



Colposcopy A Patient Guide

What is colposcopy?

Colposcopy (which is pronounced kol-POS-kuh-pee), is a physical examination procedure that allows a gynecologist to assess your cervix more closely by looking through a microscope that is inserted in the vagina.

Why do I need a colposcopy?

You may have been referred for a colposcopy if you have abnormal PAP test results. The PAP test is a screen for cervical cancer, and further testing is indicated when the results are abnormal, to confirm the result and to determine the severity of the abnormality. A colposcopy may also have been recommended even when the PAP test results are normal, but you are presenting with symptoms that require a close inspection of your cervix.

How do I prepare for a colposcopy?

- Avoid inserting anything into the vagina 48-hours prior to the procedure
- If you are taking medications that increase your risk of bleeding (e.g., blood thinners like Aspirin/ASA, Warfarin, Clopidogrel), please advise the health care team upon arrival to your appointment.
- If you are menstruating and have heavy flow, please reschedule your appointment to a future date. We can perform the procedure if bleeding is light.
- Please advise your doctor if you may be pregnant. Colposcopy is safe in pregnancy, but biopsies of the inner cervical canal will not be performed during pregnancy.
- To minimize pain during the procedure you may take ibuprofen 400-600 mg orally an hour before the appointment, but it is optional.
- You can eat before your appointment, and you are encouraged to do so.

What should I expect during the procedure?

The colposcopy procedure takes 10-15 minutes. You are positioned on the examination table much like during a PAP test. An instrument called a "speculum" is inserted into the vagina to separate the walls of the vagina to allow the doctor to see your cervix.

Dilute acetic acid (vinegar) is applied to the cervix. This makes any areas that do not appear to be normal easier for the doctor to see.

You may have a biopsy to remove a small piece of abnormal looking tissue. You will feel a slight pinching sensation. This procedure does not require any freezing.

The piece of tissue (biopsy) is then sent to lab for analysis. An endocervical curettage (ECC) may be performed where the doctor took a biopsy of the inner cervix. This can cause crampy pain that lasts for a few seconds.

What should I expect following the procedure?

Most women can return to their regular activities, including driving a motor vehicle, after colposcopy. If you had a biopsy, you may experience light vaginal bleeding or discharge that should resolve within a few days. Your doctor may have used a chemical on the cervix to reduce bleeding that causes a brown or black vaginal discharge that looks like coffee-grounds. Cramping can also be expected and is likely to stop after a few hours. You may take acetaminophen and/or ibuprofen to help with pain / discomfort.

You should avoid inserting anything into the vagina for 48-hours post-procedure.

You should avoid intense exercise for 24-48 hours post-procedure to prevent increased cramping and bleeding.

When should I return for medical attention?

A follow-up will be arranged, approximately 4 weeks after the colposcopy, to discuss the results and next steps (i.e., repeat colposcopy, treatment of any abnormal findings).

You should seek medical attention/call the office of the gynecologist who performed the procedure if you develop any of the following:

- Fever 38 C (100.4 F)
- Continuous pelvic pain/cramps not resolving despite taking ibuprofen
- Heavy vaginal bleeding lasting more than a few hours
- Vaginal bleeding lasting more than 7 days
- A foul-smelling vaginal discharge

Do not return to your primary care provider/family physician for routine PAP tests until you are discharged by the gynecologist responsible for your care.

Where do I go for the procedure?

Colposcopy is performed at the Pembroke Regional Hospital in Tower D on the ground floor, by our local group of gynecologists. Please plan to arrive 10-15 minutes prior to your appointment to have time to register in Tower D and prepare for the procedure.

If you have any questions about the procedure or follow-up, please contact the office of the gynecologist who booked and/or performed the procedure.