

CERVICAL BIOPSY



BASIC INFORMATION

DEFINITION

Removal of tissue from the cervix (the lower third of the uterus).

REASONS FOR PROCEDURE

- Usually follows a visual examination or a Pap smear that revealed a possible abnormality (e.g., dysplasia).
- Investigation of diseases of the cervix. Laboratory examination of the removed tissue aids in diagnosis.
- May be done for exploratory purposes for conditions such as infertility.
- Sometimes done as a follow-up in women who have previously been treated for early cervical cancer or dysplasia (atypical cells) of the cervix.

RISK INCREASES WITH

- Previous bleeding disorders.
- Use of drugs such as anticoagulants or aspirin.

DESCRIPTION OF PROCEDURE

- Cervical biopsies are usually performed under local anesthesia in the doctor's office.
- A speculum is inserted into the vagina to hold it open and to bring the cervix into view.
- Your physician may perform a colposcopic biopsy, in which a slender, optical instrument with a lighted tip, called a colposcope, is used to pinpoint the areas of the cervix to be biopsied.
- Another instrument is used to gather the tissue. The instrument used will vary, depending on the type of biopsy being performed. In a punch biopsy, the doctor will use an instrument resembling a paper punch to punch out a small sample of cervical tissue; several punches may be necessary. Another common form of biopsy uses a curette, which is a thin, metal instrument with a spoon-shaped tip, to scrape tissue from the cervix; this is called an endocervical curettage. Still another technique that may be used is called LEEP (loop excision electrosurgical procedure); in this procedure, a thin, hand-held wire loop, activated by an electrosurgical generator, is used to make a very precise and uniform cut across the cervix. LEEP can also be used as a treatment for cervical cancer.
- The instruments are removed and the tissue is then sent to the laboratory for microscopic analysis.
- Usually, the procedure is concluded by applying silver nitrate, or a similar agent, to the biopsy site to prevent bleeding by chemically cauterizing the wound.

EXPECTED OUTCOME

- Tissue obtained successfully without complications in virtually all cases.
- You may experience mild cramping or pain during the biopsy.
- There may be some spotting of blood for several days, followed by a vaginal discharge, as the biopsy sites heal.

POSSIBLE COMPLICATIONS

Excessive bleeding or surgical-wound infection.



POSTPROCEDURE CARE

GENERAL MEASURES

- Wear cotton panties or pantyhose with a cotton crotch. Avoid panties made from nylon, polyester, silk or other non-ventilating materials.
- Use a sanitary pad to protect your clothing. Avoid tampons—they may lead to infection.
- Bathe or shower as usual.
- Don't douche unless it is prescribed for you.

MEDICATION

- You may use nonprescription drugs, such as acetaminophen, for minor pain or cramps. If the cramps are severe, the doctor may prescribe additional medication to relieve the pain.

ACTIVITY

- Resume driving 24 hours after recovering from surgery.
- Resume sexual relations 1 to 2 weeks after surgery, unless otherwise specified by your doctor.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You develop signs of infection, including headache, muscle aches, dizziness or a general ill feeling and fever.
- Vaginal discharge increases or begins to have an unpleasant odor.
- You experience discomfort that simple pain medication does not relieve quickly.
- Unusual vaginal swelling or bleeding develops.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.