Cone biopsy: what to expect

A cone biopsy removes a cone-shaped piece of tissue from the cervix, including the lower part of the cervical canal. It is used when changes extend into the canal, or when a deeper sample is needed than LLETZ provides.

KEY POINTS

- It is a day procedure in hospital, under a general anaesthetic.
- It is used most often for glandular changes, such as adenocarcinoma in situ (AIS).
- The tissue is usually removed with a scalpel, which gives the laboratory the clearest view of the margins.
- Recovery takes a little longer than after LLETZ.
- Results usually take 1–2 weeks. I will explain them and plan your follow-up.

What is a cone biopsy?

A cone biopsy both diagnoses and treats. The piece removed includes the transformation zone and part of the canal above it. The laboratory examines it to confirm the changes and check that the edges (margins) are clear.

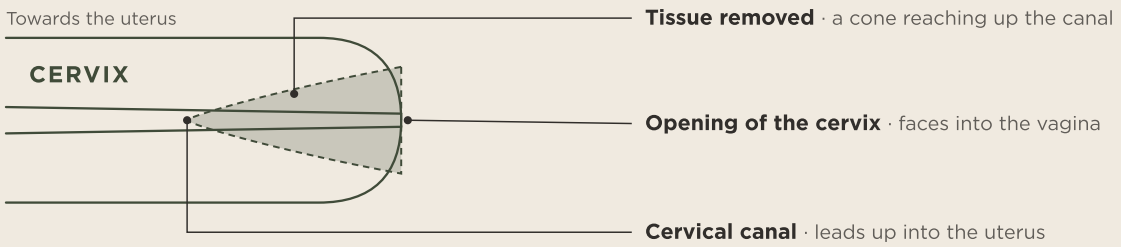


Figure 1. A cut-through view of the cervix. A cone biopsy removes a deeper piece than LLETZ, reaching further up the cervical canal. Simplified, not to scale.

Why a cone biopsy is recommended

- Your tests show glandular changes, or adenocarcinoma in situ (AIS).
- High-grade changes extend up into the canal, beyond what can be seen at colposcopy.
- A very early cancer needs to be ruled out or assessed.
- Changes have returned after previous treatment.

How it differs from LLETZ

Depth	A cone biopsy removes a deeper piece, reaching further up the canal.
Method	Usually a scalpel rather than a heated wire loop.
Recovery	Bleeding and discharge can last a little longer.
Future pregnancy	The chance of preterm birth is higher than after LLETZ.

Preparing for surgery

BEFORE YOUR PROCEDURE

- Follow the hospital's fasting instructions.
- Tell me if you take blood thinners, have a bleeding disorder, or are or might be pregnant.
- Arrange an adult to take you home and stay with you overnight.

WHAT TO BRING

- Medicare card and health fund details
- A list of your medicines and any allergies
- Pads (not tampons) for afterwards
- Comfortable, loose clothing

What happens on the day

1. **Admission.** The rooms will confirm the hospital, your admission time and fasting instructions.
2. **Before theatre.** I will see you to answer any questions and confirm your consent. The anaesthetist will also speak with you.
3. **The procedure.** While you are asleep, the cone of tissue is removed and bleeding is controlled. A soft dressing (pack) is sometimes placed in the vagina and removed before you go home.
4. **Recovery.** You go home after a few hours. Do not drive, drink alcohol or sign legal documents for 24 hours.

Risks

- **Bleeding.** Expected for a few weeks. A heavier bleed can occur around 10 to 14 days later as the area heals, and occasionally needs treatment.
- **Infection.** Uncommon. Signs include fever, an unpleasant-smelling discharge or increasing pain.
- **Incomplete removal.** If the margins are not clear, a further procedure may be recommended.
- **Narrowing of the cervix.** Uncommon. It can make periods painful or later tests harder.
- **Future pregnancy.** A higher chance of preterm birth or late miscarriage. Please let me know if you become pregnant, and tell any other maternity carer about your cone biopsy.
- **Anaesthetic.** The anaesthetist will discuss these risks with you.

Aftercare

EXPECTED

- Period-like cramping for a few days
- Bleeding or a blood-stained discharge for up to 3 weeks
- A watery or brown discharge for a few weeks
- A heavier or irregular next period

PLEASE CONTACT ME

- Heavy bleeding: soaking a pad in an hour, or large clots
- A temperature above 38°C, or feeling unwell
- Discharge with an unpleasant smell
- Pain not eased by simple pain relief

Pain relief	Paracetamol or ibuprofen, taken as directed on the packet, is usually enough.
Pads, sex and bathing	For 4 weeks, use pads, not tampons or cups; avoid sex, baths, swimming and spas. Showers are fine.
Activity	Avoid strenuous exercise and heavy lifting for 1 to 2 weeks.
Work	Most people need a few days off. I will advise you based on your work.

Common questions

Why not have LLETZ instead?
A cone biopsy reaches further up the canal. A scalpel avoids heat damage to the edges, so the laboratory can check them more accurately. For glandular changes, this matters.

Can I have it while pregnant?
Usually not. It is done in pregnancy only when cancer needs to be ruled out, and would be planned carefully with you.

Will I need to stay overnight?
Usually not. Most people go home the same day.

Will it affect my fertility?
It is unlikely to stop you becoming pregnant. It can affect a future pregnancy, so please tell me about any plans beforehand.

What follow-up will I need?
This depends on your result. After AIS, follow-up is a yearly co-test for 5 years, then every 3 years, for 25 years in total. After HSIL, you have Test of Cure testing.

Will it affect sex or my periods long-term?
Once healed, sex should feel the same. Periods are usually unchanged, but contact me if they become very painful or stop.

Questions to ask your doctor

- Why do you recommend a cone biopsy rather than LLETZ for me?
- How might this affect a future pregnancy for me?
- When will I get my results, and what follow-up will I need?

When to seek help

After a cone biopsy, contact me if you have heavy bleeding (soaking a pad in an hour, or large clots), a temperature above 38°C, discharge with an unpleasant smell, or pain not eased by simple pain relief. If bleeding is very heavy or you feel faint, call 000.

Rooms	03 8400 6193 — appointments and non-urgent questions, business hours
Urgent, after hours	Dr James Aridas, 0459 706 061 — urgent gynaecology concerns, and pregnancy concerns before 20 weeks
From 20 weeks pregnant	The birth suite at your booked hospital: Epworth Freemasons 03 9483 3833 · Cabrini Malvern 03 9508 6000 · Jessie McPherson 03 9594 2776
Emergency	Call 000 or go to your nearest emergency department

SOURCES AND FURTHER READING

1. Cancer Council Australia. National Cervical Screening Program Guidelines, updated April 2025. cancer.org.au/health-professionals/clinical-practice-guidelines/cervical-cancer-screening
2. Department of Health, Disability and Ageing. National Cervical Screening Program: a summary guide for healthcare providers, February 2025. health.gov.au/ncsp
3. Department of Health, Disability and Ageing. Understanding the National Cervical Screening Program management pathway, 2025. health.gov.au/ncsp
4. The Royal Women's Hospital, Melbourne. Cone biopsy (fact sheet), October 2019. thewomens.org.au
5. The Royal Women's Hospital, Melbourne. LEEP, LLETZ or cone biopsy procedure: going home after a general anaesthetic, June 2022. thewomens.org.au
6. RANZCOG. O&G Magazine. Adenocarcinoma in situ of the cervix, 2026. ogmagazine.org.au
7. RANZCOG. Cervical screening in Australia (patient information pamphlet), version 3, 2025. ranzcog.edu.au
8. Cancer Council information and support: 13 11 20

This information is general and does not replace individual medical advice. If your circumstances differ from what is described here, please discuss them with Dr Aridas.

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