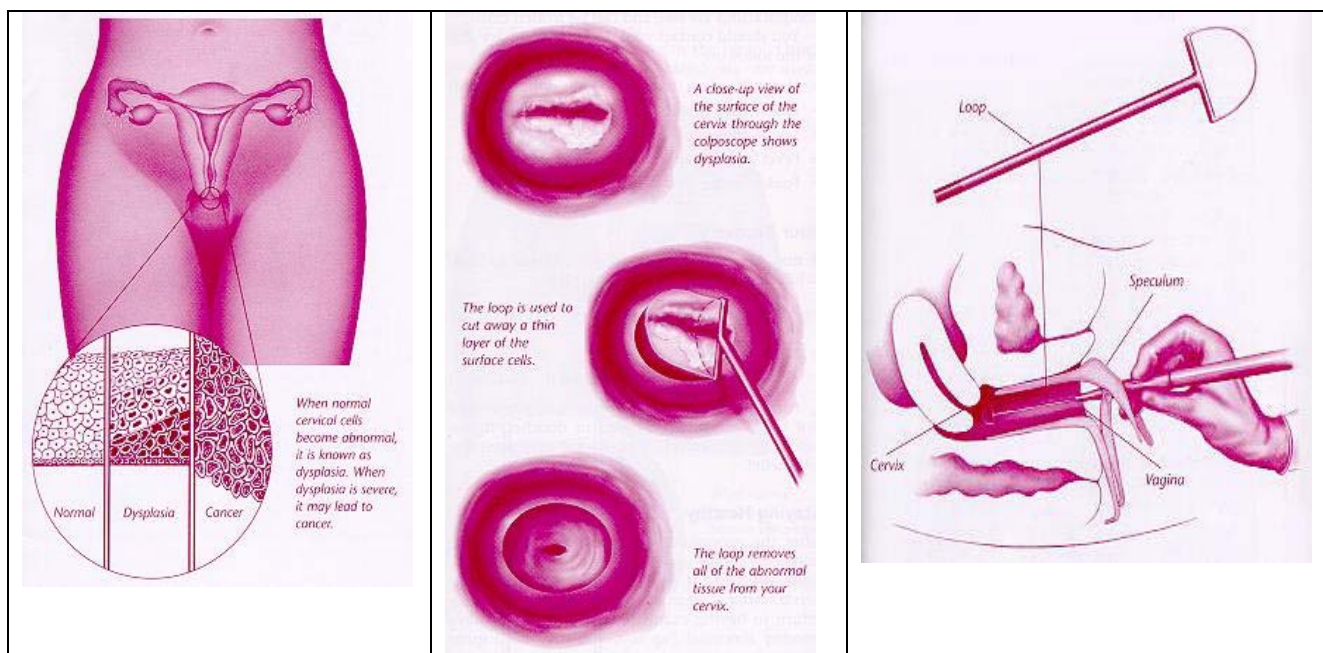
DIAGNOSTIC AND TREATMENT PROCEDURES FOR ABNORMAL PAP SMEARS

INCLUDING CERVICAL BIOPSY, ENDOCERVICAL CURETTAGE, LEEP (LOOP ELECTROSURGICAL EXCISION PROCEDURE) AND CRYOTHERAPY

The cervix is the portion of the uterus which extends into the vagina. It is the area where squamous cells (skin) meet columnar cells (mucous membrane). Cells are taken from this area for a Pap smear to test for cancerous or precancerous changes. This is the area most prone to these changes.

If abnormal cells are found on a Pap smear, further evaluation of your cervix is necessary. The first step is to look at your cervix with a microscope or colposcope. A small piece of tissue may be taken from either the outside of your cervix if an abnormal area is seen or from the internal lining of your cervix to determine whether there are abnormal cells here. These procedures are called a cervical biopsy or endocervical curettage. If either a biopsy or endocervical curettage reveals precancerous tissue, a procedure to treat the precancerous cells may be necessary.

The two procedures we perform in the office to treat precancerous cervical cells are cryotherapy (freezing) and excision of abnormal cells with a wire through which electrical current passes (Loop Electrical Excision Procedure or LEEP). Cryotherapy involves freezing the external surfaces of the cervix to kill precancerous cells. LEEP involves using the loop with electrical current to remove the abnormal cells. Alternatives to these methods are no treatment, laser surgery, or cone biopsy which are performed as outpatient surgeries in a surgery center or hospital.



Cervical Dysplasia

Appearance of the Cervix

LEEP Procedure

With any of these procedures there can be complications which include but are not limited to the following:

- Reaction to local anesthetics (serious reactions are rare).
- Bleeding either right after or several weeks after the procedure, that is heavy enough to require treatment. (Less than 1%).
- “Overhealing” of the cervix so that the opening narrows or closes off. This occurs occasionally, and may require a number of visits until the cervix completely heals. Although a nuisance, this rarely is serious if attended to. Women who are at high risk for this may need to be seen frequently after the procedure until the cervix is totally healed.
- Studies show that treatment is unlikely to cause problems in future pregnancy. The risk of treatment should be weighted against the risk of developing cancer if not treated. During treatment we treat the minimal area necessary to obtain a high probability of cure.
- There is a small chance the abnormality may persist or recur. For this reason it is essential that you have a follow up visit in our office in four months to check your cervix.
- One may experience infection, pain or damage to other tissues such as the vagina or rectum.
- With cryotherapy and LEEP procedure there is a small chance of scarring of the cervix which may lead to difficulty getting pregnant.
- Damage to the cervix may also result in difficulty holding a pregnancy due to cervical weakness (incompetent cervix).

A period of pelvic rest including no sex, tampons, or douching, and decreased aerobic exercise may be prescribed by your physician.

Please call night or day if you have a fever greater than 100.5° F in the week after surgery, vaginal bleeding enough to soak one Maxipad per hour, or increasing pain.

Most women experience transient cramping which is usually alleviated by nonsteroidal anti-inflammatory medications like Ibuprofen or Naprosyn. Vaginal discharge or drainage is also normal for up to two weeks.

By signing this, you acknowledge the treatment options and risk of this procedure have been discussed with you. You also agree to maintain the advised follow-up schedule. Please schedule a repeat pap smear in four months.

Signature

Date

Witness