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INFORMED CONSENT FOR THE PROCEDURE OF CONIZATION UNDER GENERAL ANAESTHESIA

Dear Madam,

On the basis of clinical, microscopic and laboratory examination, you have been diagnosed with cervical pathology and surgery treatment has been recommended. We would like to provide you with the information about the planned surgery so that you can consent to this procedure.

WHAT IS CONIZATION – LLETZ (Large loop excision of transformation zone)

is an operation in which a special surgical loop, which simultaneously cuts and stops bleeding, are used to remove pathologically altered tissue. The size and shape of the cone depends on the size and localisation of the lesion. This operation is indicated by an expert colposcopist on the basis of a clinical, microscopic and laboratory examination in most cases as a definitive treatment method that cures the disease by removing the affected tissue. In certain situations, this operation may be used when there is diagnostic ambiguity.

PREOPERATIVE AND OPERATIVE PROCEDURE

Eight days before the surgery, you will have to insert a pill into your vagina at night before going to bed to prepare the surgical field and reduce the likelihood of inflammatory complications. You must not eat or drink anything for five hours before the operation, and you will come to the operation with an escort. It is a good idea to bring your own nightdress. The anaesthesiologist will provide a vein into which a sedative and pain reliever will be injected before the operation to remove the pain of the operation and the processing of painful stimuli in the brain. During this anaesthesia, the surgeon performs the surgery, which takes about 5 minutes if there are no complications. After the pathological tissue is removed, a wound area is created that bleeds. This bleeding is stopped by electrical discharges, called electrocoagulation. If the wound area is larger and the bleeding is flatter, a special sponge is inserted to adhere to the wound area, or a longette is inserted into the vagina, which is a dressing gauze that puts pressure on the bleeding. The sponge is absorbable and does not need to be pulled out, the longette is pulled out within 12–24 hours.

POSTOPERATIVE PROCEDURE

After surgery, you will be monitored on a post-operative recovery bed and after a check-up by your doctor, you will be allowed to leave. Healing takes 3–6 weeks and is accompanied by varying intensity of bloody discharge with occasional bleeding. Immediately after surgery, you may experience lower abdominal pain which is well controlled with common painkillers such as brufen, algifen, etc. There should be no pain or other discomfort from the second day onwards. During the healing period, at least until the follow-up by the surgeon in 2–3 weeks, you must observe certain restrictions. You must not bathe in the bath, in the swimming pool, you must not have sexual intercourse and do activities that increase blood circulation to the pelvis, no sports, running, jumping, cycling, lifting heavy loads. Unless you have a physically demanding job, sick leave is not necessary, otherwise it is advisable to discuss with your registering gynaecologist or GP.

WHAT ARE THE POSSIBLE COMPLICATIONS AND RISKS

Every medical procedure carries possible risks, which in this case are in the order of 1–2 percent. Anaesthetic complications may include drowsiness, impaired coordination of movement lasting 24 hours after the procedure. An allergic reaction may occur after the application of any drug or disinfectant. Surgical complications may include major bleeding, which may require hospitalization, possibly extension of the surgery with the administration of blood transfusions. If the cervix is extensively involved, requiring a larger extent of conization, the operation may involve communication with the abdominal cavity, requiring hospitalization and laparoscopic inspection of the abdominal cavity to exclude injury to the surrounding organs, bladder and bowel. Complications during the healing process may include the need to re-treat the cervix with coagulation for major bleeding or the need to use antibiotics for inflammatory complications.

WHAT ARE THE PERFORMANCE ALTERNATIVES

As an alternative to surgical treatment, in certain situations, strict dispensation at a specialised clinic with follow-up intervals of 3–6 months may be an option. An alternative to conization may be laparoscopic removal of the entire uterus in certain situations of higher grade pre-cancerous disease, especially when the uterus is otherwise affected.

I declare that I have been explained the reason, the expected benefit, the method of performance and the possible risks and complications of the planned procedure. I have had the opportunity to ask questions about everything that concerns me in relation to the planned procedure and have received an explanation that I fully understand.

I consent to the performance of the aforementioned procedure.

I agree with the surgery

NAME

PERSONAL IDENTIFICATION NUMBER

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SIGNATURE

EXPLANATORY INTERVIEW CONDUCTED BY

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