

WOMEN'S HEALTH PARTNERS, LLC

DIPLOMATES AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

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PROCEDURE EDUCATION LITERATURE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

CRYOSURGERY OF CERVIX

Definition

Cryosurgery = an operation using freezing temperatures to destroy body tissue Cervix = the lower part of the uterus or womb, extending into the vagina

Cryosurgery of the cervix is an in-office procedure performed with freezing temperatures produced by liquid nitrogen (nitrous oxide) or carbon dioxide to destroy abnormal tissue of the cervix. The procedure usually lasts less than 15 minutes and requires no anesthesia (pain medicine). The goal of cryosurgery is to treat abnormalities of the cervix initially discovered by Pap testing and confirmed by colposcopy and cervical biopsy.

Risk factors for abnormal findings on Pap smear and cervical biopsy are thought to include any one or a combination of:

- J Vaginal infection, with bacteria, yeast and/or other non-sexually transmitted or sexually transmitted organisms
- J Cervicitis, inflammation of the cervix caused by such factors as chemical exposure (such as soaps, douches, deodorized tampons and spermicides), exposure to a foreign body (such as a diaphragm, cervical cap or pessary) or vaginal infection
- J Viral infection, including a variety of Human Papilloma Virus (HPV) strains, and in particular high-risk (ability to cause abnormal cellular growth) HPV strains
- J Compromised immune states, such as pregnancy, chronic steroid use, immunosuppression following organ transplant, and HIV/AIDS
- J In utero exposure (exposure in mothers' womb) to the medication diethylstilbestrol (DES)

Cervical biopsy is also performed to allow your doctor to observe abnormalities such as cervical erosion (areas on the cervix "washed away"), cervical polyps (a growth protruding from the glandular portion of the cervical canal), abnormal blood vessel patterns, inflammation in the cervix, or patchy changes in the appearance of the cervix.

There are a variety of effective operations to destroy or remove abnormalities on the surface of the cervix. All are performed through the vagina. Your doctor will make recommendations regarding the choice of procedure based on specific characteristics of your cervical disease, such as location, size, and type of the abnormality, previous treatment, and the availability/accessibility of each operation. The pros and cons of each will be discussed with you in your consultation. Following your careful consideration of each available procedure, the treatment plan will be made.

Preparation

No special preparation is necessary prior to the procedure. Taking an over-the-counter pain reliever, such as ibuprofen or naproxen, 30 minutes to one hour before your appointment may decrease the amount of discomfort you experience from the procedure.

Procedure

You will be lying on your back with your knees bent and heels in stirrups as you would for a pelvic examination. A speculum (instrument to hold open the vagina) is placed to allow your doctor to see the cervix at the end of the vagina. Once the area to be treated is visualized, a metal tipped probe is placed against the abnormal tissue, through the speculum. The freezing agent (liquid nitrogen or carbon dioxide) then flows through the probe and the freezing temperature is passed through the metal to the surface of the cervix. The freezing is performed with either a "double-freeze" technique (freeze, thaw, freeze), or a single, slightly longer, freeze cycle. Once the freeze cycle(s) is(are) finished, the procedure is complete.

Post Procedure

Recovery from this procedure will take only a few minutes, and once you have dressed you will be permitted to leave the office. You are asked to refrain from vaginal intercourse, douching, and tampon use for several weeks following your procedure. You may return to other normal activities immediately. Most women will have a profuse (heavy), watery discharge for two to three weeks following cryosurgery. Spotting of blood normally develops approximately two weeks after your procedure. If, however, the bleeding is heavy or you begin to have signs of an infection (fever, chills, foul-smelling vaginal discharge), please contact your doctor's office immediately.

Severe pain is unlikely but possible. We may provide you with a prescription for pain medication, however over-the-counter medications, such as Ibuprofen or Naprosyn, are usually all that is needed to alleviate most of your discomfort. Take this medication as prescribed and as needed. If any side effects occur, contact our office immediately.

Expectations of Outcome

Between 75% and 90% of cervical abnormalities treated with cryotherapy are cured. The likelihood of cure is related to the size of the abnormality treated. The necessity of other treatments will be determined as the results of your cryotherapy are followed over time.

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of all possible outcomes, which may include, but are not limited to:

- J Persistence of Cervical Disease: Incomplete destruction of the abnormal tissue of the cervix can lead to the return of the abnormality. Between 75% and 90% of cervical abnormalities treated with cryotherapy will be cured.
- J Infection: The treatment sites can become infected. While it typically resolves with antibiotics and local wound care, occasionally it will require additional treatment.
- J Treatment failure: Although usually associated with a high success rate, the procedure can fail in the immediate post-treatment period, or months to years later. In this regard, the cervical abnormalities can return or new abnormalities develop.
- J Narrowing of the Cervical Opening: Scarring of the cervix and the opening to the uterus can lead to narrowing (or stenosis) of the cervix. This can sometimes result in increased discomfort with menstrual periods. Your ability to become pregnant or maintain a pregnancy is not changed by this procedure, unless it is performed repeatedly or is excessive. Excessive scarring may restrict the amount the cervix can dilate (open) during childbirth.
- J Injury to Vagina: The freezing probe could accidentally come into contact with the vagina that is near the cervix. The chance of this occurring is small, and the vagina usually heals without needing any additional procedures.

Patient Signature

Date

Account #

Patient Name (Print)

Physician

Date

Witness

Date

The information contained in this Medical Informed Consent Form ("Consent Form") is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.