



CONSENT FOR COLPOSCOPY AND BIOPSY

The cervix is the portion of the uterus that 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 precancerous (potentially may progress to cancer if untreated) or cancerous 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. Your doctor will first use a colposcope to provide a magnified view of your cervix. Small amounts of tissue may be removed from the outer cervix to better assess for any abnormality detected at the time of colposcopy. The inner cervix may also be curetted or scraped to determine whether abnormal cells are present in the canal that leads to the uterus. These procedures are called a cervical biopsy and endocervical curettage. A procedure to treat the precancerous cells may be necessary if either the biopsy or the endocervical curettage reveals precancerous tissue.

Colposcopy is usually performed for atypical or dysplastic cells from a Pap smear. Frequently HPV (human papilloma virus) is the reason that cells become abnormal. More information about HPV can be found at http://www.lowmg.com/medinfo/generalhealth/pap_smear_hpv.html. The purpose of colposcopy is to confirm the presence of abnormal cells and determine their severity.

Treatment may be recommended if the biopsy shows moderate or severe dysplasia, if the cells that are causing the abnormal Pap smear are not found on biopsy (a pap-biopsy mismatch), or the Pap smear continues to be abnormal. Treatment options include cryotherapy (usually for CIN 1 that does not involve the endocervical canal), a LEEP procedure (Loop Electrical Excision Procedure) or a cone biopsy. Cryotherapy involves freezing the external surfaces of the cervix to destroy precancerous cells. A LEEP procedure involves using a small wire or loop with electrical current to remove the abnormal cells. Both procedures can be performed at Los Olivos. A cone biopsy surgically removes the abnormal area and is performed at an outpatient surgical center.

Treatment is not always recommended for mild disease (CIN 1 or atypia). These changes can regress spontaneously, so careful monitoring with colposcopy and repeat Pap smears is a commonly used alternative. Your physician will help you decide the best schedule for follow-up Pap smears. The abnormality may persist or progress to more advanced disease, and treatment will be recommended at that time. It is very important that Pap smears be done more frequently until they return to normal for a recommended time period, usually two years.

Tylenol or a non-steroidal anti-inflammatory medication such as Ibuprofen can alleviate cramping that may occur with a cervical biopsy. Occasionally bleeding may occur after a biopsy.

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 three months or as directed by your physician.

Signature

Witness

Date