

Cryocautery Consent

Cryocautery is a technique for the destruction of unwanted cells in the cervix. It is similar to the Pap smear in that a vaginal speculum is inserted into the vagina. The outer layers of the cervix are destroyed by freezing using a liquid such as nitrous oxide. The outer layers of the cervix slough off. This is a mildly painful procedure and you may experience discomfort or a cramping sensation at the time.

Risks involved with this procedure may include bleeding and infection which are unusual.

I, _____ have received information about this procedure, including the risks and potential complications that include bleeding and infection. I understand the explanation and accept the possible risks. My signature indicates my consent to the cryocautery.

Patient's Signature

Date