



# Colposcopy

**Colposcopy** is a relatively painless office procedure for examining the female vagina and cervix under magnification. It is performed after either an abnormality was seen by your physician during your pap smear exam or an abnormal pap smear reading was returned from the pathology doctor. Colposcopy helps identify abnormal areas that are generally considered pre-malignant, meaning that they are NOT YET dangerous or a cancer. The changes that caused your abnormal pap smear may vary from mild to severe. If left alone, these cells could either 1) change back to normal cells, 2) stay the same for a period of time, or 3) they may progress to become cancer over a period of 8 to 15 years if left untreated.

## Procedure

The procedure itself will take less than 30 minutes. It will be performed just like your pap smear, except it will take longer. You will be asked to undress from the waist down and drape yourself with a sheet. You will be asked to lie back and put your feet in stirrups as you did when your pap smear was taken.

A speculum will be inserted in the vagina and the doctor will then look through the colposcope, a microscope mounted on a stand, at the vagina and cervix to see any abnormalities. Next, they will apply vinegar to the cervix to make any abnormal cells turn white and become more visible.

If abnormal areas are seen, the doctor will take small biopsies (bites of tissue) from these areas. Biopsies are generally not painful, although you may feel a brief pinch or cramp like you may have during your menstrual period. The biopsies are so small that there are very few complications, the most common is a small amount of bleeding that is easily controlled with medication applied during and after the exam.

The final step of the procedure is to obtain some cells from just inside the cervix. This is called an endocervical curettage or scraping. This may cause some cramping, again like menstrual cramps – this cramping may last a few seconds.

Just because a biopsy is taken does not mean you have cancer, it only means that an abnormal area was seen, as indicated by the abnormal reading of the pap smear exam. This area needs closer inspection under a microscope, and will be sent to a laboratory for evaluation by a pathology doctor.

## How to Prepare for the Procedure

This procedure cannot be done if you are flowing (menstruating) heavily. If you will be on your period when you are scheduled to come in for the appointment, please call and re-schedule your visit. However, if you are only spotting, please keep your appointment. We have found it helpful to have patients take 3 - 4 200mg. ibuprofen tablets (600 - 800 mg.) the night before the procedure at bedtime, and again one hour before coming to the office for the procedure to help decrease any cramping you might experience from the biopsies or the endocervical curettage.

### **After the Procedure**

No time off work is needed except the time for the office visit. Normal activities may be resumed after the exam, but we ask that you NOT have sex for 3 days after the procedure if you had biopsies taken. Occasionally you may have some spotting for several days afterward, so we advise you to use a light sanitary pad for protection. The results of any biopsies and/or the curettage will take about a week to return. Your doctor will call you with the results and advise you on any further treatment that is necessary. If you do not hear from us within 7 days please call us for your results.

### **Treatment for Abnormalities**

After your results are back any abnormal cells can be treated by several methods that you will discuss with your doctor before they are done. With any treatment for a pre-cancerous lesion, there is no guarantee that the doctor can ALWAYS eliminate the pre-cancerous area. There is always a small chance of developing cancer even after proper treatment. Therefore, IT IS VITAL that you FOLLOW YOUR DOCTOR'S RECOMMENDATIONS FOR FOLLOW-UP after any treatment.

Following your treatment you will need a repeat pap smear every 4 months during the first year, and if these three are normal, then every 6 months during the second year. If these two are normal, then return to routine annual pap smears is suggested for the rest of your life.

### **More Information**

Research has shown that infection with the human papilloma virus (HPV) is probably the primary cause of abnormalities on pap smears and for cancer of the cervix. This is the same virus that causes warts in the genital areas of both males and females. This is very contagious and is passed readily by having sexual contact. People rarely become infected other than by sexual contact.

The virus and warts can remain invisible to the human eye, and inactive for up to 20 years after the initial infection. If there is evidence of infection in the female,

the male sexual partner is probably also infected, and may need evaluation of the penis with the colposcope (Androscopy).

People often ask if these warts can be transmitted to the hands, feet, face, etc. Generally this does not happen. Genital warts seem to stay in the genital area. Only 20% of these warts can be seen with the naked eye. The remaining 80% need to be specially stained to be identified.

Once someone has the warts in the vagina, the rectum, or on the penis, it is almost impossible to totally cure them. Treatment can put them into remission about 40-50% of the time, but they can come back at any time. Therefore, you can spread the

infection at any time. Experts recommend that you REMAIN MONOGOMOUS - that means HAVING SEX ONLY WITH THE SAME PARTNER – FOR THE REST OF YOUR LIFE!

We now know that **smoking markedly increases your chances of developing abnormal pap smears and cervical cancer!** Your risk also goes up if your partner smokes. You must stop smoking and your partner should too. Other risk factors for HPV include early age of first intercourse and having more than one sexual partner in your lifetime!