COLD KNIFE CONIZATION
Addendum to authorization for surgical treatment

Complications and consequences have been discussed. I understand these risks include, but are not limited to, the following:

- Pain (immediately afterwards or delayed)
- Bleeding, possibly requiring blood transfusion and its subsequent risk of infection
- Damage to pelvic organs such as bladder, vagina, uterus, possibly requiring further surgery or therapy
- Cervical stenosis causing menstrual problems or infertility
- Cervical incompetence causing early loss of pregnancy
- Persistence or recurrence of abnormal tissue in the cervix, possibly requiring repeat or further surgery
- Risks of anesthesia

I acknowledge that I have read and fully understand the above complications and risks, and that all of my questions have been answered to my satisfaction.

_________________________________________________________  ______________________
Signature                                                                 Date

_________________________________________________________  ______________________
Witness                                                                 Date