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PROCEDURE EDUCATION LITERATURE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

BIOPSY OF A VAGINAL OR LABIAL LESION

Definition

Excision = to cut and remove

Biopsy = to take part of a tissue and have it analyzed

Vaginal = pertaining to the vagina (birth canal)

Labial = pertaining to the vaginal lips (outer and inner)

Lesion = abnormal appearing or feeling tissue

Cyst a collection of debris enclosed in a tissue capsule (can be infected)

Abscess = an infected site walled off by tissue

Lumps on the vagina or labia may be benign (not cancerous), malignant (cancerous), or infectious. Although we can often differentiate them by their location, appearance, and rate of growth, we may sometimes recommend excision and further microscopic examination by a trained pathologist. Alternatively, they may be excised for cosmetic reasons or because they are causing discomfort.

Lesions of the vulva and vagina include Bartholin's gland cysts, inclusion (sebaceous) cysts, fibromas, and lipomas. Dermatologic disorders of the vulva most commonly include contact dermatitis, candidiasis, and lichen planus. Occasionally, abscesses will form on the vulva and require drainage for treatment. The most common large cyst of the vulva is the dilated Bartholin's gland. This condition is discussed in separate procedure education literature.

Vaginal lesions include inclusion cysts and other thin walled cysts. Urethral diverticuli, also classified as vaginal lesions, are discussed in separate procedure education literature.

If you have suspicious or persistent cysts or skin changes, your doctor might recommend a biopsy of the vagina or vulva to confirm the correct diagnosis and treatment plan.

Preparation

A small cyst or biopsy can be treated in the office. If it is large or complex, we may send you to the hospital and perform the procedure in an operating room. If we are sending you to the hospital, do not eat or drink anything because you may need anesthesia.

If your surgery is being done in the office, we suggest that you eat lightly no closer than one hour prior to your procedure.

If you are scheduled for an elective procedure in the hospital and with anesthesia, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but should not swallow the water.

If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure may not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood ("blood thinners, aspirin, anti-inflammatory medicines, etc..."). The most common of these medications are aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over-the-counter). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative/pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

These procedures are usually short, but vary in time based on the size, location, or complexity of the lesion. The type of incision varies according to the particular procedure.

In cases of abscess, the infection is usually incised and the infection drained. The area is thoroughly irrigated, and when present, any necrotic (dead or dying) tissue is then removed. The area may then be packed with sterile gauze. Closing an abscess cavity almost ensures its recurrence, and so the incision is left open to drain.

Cysts are often removed entirely in order to prevent its recurrence. Occasionally it is necessary to create a pouch from the cyst rather than remove it entirely. Simple drainage of a cyst may not be effective because the capsule may refill. The specimen will be sent to the pathologist for analysis. We

then close the incision and may apply an antibiotic ointment.

A "punch" biopsy is often performed for dermatologic lesions, removing a small circular piece of tissue. The specimen will be sent to the pathologist for microscopic analysis.

Post Procedure

You will be in the recovery room for a short time before being sent home. If done in the office, we will observe you for a while. You must have someone to take you home if you received sedation or anesthesia. If your procedure was done only with local anesthetic injection, we may just observe you for a short while before you are allowed to drive. You may have discomfort over the incision. If your procedure was on the labia, there may be no dressing directly adherent to the incision and so the stitches (if placed) may be visible. Occasionally there is some blood staining on the stitches, and this is normal. If you see active blood oozing, please contact us. You will remove the dressing the following morning and take a shower. Some surgeons may ask you to avoid baths and others may ask you to take warm baths a couple of times per day depending on the circumstances. **If you had an abscess drained, we often will ask you to start taking warm, soapy baths twice a day beginning immediately.* We ask that you refrain from very strenuous activity until your follow up. Every patient has some degree of swelling and bruising, and it is not possible to predict in whom this might be minimal or significant. If a lesion was excised, we may ask you to apply ice compresses as directed to help reduce swelling in the first several hours. We encourage you to take the following day off of work and perhaps more if your occupation requires strenuous activity or heavy lifting. Some patients have almost no discomfort while others are somewhat uncomfortable for a few days, longer is rare.

We may provide you with a prescription for pain medication but you certainly may take an over-the-counter medication to which you are not allergic. In cases of abscess and in few of the other lesions, we may also give you a prescription for an antibiotic. The sutures we use are usually self-dissolving, and therefore will just fall out on their own within one to two weeks after surgery.

**Following excision of a vulvar or vaginal lesion, you may not engage in a by sexual activity until otherwise instructed*

Expectations of Outcome

If the lesion removed was anything but a cyst or abscess, it will take up to a week to get a report back from the pathologist. In many cases, no other treatments are necessary. Lesions on the labia and vagina usually heal very quickly and without noticeable scars. Abscess cavities, with proper wound care, slowly close on their own over the next few days to weeks.

Possible Complications of the Procedure

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. Aside from anesthesia complications, it is important that every patient be made aware of all possible outcomes, which may include, but are not limited to

- Recurrence or Persistence: Rarely, a cyst or abscess can return. This is unusual with a formal excision or proper drainage, but more common after a simple needle drainage procedure.
- Hematoma: This is when a small blood vessel continues to ooze or bleed under the suture line after the procedure is over. The result is greater swelling and bruising. Drainage is rarely necessary and it almost always resolves over time... much like any bad bruising or swelling. If the hematoma is unusually large (cumbersome or painful) or does not show resolution in a reasonable amount of time, a procedure to evacuate the clots may be required.
- Infection: Infection is possible in any procedure. Usually, local wound care and antibiotics are sufficient. Occasionally, an infection would require partially opening the wound to allow proper drainage.
- Scarring: All surgeries leave some degree of a scar. Scars resulting from infection leave more noticeable scars.
- Chronic Pain: As with any procedure, a patient can develop chronic pain in an area that has undergone surgery. Typically, the pain disappears over time. If persistent, further evaluation may be necessary

Patient Signature

Date

Patient Name Patient ID #

Date

Physician Signature

Date

Witness

Date

The information contained in this Medical Informed Consent Form ("Consent Form") is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.