Cone biopsy (conisation) — through the natural passages

01 What is it?

A cone biopsy (conisation) consists of surgically removing a portion of the cervix. The removed piece is cone-shaped: its base measures 1 to 2 cm and its height is on average 15 mm.

This sheet, given to you by Dr Gatri, is intended to complement the explanations provided during your consultation. Do not hesitate to ask her if you have any questions.

This sheet is based on the patient information sheet of the CNGOF "Conisation" (1999, revised 2017), adapted to the practice of the clinic.

02 Why this procedure?

It is most often offered when abnormalities of the cervix have been found. Left untreated, these lesions may progress, after several years, to cancer of the cervix.

The operation has two aims:

- To confirm the exact nature of the lesion and its extent, on the surface of the cervix and in the part of the cervical canal that has been removed.
- To treat: it restores the cervix to normal and makes progression to cancer of the cervix exceptional.

03 How does the procedure take place?

The operation is carried out through the natural passages, under general anaesthetic. It takes about 30 minutes.

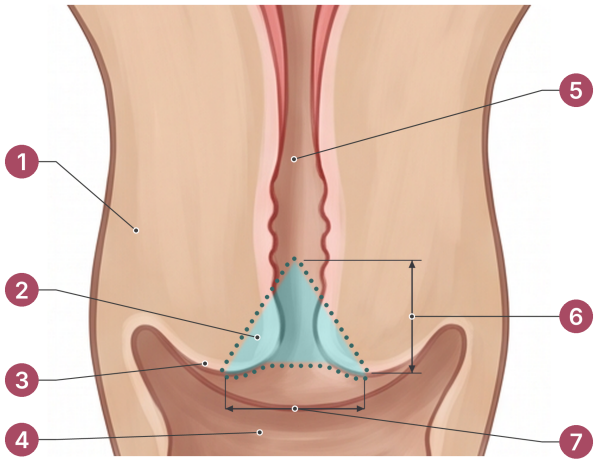


FIGURE 1 — Cone biopsy (conisation), through the natural passages: the cone-shaped portion of the cervix that is removed (diagram, front view).

1. Cervix
2. Cone-shaped portion of the cervix
3. Surface of the cervix
4. Vagina
5. Cervical canal
6. Height: on average 15 mm
7. Base: 1 to 2 cm

In blue-green, outlined with dots: the part removed during the operation.

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

The piece of cervix is removed using a scalpel, an electrical loop or a laser; the electrical loop is the most common technique.

The removed tissue is sent for analysis.

04 What the procedure does not guarantee

The analysis of the removed tissue is very thorough; your doctor will give you the result, which may be discussed at the follow-up consultation.

Heavy bleeding may, in rare cases, require a further operation; a narrowing of the cervix appearing later may, more rarely, also require one.

05 Risks and complications

Conisation is a common, quick procedure that carries few risks.

The main risk is bleeding. It may occur from the first hours and during the 15 days following the operation. It may require a dressing (vaginal pack) to be placed in the vagina; in rare cases, a further operation.

Conisation causes no pain after the operation, possibly some passing discomfort similar to painful periods.

It preserves the possibility of a future pregnancy, and effects on fertility are rare. The risk of premature birth is slightly increased in later pregnancies: tell the professionals who will care for your future pregnancies about this conisation.

Later on, a narrowing of the cervix (stenosis) may occur. It may prevent the normal flow of periods and interfere with monitoring of the cervix. It may require a simple dilation and, more rarely, a further operation. Rarely, it may make it difficult for the cervix to open during childbirth.

06 Alternatives

Not treating: left untreated, the lesions of the cervix for which a conisation is offered may progress, after several years, to cancer of the cervix.

Do not hesitate to discuss this with your doctor at the consultation.

07 Contraindications

Certain risks may be increased by your condition, your medical history or by treatment taken before the operation. It is essential to tell your doctor about your history (personal and family) and about all treatments and medicines you take, as well as any allergies.

Smoking increases the risk of complications of any surgery; stopping 6 to 8 weeks before the operation removes this additional risk. If you smoke, talk to your doctor, your surgeon and your anaesthetist, or call the Tabac Info Service helpline on 3989.

08 Before the procedure

An anaesthetic consultation is always carried out before the operation.

You must be fasting for 12 hours before the operation.

On the day of the operation, a drip is set up and the anaesthetic is then given.

09 After the procedure and your instructions

You will spend time in the recovery room before returning to your room.

A dressing (vaginal pack) is sometimes left in the vagina immediately after the operation; it is removed before you leave.

This is day surgery: you go home the same day.

For 4 to 6 weeks after the operation: no baths, no sexual intercourse, no swimming pools. Showers are fine.

Avoid long journeys and strenuous sport for the following 20 days.

The follow-up consultation takes place 3 to 4 weeks after the operation.

10 When to seek medical advice without delay

Continuous bleeding should prompt you to consult your doctor as soon as possible.

If, once you are back home, bleeding heavier than a period appears, you must seek urgent care at the facility that treated you and/or inform your doctor.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.