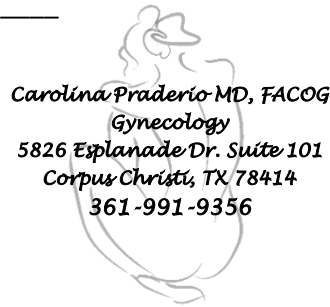


Patient Name: _____

Chart # _____



What is a Colposcopy?

A colposcopy is sometimes carried out after a routine pap smear. Some of the cells in your cervical screening sample came back abnormal (but not necessarily cancerous.) You are infected with human papillomavirus (HPV), which is the main cause of the abnormal cell changes and might lead to precancerous changes in the future if not carefully monitored.

This procedure is a way that Dr. Praderio can examine the vagina and cervix under a microscope called a colposcope. A colposcope is an instrument that shines a light on the cervix and magnifies the view. At the beginning of the exam, you lie back and place your feet in the stirrups as you would for a Pap smear. The doctor inserts a speculum into your vagina and keeps it open so she can see your cervix. She then applies a vinegar solution to the cervix and vagina with a cotton swab. The vinegar makes abnormal tissue turn white so the doctor can identify areas that may need further evaluation. If Dr. Praderio sees areas of abnormal tissue during the colposcopy, she may perform one or multiple biopsies. This involves removing small samples of tissue from any abnormal areas in or around the cervix. They are generally not painful and may feel like menstrual cramping. If there is a small amount of bleeding from the biopsy performed, a mustard colored solution called Monsel's is applied to the cervix to ensure it is controlled.

Risks/Possible Complications:

Risks and possible undesirable consequences associated with this procedure including, but not limited to, cramping, infection, bleeding, and possible delayed and prolonged healing. In permitting my doctor to perform the procedure(s), I understand that unforeseen conditions may occur that may necessitate change or extension of the original procedure(s) or a different procedure(s) than those already explained to me. I therefore authorize and request that Dr. Praderio and her nursing staff perform such procedure(s) as necessary as evaluated by her professional judgment.

I voluntarily consent to allow Dr. Praderio to perform the colposcopy described above. By signing below, I certify that I have read this form, that I fully understand its contents, and that I have been given an opportunity to ask the doctor all my questions concerning anticipated benefits versus risks. All of my questions have been answered to my satisfaction.

Signature: _____

Date: _____