



Colposcopy

What is a colposcopy?

Colposcopy is a special visual examination of the cervix, vagina, and sometimes the outer lips or vulvar area. If you have an abnormal Pap test, you may require a colposcopy. This requires your healthcare provider to look through an instrument called a “colposcope” which is a type of microscope mounted on a pole. The colposcope helps your healthcare provider check for problems, which are often very small, on the cervix and vagina and may not be seen during your regular exam. If abnormalities are seen, a small sample of tissue, called a biopsy, is usually done. The biopsy gives your healthcare provider important information to decide if treatment would be necessary. Biopsies may cause mild cramping. The colposcopy exam takes about 10 to 20 minutes.

Who needs colposcopy?

Colposcopy is most often advised for women who have had an abnormal Pap test. An abnormal Pap test may be a sign of a precancerous condition that can then be successfully treated before turning into cancer. Occasionally, a patient may be referred for colposcopy because of some abnormal appearance of their cervix, noted during a pelvic examination.

How is colposcopy performed?

The colposcope used in colposcopy is instrument that looks like a pair of binoculars mounted on a pole. A speculum is placed in the vagina to hold the vaginal walls open, just as if you were having a Pap test done, and remains in place until the exam is finished. The colposcope is placed a few inches in front of the vagina, but does not touch you. A repeat Pap test may also be done at this time, in the same way it is collected during your prior exam. Your health care provider may place vinegar, and sometimes an iodine solution (notify your healthcare provider if you are allergic to iodine), directly onto the cervix and vagina to identify any abnormal areas. You may have some mild burning or tingling, but most patients do not experience this. The provider might also adjust the colposcope by changing the magnification or looking through different colored filters. This helps in finding suspicious areas. Sometime photographs of your cervix, vagina, or vulva are taken during your exam and become part of your medical record.

Abnormal cells that cause cervical disease may extend up toward the lining of the uterus or womb through an opening called the endocervical canal. This is the same birth canal that dilates when women have vaginal childbirth. Sampling the endocervical canal may cause cramping or, rarely, light-headedness. If abnormal areas are seen on the cervix, they often require a biopsy to make a correct diagnosis. The biopsy takes a very small piece of tissue from the abnormal areas. If more than one area is abnormal, several different biopsies may be performed. Any bleeding from the biopsy sites can be stopped using silver nitrate or an iron-containing compound called Monsel’s solution. A pathologist, who will tell your healthcare provider the final diagnosis, then sends the biopsy specimens that are collected to the lab for processing and examination. This may take several days or even a few weeks.

What should you expect after the biopsy?

For about three to five days following a colposcopy with biopsies you may experience some spotting or a brown crumbly discharge, like coffee grounds, which may require you to use a mini-pad. There are few restrictions after the procedure and you may usually go about your daily routine. If biopsies are performed you may be restricted from certain activities until the spotting has stopped and your cervix has time to heal. These include:

- Sexual activity (vaginal intercourse)
- Putting tampons into your vagina
- Washing or douching inside your vagina

You should call your healthcare provider if you have:

- Fever
- Bright red, heavy bleeding which is more than what you have with your period
- Bad cramps or pain that do not improve with over-the-counter medications, such as ibuprofen

What is the treatment after a colposcopy?

The treatment following a colposcopy depends on the degree of abnormality reported on the biopsy. For minor or low-grade abnormalities, no treatment may be necessary and only a follow up Pap test or HPV testing would be required. If there are greater or more severe abnormalities, other treatment may be required including destroying surface cells of the cervix with laser or freezing therapies. Another option includes a larger biopsy of the cervix called a “Loop” or loop electro excision procedure (LEEP), which may be performed in the healthcare provider’s office. A surgical conization in the operating room is needed occasionally. Your healthcare provider will discuss these treatments with you, if any is needed. You may also wish to read the ASCCP patient education pamphlet on LEEP.

Is colposcopy safe for pregnant women?

As with non-pregnant women any abnormal Pap test in pregnancy needs further examination, Looking through the colposcope is completely safe and biopsies may be performed in pregnancy if suspicious areas are identified. Sampling from the birth canal, such as by an endocervical curettage, should not be performed in pregnancy. Most of the treatment methods which are used on nonpregnant patients are not recommended during pregnancy. These treatments can usually wait until after the pregnancy is finished. Often a repeat exam is done after the pregnancy to determine if treatment is still necessary.

What are the risks to colposcopy?

There are no serious risks to colposcopy, which is performed routinely in the healthcare provider’s clinic. The most likely side effect is mild discomfort from the solutions used and cramping or pinching from the endocervical curettage or biopsies. There may be a small amount of spotting for a few days, but heavy bleeding is rare. The Monsel’s solution or silver nitrate used to help stop bleeding may also cause a brown crumbly discharge for two to three days.

Is there anything I should or should not do before my colposcopy?

If your abnormal Pap test was done by another healthcare provider, it is useful to have a copy of the report at the time of your referral for a colposcopy. Undergoing colposcopy does not require any special preparation. You may take over-the-counter medications like ibuprofen or acetaminophen before the procedure to help reduce the cramping. To avoid obscuring the abnormal cells, it is best to avoid anything in the vagina for two days prior to the procedure such as sexual activity, intravaginal medications, tampons, or douching. Try to avoid having colposcopy during your period, but if the bleeding is light, the exam may still be satisfactory.

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