

Cold Knife Cone Biopsy

What is a Cold Knife Cone Biopsy?

It is a procedure to remove abnormal cells from the cervix by using a scalpel. A cone shaped piece of tissue is removed.

When is this procedure used?

It is often used to further diagnose and treat:

- Certain Pap smear problems
- Pre-cancer detected in the cervix.

How do I prepare for the procedure?

- Tell your doctor if you think you might be pregnant.
- Before the procedure, you will have a pre-op appointment with your doctor at their office or with a physician assistant at a Pre-op Clinic.
- To make sure you are healthy for procedure, we may ask you to see your primary doctor, a specialist, and/or an anesthesiologist before the procedure. An anesthesiologist is a doctor who puts patients to sleep and controls their pain during surgery.
- If you need lab work for your procedure, it must be done at least 3 days before the procedure. It is usually done when you have your pre-op appointment at a Pre-op Clinic.
- Some medications need to be stopped before the procedure. You will find out which medications to stop at your pre-op appointment. **If your pre-op appointment is less than a week before your procedure, please call your doctor** and ask for instructions
- Smoking can affect your procedure and recovery. Smokers may have difficulty breathing during the procedure and tend to heal more slowly after procedure. If you are a smoker, it is best to quit before procedure.

- You will need to shower at home before procedure. Instructions will be provided at your pre-op appointment.
- Do not wear makeup, lotion, powder, deodorant, or antiperspirant on the day of procedure.
- Remove all body piercings and jewelry.
- If you have a “Living Will” or an “Advance Directive”, bring a copy with you to the hospital on the day of procedure.
- You need to plan ahead for someone to come with you to the procedure, stay until you are ready to go home and then take you home. You will not be released to take public transportation, a taxicab, or even walk home without another responsible adult present to accompany you.

What if I am having my period on the day of the procedure?

- If the bleeding is light or spotting, come to your procedure.
- If the bleeding is heavier than this, reschedule your appointment if possible.

What can I expect during the procedure?

- In the operating room, you will receive sedation. You may receive anesthesia.
- Compression stockings will be placed on your legs to prevent blood clots in your legs during procedure. If you are at a high risk for blood clots, you may also receive a blood thinning medication (Heparin).
- After you are asleep and before the procedure starts:
 - You will receive anesthesia as described to you ahead of time by an anesthesiologist.
 - A tube (catheter) may be placed in your bladder to drain urine.

What are possible risks from this procedure?

We work very hard to make sure your procedure is as safe as possible, but problems can occur, even when things go as planned. It is important that you are aware of these possible problems, how often they happen, and what will be done to correct them.

Possible risks during procedure include:

- **Bleeding:** If there is severe bleeding, it will be managed as necessary. The risk of severe bleeding is 3 to 5 per 100.
- **Damage to the bladder, ureters** (the tubes that pass urine from the kidneys to the bladder), **or bowel:** Damage occurs in less than 1% of these procedures. If damage occurs, it will be repaired while you are in surgery if possible.
- **Death:** All surgeries have a risk of death. The chance of dying from this kind of procedure is less than 1 in 1,000.

Possible risks that can occur days to weeks after the procedure:

- **Blood clot in the legs or lungs:** A blood clot in a vein blocks blood flow and can cause leg swelling and pain, shortness of breath, chest pain and death. The risk of getting a blood clot is less than 2 in 1,000.
- **Heavy bleeding:** Heavy bleeding following this procedure occurs in about 1 per 100 people.
- **Infection:** Infections are treated with antibiotics. The risk of infection is about 2 to 3 per 100.
- **Cervical stenosis:** Narrowing of the cervical canal (the opening between the vagina and the uterus). This can prevent blood from coming out when you are menstruating (having your period). It can also make it more difficult to get pregnant. The risk of cervical stenosis is less than 5 in 100.
- **Cervical insufficiency:** During pregnancy, the cervix opens too early. Please discuss the risk of this problem with your doctor.
- **Recurrence of abnormal cells:** Cervical pre-cancer treated with a cone biopsy can come back. You will have follow-up after this treatment to detect this problem.

What happens after the procedure?

- Right after the procedure you will be taken to the recovery room where we will monitor you until you are ready to go home.

When will I go home after the procedure?

Most women are able to go home within a few hours after the procedure is done. You must arrange for someone to come with you, stay while you are having the procedure and drive you home afterwards.

If you do not know someone who can do this, please call the Guest Assistance Program at: (734)764-6893 or (800)888-9825.

You will not be able to have your procedure if there is no-one with you.

After I get home, when do I need to call my doctor?

Call your doctor right away if you have any of the following signs and symptoms:

- A fever over 100.4°F (38°C)
- Heavy bleeding (soak a regular pad in an hour or less)
- Severe pain in your abdomen or pelvis that the pain medication is not helping
- Heavy vaginal discharge (spotting and light discharge are normal)
- Nausea and vomiting
- Chest pain or difficulty breathing
- Swelling, redness, or pain in your legs

How will I care for myself at home after the procedure?

- **Bleeding:** Spotting blood or dark brown discharge is normal and may last for up to one month.
- **Diet:** You can eat your regular diet after you go home.
- **Medications:**
 - **Pain:** You will get a prescription for pain medication to use after you get home. Do not take it more frequently than instructed.
 - **Nausea:** Tell your doctor if you have a history of severe nausea with general anesthesia. You may need a prescription for anti-nausea medication.

Activities:

Your doctor will give you instructions about the **activities** you will be **allowed** to do after the procedure.

- **Energy level:** It is normal to have a decreased energy level after the procedure. Walking around the house and taking short walks outside will help you get back to normal. You will feel better in about a day.
- **Showers:** Showers and baths are allowed as soon as you want after your procedure.
- **Climbing:** You will be able to walk up stairs when you get home after the procedure.
- **Exercise:** Exercise is important for a healthy lifestyle. You may begin normal physical activity within hours after the procedure. Ask your doctor when you can start specific activities like swimming.
- **Sex:** Do not have vaginal intercourse or place anything in the vagina for 4 to 6 weeks after the procedure. Ask your doctor for specific instructions.
- **Work:** Most patients can return to work the day after the procedure.

Follow-up with your doctor:

It is important that you understand how you will get results and plan follow-up. Please discuss this with your doctor before you go home after the procedure.

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Author: Diana Stetson, PA-C

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