



COLPOSCOPY WITH BIOPSY OF CERVIX AND/OR VAGINA

Patient Name _____

The risk and complications of colposcopy with biopsy include, but are not limited to: infection, allergic reactions, drug reactions, bleeding and pain.

Performance of this procedure, if biopsies are done, on a woman who is pregnant could potentially result in a miscarriage.

The following information will help you in the healing period from the biopsy site(s):

- A brownish/black vaginal discharge for up to one week is normal and is expected. It is a result of the medication that is applied to the biopsy site(s) to stop any bleeding.
- Spotting, similar to the spotting that occurs during the last two days of the menstrual period, for four to seven days, is normal until the biopsy site(s) have healed. If spotting seems excessive, call the office.
- Do not have intercourse or douche as long as the spotting occurs, usually for three to four days. If you take birth control pills, continue your regular daily schedule without interruption. When the biopsy site(s) have healed, intercourse may be resumed using your preferred method of birth control.
- Do not use tampons for four days following the biopsy. Sanitary pads or napkins are recommended for any spotting or if menstruation begins during this time.

The nature of the procedure and the reason for performing it has been explained to me. I am aware that other unexpected risks or complications not discussed may occur and that no guarantees or promises were made concerning the results of any procedure or treatment. I am also aware that during the course of the proposed procedure, unforeseen conditions may be revealed requiring the performance of additional procedures.

Continued./

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Continued./

I have read the above risk and complications of colposcopy with biopsy(s). I have had the opportunity to ask any questions of my doctor and have received acceptable answers to my questions.

I consent to the procedure.

Patient Signature: _____ Date: _____

I have explained the procedure and answered all questions.

Doctors Signature: _____ Date: _____