

Colposcopy

What is a Colposcopy?

A colposcopy is an examination of the cervix (the entrance to the uterus, located in the upper part of the vaginal canal). It is usually recommended for patients who have abnormal Pap smear results (abnormalities in cells of the outer portion of the cervix). It is performed with a magnifying device called a colposcope, which looks like binoculars that are mounted on a stand. The colposcope enables the medical provider to examine the cervix more closely to locate the possible source of abnormal cells and determine whether any treatment is necessary.

NOTE: It is important to determine the cause of an abnormal Pap smear. A Pap smear does not determine exactly what is abnormal, but lets your medical provider know that a condition may exist that needs follow-up, further evaluation or treatment. Most often, this is a very simple matter if taken care of as recommended. If your medical provider recommends a colposcopy, it is encouraged that you have one performed as soon as it can be arranged. Failure to do so could eventually result in serious health problems. If there is severe disease on the cervix, failure to get diagnosis and treatment can potentially result in cervical cancer and death. Your prompt attention to this matter is important to your health.

How's it done?

The procedure is done in an exam room and takes about 20 minutes. During the exam:

- The patient lies on an exam table similar to the one used during a Pap/pelvic exam.
- A speculum is inserted into the vagina to allow visualization of the cervix. A dilute vinegar solution is applied to the cervix that increases the visibility of any abnormal cells.
- The colposcope is positioned near the opening of the vagina, but does not enter the vagina.
- Sometimes a repeat Pap smear is performed if several months have elapsed since your abnormal Pap.
- A sample of cervical tissue may be taken for further examination via a biopsy and/or endocervical curettage.

Biopsy - taking a small piece of "skin" from the cervix where the abnormal cells may be visible.

Endocervical curettage - inserting a small instrument into the opening (os) of the cervix and the lower (endocervical) canal to gather tissue from the cervical canal.

NOTE: The colposcope does not produce any discomfort. Both the biopsy and endocervical curettage may involve some minor discomfort. There may be a quick pinch or slight cramping sensation as the tissue is removed. The provider performing the procedure will usually give you an injection of local anesthesia to lessen the discomfort. You can also take ibuprofen (i.e. Advil) a few hours before your appointment. Both procedures take only a few SECONDS.

After the Procedure

You should be able to return to work or school immediately. If a biopsy was done, you may experience some spotting and light cramping. A panty liner or pad should suffice. Ibuprofen should lessen the cramping. Intercourse or placement of any foreign substance (tampons, medication, etc.) into the vagina is discouraged for the first three days after the procedure. It is also recommended that you avoid intense physical exercise for a few days while your cervix heals. You should return immediately for a re-check if you experience severe pain, fever, or excessive bleeding.

Treatment

If the physician does not see any abnormal areas on your cervix with the colposcope, you will likely be asked to return for a repeat Pap smear in six months or an HPV test in one year. If a tissue sample was taken, it usually takes about 2 weeks to get the lab results back. At that time, you will be able to discuss the results and any recommended treatment or follow-up with your provider by phone call or appointment.

Treatment and follow-up vary depending upon the results of the microscopic examination of the tissue sample. Mildly abnormal cells may simply require observation through HPV testing or more frequent Pap smears. Cells that are more abnormal may require treatment or removal. Your medical provider will be able to provide you with further details.

For More Information:

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