

Diagnostic and therapeutic technique of cervical conization with "cold knife" using fibrin glue. Preliminary outcomes.

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Abstract:

In recent years many Authors have proposed several techniques and surgical tools to perform conical or cylindrical excisions of the portio and cervical canal. For instance, we can perform conization using a traditional "cold knife" (scalpel), CO2 laser with focal bundle, radiothermic or fine needle electroconization (Loop Electrosurgical Excision Procedure-LEEP-; Large Loop Excision of Transition Zone-LLETZ-). Our goal has been to change traditional conization of the cervix with "cold knife" using Hegar dilators to delineate the cone we have to remove and prevent lesions in the cervical canal; furthermore, using fibrin glue (Tissucol-R) to do a considerable haemostasis. The performance takes about five minutes under local anaesthesia and it has been possible to study the patients with a 24-month follow up. The results the Authors obtained have been low blood loss, diagnostic and histological accuracy, better colposcopic follow-up, any angle-shots or abnormality of the cervical canal and any physical-chemical modifications of the ovulatory cervical mucus. The advantages of traditional conization we modified are still valid; however, others procedures have a clinical and therapeutical significance but concerning histological and diagnostic investigations they could give a negative result.