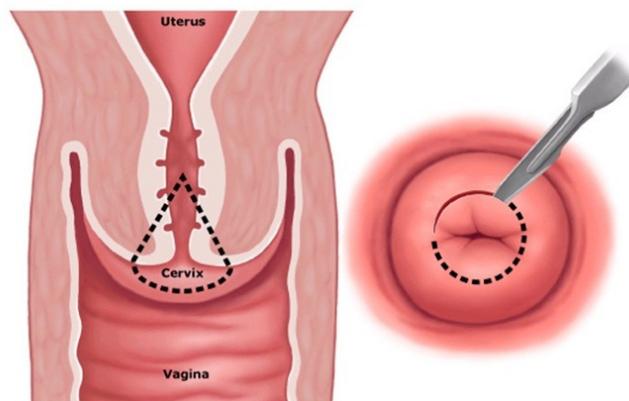


Aurora Holistic Care Pty Ltd

Cone Biopsy for Abnormal Cervical Cell Changes

A cone biopsy is an extensive form of a cervical biopsy. It is called a cone biopsy because a cone-shaped wedge of tissue is removed from the cervix and examined under a microscope. A cone biopsy removes abnormal tissue that is high in the cervical canal. A small amount of normal tissue around the cone-shaped wedge of abnormal tissue is also removed so that a margin free of abnormal cells is left in the cervix.



A cone biopsy can:

- Remove a thin or a thick cone of tissue from the cervix, depending on how much tissue needs to be examined.
- Be used to diagnose and sometimes to treat abnormal cervical tissue. The abnormal tissue is removed and sent to a lab to be examined.

A sample of tissue can be removed for a cone biopsy using:

- A surgical knife (scalpel).
- A carbon dioxide (CO₂) laser.
- Long Loop Excision of Transformation Zone (LLETZ)..

How it is done

A cone biopsy is usually done as a day procedure under General anaesthetic.

What To Expect After Surgery

Right after surgery, the patient is taken to recovery for 1-4 hours. Unless, you have a complication, you will be able to go home the same day. Most women are able to return to their normal activity level in 1 week.

After a cone biopsy

- Some vaginal bleeding is normal for up to 1 week.
- Some vaginal spotting or discharge (bloody or dark brown) may occur for about 3 weeks.
- Pads should be used instead of tampons for about 2 weeks.
- Sexual intercourse should be avoided for about 2 weeks.
- Douching should not be done.

When to call your doctor

Call your doctor for any of these symptoms:

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- A fever
- Moderate to heavy bleeding (more than you would usually have during a menstrual period)
- Increasing pelvic pain
- Bad-smelling or yellowish vaginal discharge, which may point to an infection

Why It Is Done

A cone biopsy may be done after a Pap test shows moderate to severe cell changes and:

- The abnormal tissue cannot be seen with colposcopy but was found in cells collected from a biopsy of the cervical canal, or the abnormal tissue seen with colposcopy extends high into the cervical canal. A cone biopsy is done to remove and examine the abnormal tissue.
- The abnormal cells found on a Pap test cannot be seen with colposcopy or found in cells collected from a cervical biopsy. The cone biopsy may be used to diagnose the cause of the abnormal cell changes and remove the abnormal tissue at the same time.
- Cervical cancer is suspected based on Pap test results, colposcopy, and cervical biopsy. A cone biopsy can determine the extent, depth, and severity of the cancerous tissue and can guide treatment decisions.

How Well It Works

The cone biopsy may remove all of the abnormal tissue. This would mean that no further treatment is needed other than follow-up Pap tests.

The edges of the cervical tissue removed by a cone biopsy may contain abnormal cells, meaning that abnormal tissue may be left in the cervix. The cone biopsy may be repeated to remove the remaining abnormal cells. If follow-up tests show normal cells, then no further treatment may be needed. If abnormal cells remain, you and your doctor may discuss other treatments, such as removal of the uterus (hysterectomy).

The cone biopsy may show cancer that has grown deep into the cervical tissue (cervical cancer). Further treatment, such as surgery, radiation, or chemotherapy, will be recommended.

Risks

A cone biopsy is a surgical treatment with some risks.

- A few women may have serious bleeding that requires further treatment.
- Narrowing of the cervix (cervical stenosis) is rare.
- Inability of the cervix to remain closed during pregnancy (incompetent cervix) may occur. Women who have had a cone biopsy may have an increased risk of miscarriage or preterm delivery.

What To Think About

If you have a cone biopsy, you need regular follow-up Pap tests and colposcopic examinations. A Pap test should be repeated every 4 to 6 months or as recommended by your doctor. After several Pap test results are normal, you and your doctor can decide how often to schedule future Pap tests.

The healing and scarring process after a cone biopsy may make it hard to identify abnormal tissue in the future.