



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

Bel Air
520 Upper Chesapeake Drive, Suite 301 • Bel Air, MD 21014 • Phone: 443.643.4300 • Fax: 443.643.4303

Havre de Grace
308 North Union Ave • Havre de Grace, MD 21078 • Phone: 410.939.3121 • Fax: 410.939.9411