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CONSENT FOR COLPOSCOPY, CRYOTHERAPY, EMB & LEEP

COLPOSCOPY WITH BIOPSY: During the microscopic examination with the colposcope, your physician may identify areas of abnormal tissue and biopsy them. A biopsy is a small pinch of tissue which is removed and sent to a pathologist for microscopic evaluation. Occasionally, the area to be sampled is not visualized well with the colposcope or the significant area of abnormality is missed. It is very important that you follow up with all of the recommended treatment and testing.

CRYOTHERAPY: Cryotherapy is one method of treatment for abnormal tissue in the vaginal area. The abnormal tissue are is visualized with the colposcope and may be frozen during your office visit or at a follow up visit.

EMB: EMB (Endometrial Biospy) is an office procedure that can diagnose most cases of tissue abnormality of uterine lining (endometrium).

LEEP: LEEP (Loop Electrosurgical Excision procedure) is an office procedure that can both diagnose and treat most cases of tissue abnormality of the cervix, vulva, and vaginal areas. A local anesthesia is injected into the cervix to numb the area. Then, an electrical current is applied with a small wand which removes the abnormal tissue. The removed tissue is sent to pathology to be reviewed by a pathologist. Usually, this procedure removes the entire area of abnormal tissues so repeat biopsies are not necessary and follow up pap smears in short intervals are the next step.

RISKS OF THE ABOVE-MENTIONED PROCEDURES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

PAIN: It is usually a mildly uncomfortable procedure producing menstruation-like cramps. It is very rarely described as very painful, although intensity varies from woman to woman. If you have severe menstrual cramps, then you are prone to have cramps. It may be helpful to take ibuprofen (Advil or Motrin) one hour before your appointment. This should help alleviate cramps during the procedures.

BLEEDING: Since these procedures involve removal of tissue, there may be some bleeding. Normally, this is controlled with the application of topical medicines during the procedure. Rarely, heavy bleeding may show up as a late complication within 5 to 10 days after the procedure. If heavy bleeding occurs, we may ask you to return to the office for further treatment.

INFECTION: The cervix and vaginal areas are normally fairly resistant to infection following the biopsy, however occasionally infection does occur and may present as unusual pain, discharge, heavy or excessive bleeding, fever, or bad odor. To decrease the risk of infection, you should NOT use tampons, douche, or have sexual intercourse for 1 week after colposcopy with biopsy and 4 weeks after LEEP or cryotherapy.

*****If you experience any of the problems listed after the procedure, please call our office and speak with your doctor's nurse.*****

RISKS WITH LEEP INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

CERVICAL INCOMPETENCE: This is a risk associated with the LEEP procedure. By removing part of the cervix, it could potentially weaken and result in early dilation of your cervix during the early second trimester of a pregnancy. Generally, a single LEEP will not compromise a patient's ability to conceive or cause cervical incompetence.

RESIDUAL DISEASE: The goal of LEEP is to remove all abnormal tissue but there is a 20% to 30% chance of leaving behind abnormal cells. Nonetheless, cure rates have been documented at 90% to 95%. For this reason some women may need to have another procedure after a LEEP is performed. It is also very important to follow-up at your appointments with your physician.

CERVICAL STENOSIS: The cervix can potentially narrow months after the procedure is performed. This is generally fixed by dilating the cervix, if this were to occur, Again this is not a common complication after a LEEP.

VAGINAL LACERATION: There is a small risk of cutting the vagina while performing the LEEP procedure. If this were to occur, it can be fixed by sewing the area closed with absorbable suture.

PRECAUTIONS:

- Please tell your physician if there is a possibility you may be pregnant at the time your procedure is scheduled. A urine pregnancy test will be performed prior to your procedure.
- The percentage of reoccurrence for abnormal cell growth is highest in the first two years after treatment. It is often 5 years before a "cure" is declared. You should realize that the evaluation and treatment of abnormalities of tissue within the vagina, such as an abnormal pap smear, often require multiple visits for frequent repeat paps and treatment. A treatment schedule, individualized to your case, will be recommended when the pathology results are reviewed by your physician.
- It is very important that you notify us if you change your telephone number or change addresses, so that we may be better able to contact you for results notification and scheduling. Failure to comply with recommended treatment could place you at risk for progressive disease and the possibility of developing cancer.
- Please feel free to discuss any remaining questions or concerns you may have regarding your procedure(s) with your physician before your procedure. Pathology for biopsies will be billed separately by the lab.

Please read and sign below:

I have read and understand the information provided by this consent form. I understand the risks and benefits of these procedures and consent to the plan determined most appropriate by my physician, Chang Lee, M.D.

I am having the following procedure(s) performed:

____ Colposcopy ____ Cryotherapy ____ EMB ____ LEEP

Patient Name: _____ Date _____

Patient Signature: _____ DOB: _____