

COLPOSCOPY OVERVIEW

Having a regular screening test for cervical cancer (Pap smear and/or human papillomavirus testing) is an important part of staying healthy and avoiding cervical cancer. If the results of your screening test are abnormal, further testing is needed to confirm the result and determine the severity of the abnormality. Colposcopy is the test that is usually recommended in this case. It allows your healthcare provider to look at your cervix using magnification.

Not all women with an abnormal cervical screening test will need treatment. Colposcopy can help to determine if and when treatment of the abnormality is needed.

WHY DO I NEED COLPOSCOPY?

Colposcopy is used to follow up abnormal cervical cancer screening tests (eg, Pap smear, human papillomavirus (HPV) testing) or abnormal areas seen on the cervix, vagina, or vulva. Your Pap smear may be abnormal if you have cervical precancer or cancer, often caused by HPV infection of the cervix.

The colposcope magnifies the appearance of the cervix . This allows the clinician to better see where the abnormal cells are located and the size of any abnormal areas. The size and location of abnormal cells helps to determine how severe the abnormality is and also helps to determine what treatment, if any, is needed. When monitored and treated early, precancerous areas usually do not develop into cervical cancer.

PREPARING FOR COLPOSCOPY

- Before your colposcopy appointment, you should not put anything in the vagina (eg, creams).
- Colposcopy can be done at any time during your menstrual cycle, but we prefer to schedule the colposcopy within one week after your menstrual cycle. If you have heavy vaginal bleeding on the day of your appointment, call the office to ask if you should reschedule.
- If you take any medication to prevent blood clots (aspirin, warfarin, heparin, clopidogrel), notify the office in advance. These medications can increase bleeding if you have a biopsy during the colposcopy.
- If you know or think you could be pregnant, let us know. Colposcopy is safe during pregnancy, although we usually do not perform biopsies of the cervix when you are pregnant.

COLPOSCOPY PROCEDURE

Colposcopy can be performed by a physician, nurse practitioner, or physician assistant who has had specialized training. Colposcopy takes approximately 5 to 10 minutes, can be performed during an office visit, and causes minimal discomfort.

Colposcopy is performed similar to a routine pelvic examination, while you lie on an exam table. The healthcare provider will use an instrument called a speculum to open your vagina and look at your cervix. The provider may repeat a Pap smear, and then will look at your cervix and vagina using the colposcope. The colposcope is like a microscope on a stand, and it does not touch you.

The provider will apply a solution called acetic acid (vinegar) to your cervix. This solution helps to highlight any abnormal areas, making them easier to see with the colposcope. When this solution is used, you may feel a cold or slight burning sensation, but it does not hurt.

During colposcopy, the provider may remove a small piece of abnormal tissue (a biopsy) from the cervix or vagina. Having a biopsy does not mean that you have precancerous cells. Anesthesia (numbing medicine) is not usually used before the biopsy because the biopsy causes only mild discomfort or cramping. The tissue sample will be sent to a laboratory and examined with a microscope.

Some women also need to have a biopsy of the inner cervix during colposcopy; this is called endocervical curettage (ECC). Pregnant women should not have ECC because it may disturb the pregnancy. The ECC may cause crampy pain, although this resolves quickly in most women.

If you have a biopsy, your provider may apply a yellow/brown solution to your cervix. This acts as a liquid bandage.

AFTER COLPOSCOPY

If you have a biopsy of your cervix, you may have some vaginal bleeding after the colposcopy. If your provider used the liquid bandage solution, you may have brown or black vaginal discharge that looks like coffee grounds. This should resolve within a few days.

- Most women are able to return to work or school immediately after having a colposcopy. Some women have mild pain or cramping, but this usually goes away within one to two hours. Use Tylenol or Advil for any pain or cramping after the procedure.
- Do not put anything in the vagina (creams, douches, tampons) and do not have sex for one week after having a biopsy.
- If you have a biopsy, ask your healthcare provider when your results will be available (usually within 14 days). In most cases,

further testing and treatment will depend on the results of the biopsy.

- Do not assume that the biopsy results are normal if you do not hear from your healthcare provider — call and inquire about the results.
- Most women will need a follow up test (repeat cervical cancer screening (Pap smear) and/or colposcopy) within 6 months.

When to seek help after colposcopy — Call the office if you have any of the following after colposcopy:

- Heavy vaginal bleeding (soaking through a large menstrual pad in an hour for two hours)
- Vaginal bleeding for more than 7 days
- Foul smelling vaginal discharge; remember that the brown/black, coffee-ground discharge is normal for the first few days
- Pelvic pain or cramps that do not improve with ibuprofen (Advil®, Motrin®)
- Temperature greater than 100.4F or 38C
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If you smoke: Remember that cigarette smoking is known to increase the chance that cervical dysplasia will progress to cervical cancer. Please quit smoking today!