

Glossary

Biopsy: A minor surgical procedure to remove a small piece of tissue that is then examined under a microscope in a laboratory.

Cervix: The lower, narrow end of the uterus, which protrudes into the vagina.

Pap Test: A test in which cells are taken from the cervix and vagina and examined under a microscope.

Polyyps: Benign (noncancerous) growths that develop from membrane tissue, such as that lining the inside of the uterus.

Speculum: An instrument used to spread the walls of the vagina so that the cervix can be seen.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A passageway surrounded by muscles leading from the uterus to the outside of the body; also known as the birth canal.

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Colposcopy



ACOG PATIENT EDUCATION

Colposcopy is a way of looking at the *cervix* through a special magnifying device called a *colposcope*. It shines a light onto the *vagina* and *cervix*. A *colposcope* can enlarge the normal view by 2–60 times. This allows the doctor to find problems that cannot be seen by the eye alone.

This pamphlet will tell you more about:

- Reasons for colposcopy
- What to expect before, during, and after the procedure
- What might happen if problems are found



Colposcopy is done when a Pap test shows changes that could lead to cancer.

The Cervix

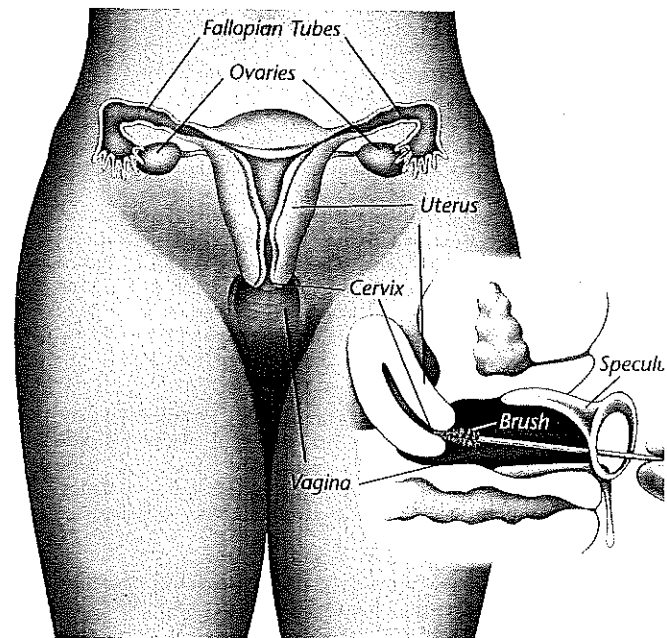
The *cervix* is the lower, narrow end of the *uterus*. Cells on the *cervix* grow all the time, just like skin. The cells at the bottom layer slowly move to the surface. Then they are shed.

When this process changes in some way, cells become abnormal. The changes may go away on their own. If they don't, they may worsen and lead to cervical cancer. In most cases, these changes are found with a *Pap test*.

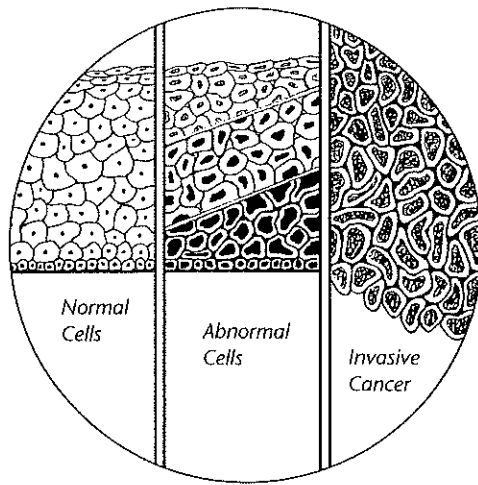
As part of their regular health care, most women have a Pap test each year. A Pap test can find changes in the cells of the *cervix* that could lead to a problem.

Reasons for Colposcopy

Colposcopy is done when a Pap test shows changes that could lead to cancer. It provides more information about the abnormal cells.



For the *Pap test*, a *speculum* is inserted into the *vagina*. A small sample of cells is collected with a small brush or swab and scraper. The brush or swab is inserted into the *cervical canal* to reach the higher cells.



Colposcopy also may be used to further assess certain problems:

- Genital warts on the cervix
- Cervicitis (an inflamed cervix)
- Benign (not cancer) growths, such as *polyps*
- Pain
- Bleeding

Sometimes colposcopy may need to be done more than once. It also can be used to check the result of a treatment.

The Procedure

Colposcopy is done like a Pap test in a doctor's office. You may be referred to another doctor or to a special clinic to have it done.

Colposcopy may involve taking pictures of your vagina and cervix. Your doctor will talk to you about it before the procedure.

The procedure is best done when a woman is not having her period. For at least 24 hours before the test, it is a good idea not to:

- Douche
- Use tampons
- Use vaginal medications
- Have sex

As with a pelvic exam, you will lie on your back with your feet raised and placed on foot rests for support. A *speculum* will be used to spread apart the vaginal walls so that the inside of the vagina and the cervix can be seen. The colposcope is placed just outside the entrance of your vagina.

A mild solution will be applied to your cervix and vagina with a cotton swab or cotton ball. This liquid makes abnormal areas on the cervix easier to see. You may feel a slight burning.

Biopsy

During colposcopy, the doctor may see abnormal areas. A *biopsy* of these areas may be done.

During a biopsy, a small piece of abnormal tissue is removed from the cervix. The sample is removed with a special device.

Cells also may be taken from the canal of the cervix. Because the cells are not easy to see by the colposcope, a special device is used to scrape the cells. This scraping is called endocervical curettage (ECC).

Results

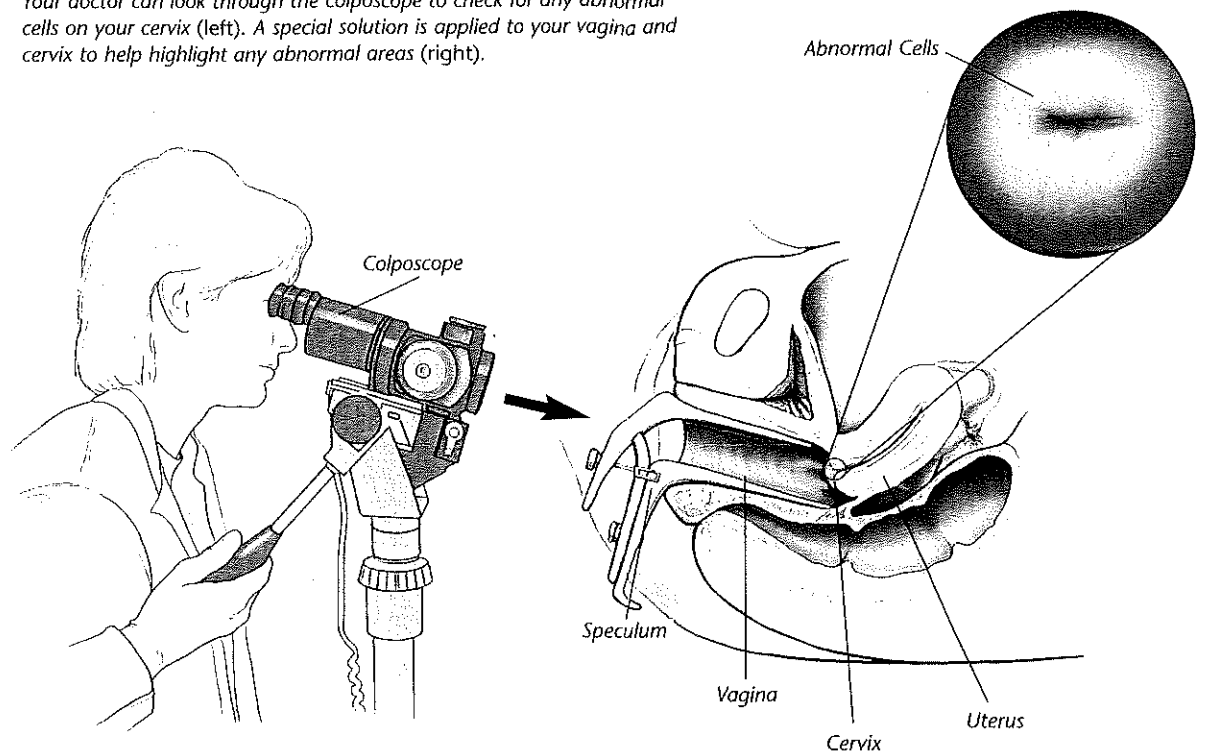
If a biopsy was taken, it will be studied in a lab. When biopsy results come back from the lab, your doctor will discuss them with you. Depending on the results, you may need to be checked more often, or you may need further testing or treatments.

Recovery

If you have a colposcopy without a biopsy, you should feel fine right away. You can do the things you normally do. You may have a little spotting for a couple of days.

If you have a colposcopy with a biopsy, your vagina may feel sore for 1 or 2 days. You may have some vaginal bleeding. You also may have a dark discharge for a few days. This may occur from medication used to help stop bleeding at the biopsy site. You may need to wear a sanitary pad until the discharge stops.

Your doctor can look through the colposcope to check for any abnormal cells on your cervix (left). A special solution is applied to your vagina and cervix to help highlight any abnormal areas (right).



Your doctor may suggest you limit your activity for a brief time. While the cervix heals, do not put anything into your vagina for at least 1 week:

- Do not have sex.
- Do not use tampons.
- Do not douche.

Call your doctor right away if you have any of these problems:

- Heavy vaginal bleeding (using more than one sanitary pad per hour)
- Severe lower abdominal pain
- Fever
- Chills
- Bad-smelling vaginal discharge

Finally...

A Pap test is a good way to find changes that could become cancer. Colposcopy will give you even more information. In most cases, abnormal results are not cancer. Talk with your doctor about the results of your colposcopy and biopsy.