Colposcopy

What is colposcopy?
Colposcopy is a very detailed examination of the cervix, vagina and external genital area. Colposcopy is performed using a coloscope, a device similar to a microscope. The coloscope is positioned outside the vagina and won’t touch your body. During colposcopy, the genital skin is carefully examined for abnormal cells. The coloscope magnifies certain skin features to allow proper identification of normal and abnormal cells. Colposcopy is performed in a medical examination room and usually takes only 10 to 15 minutes to complete.

Who needs colposcopy?
Most patients who need colposcopy have had at least one abnormal Pap smear. A Pap smear samples cells that are shed from the surface and inside of the cervix. An abnormal Pap smear result indicates that there may be abnormal cells present on your cervix. This does not mean that you have cervical cancer. Very infrequently, these abnormal cells may eventually turn into cancer if not properly evaluated and treated. Colposcopy provides a closer, magnified look at the entire surface of the cervix, rather than just a look at the cells obtained by the Pap smear. Colposcopy allows us to determine if abnormal cells are on your cervix, and, if present, helps us find where they are located. Colposcopy may also reveal just how abnormal the cells have become. Colposcopy is also recommended for women who have been found to have certain types of human papillomavirus (HPV) that may contribute to the development of significant cervical disease and cancer. Finally, colposcopy is commonly done after treatment to ensure that all of the abnormal cells were removed from the cervix.

Why do I need colposcopy?
Colposcopy is done to find the abnormal cells that were seen on your Pap smear. If abnormal cells are found, the area can be carefully examined to see if you have a worse problem than indicated by the Pap smear. A biopsy, or small sample of tissue, may be obtained to confirm what the abnormal tissue really represents. The biopsy tissue will be sent to a lab where a pathologist will use a microscope to see if the tissue is abnormal and, if so, check how abnormal. Colposcopy, biopsy and laboratory review help us determine specifically what is wrong so that proper follow up treatment can be done.

When should I come in for my colposcopy appointment?
You should try to schedule your appointment for colposcopy in the middle of your menstrual cycle, about 10 to 12 days from the first day of your last period. Do not schedule your appointment during your menstrual period. Please notify us if you are pregnant or may be pregnant. If you think you may have a cervical or vaginal infection, call us now. Symptoms of vaginal and cervical infections include itching of the vaginal lips, burning or irritating abnormal vaginal discharge or vaginal discharge that has an unpleasant odor. These infections should be cured ideally before you have colposcopy.
Where will colposcopy be done?
You will not need to go to the hospital or operating room for colposcopy. Colposcopy is performed in the MCGHealth Gynecologic Cancer Prevention Center. The room in which your colposcopic exam will be done is similar to a regular examination room. There may be a TV screen in the room that will allow you to see what we see through the colposcope.

How can I prepare for colposcopy?
Please refrain from sexual intercourse, the use of spermicidal jelly, vaginal medications, douches and tampons at least 24 hours before the procedure. To prevent any cramping you may have during or after the procedure, you may take 400mg ibuprofen (two Advil tablets) one to two hours before the procedure. If you are allergic to ibuprofen, you may take any medicine that you usually use for bad menstrual cramps. If you take blood thinning medicine, such as daily aspirin, coumadin or heparin, please let us know. Please notify us if you have allergies to iodine. The most important thing you can do in preparation for your appointment is to relax. If you are especially nervous, you may want to bring someone along with you for support.

How is colposcopy done?
The procedure is similar in many ways to a regular pelvic exam. You will lie on an examination table with your feet supported by stirrups. In order to help us see your cervix and vagina, a speculum will be inserted into the vagina. Another Pap smear may be collected. If an abnormal discharge is present in your vagina, a sample of the discharge will be taken with a cotton swab to test for infection. The colposcope will be placed near the vaginal opening. A vinegar solution is then applied to the cervix. Some women notice that this solution may sting slightly on the outside. The vinegar solution causes some normal and most abnormal cells to temporarily turn white. These white regions contrast with the rest of your cervix, which is pink. The tiny white areas are best seen using the magnification of the colposcope. Occasionally, an iodine solution may be used that temporarily makes the abnormal cells (and some young normal cells) turn yellow and normal tissue turn brown. The iodine solution will not burn.

What happens if abnormal cells are found on my cervix?
When an area of abnormal cells is found, a tiny sample of this tissue, called a biopsy, will be taken from the cervix. Some women (about half) do not feel the biopsy being taken. Others may feel a quick pinch. After the biopsy, the small wound is treated to stop bleeding. Abnormal cells inside the cervix (cervical canal) can be sampled by endocervical curettage (ECC). A thin, long, round instrument (slimmer then a pencil) is inserted into the cervical canal and a sample of cells is scraped from this area. Most women feel menstrual-like cramping during this very brief (15 seconds) procedure. Both tissue samples will be sent to the lab for examination by a pathologist. The tissue sample(s) will be examined to determine whether the cells are truly abnormal, and, if so, how abnormal they are. The pathologist’s laboratory report should return within two weeks. We will call you to discuss the laboratory report.

What happens if no abnormal cells are found?
The main reason we do colposcopy is to find the source of abnormal cells that were found by your abnormal Pap smear. Many times we do not find any abnormal cells on your cervix or upper vaginal walls. This is particularly true if your Pap smear showed only minor changes. If your colposcopic exam is normal, we will also consider the result of your abnormal Pap smear report. If the Pap smear reported only mild abnormalities, then no additional action may be necessary at this time. We will simply continue to monitor your condition with regular Pap smears and colposcopic exams, when appropriate. If the Pap smear reported moderate or severe abnormalities and the abnormal cells are hiding from our view, then further investigation is necessary.
We identified and sampled what we thought was abnormal tissue during your colposcopic exam. Yet, occasionally, the pathologist may not find any abnormalities in the tissue. If only slight abnormalities were reported on your abnormal Pap smear, then no immediate action may be required. Your condition will still be carefully monitored for future changes. However, if your Pap smear reported severe abnormalities, and the pathologist’s report found no abnormalities, then further investigation is probably necessary.

**What happens if the biopsy or ECC results are abnormal?**
The next step depends on what was found during colposcopy. If your biopsy and ECC results are normal or only very slightly abnormal, no treatment is necessary. In this case, you may need more frequent Pap smears or another colposcopic exam to monitor your condition for any change. In the event that more serious disease was found, we will discuss treatment options with you.

**What can I do after colposcopy?**
If a biopsy was taken, you may have some slight spotting for a few days. You probably need to wear a sanitary napkin or a panty liner after the procedure. If this bleeding continues for more than 48 hours after colposcopy and is heavier than a normal menstrual period, you should call us immediately. Do not use tampons. You may have a vaginal discharge that looks like brownish mustard or is black and clumpy. This is normal and is caused by a chemical agent that was used to stop bleeding after the biopsy was taken. You may take ibuprofen (Advil or Motrin) or Tylenol if you have cramping. Usually, you can easily return to work by the next day after colposcopy. If you had a biopsy or ECC, you should not have sexual intercourse, use tampons or place anything in your vagina for about one to two weeks to allow your cervix to heal. You will receive a phone call in about two weeks to let you know the results of the biopsy or ECC. It is very important that you return for any appointments after your colposcopic exam. Please notify the office if you are unable to come for your treatment or follow-up visit. Also notify us of any changes in your address or telephone number.

**What should I do if I can’t come to my appointment?**
Occasionally, patients are not able to come for their scheduled colposcopy appointment for various reasons. If you do not notify us to cancel your appointment, other women who need an appointment cannot be seen. Please call us as soon as possible if you know you will be unable to come.

**Who can I contact if I have questions?**
We are glad to answer any questions you may have. If you have any questions prior to or following your appointment, please call the triage nurse at the MCGHealth Gynecologic Cancer Prevention Center at 706-721-6744.