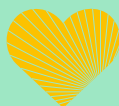


Colposcopy



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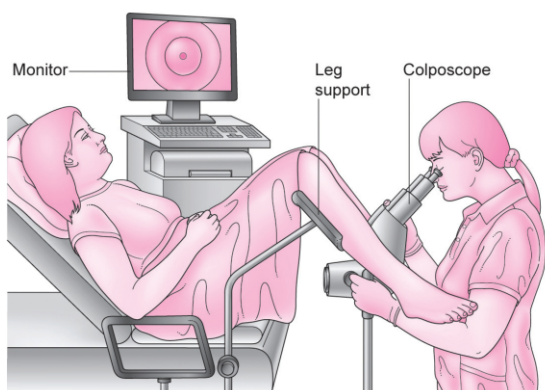
Built for Birthing



What is Colposcopy?

Colposcopy is a detailed examination of the cervix (neck of the womb). A colposcope is like a large magnifying glass which magnifies the image to approximately 15 times. It allows the doctor to look more clearly at changes in the cervix.

Colposcopy is simple, quick and generally painless. The actual examination takes only about 15 minutes. It is not done during menses. It can be done safely during pregnancy and will not affect delivery of the baby. However, treatment is usually postponed until after delivery.



Why do I need a Colposcopy?

Colposcopy is usually indicated when the routine cervical screening test, i.e., Pap smear results are abnormal.

An abnormal result is not unusual: it happens in about one in twenty tests. An abnormal result usually means that small changes have been found in the cells on the cervix. It is important to remember that it is very rare indeed for these abnormalities to be cancer.

Colposcopy identifies the source of the cell change and helps to decide on further treatment. It is not a treatment by itself.



What exactly happens during Colposcopy?

A speculum is passed into the vagina and the doctor applies different solutions onto the cervix to help identify and highlight any areas with abnormal cells. The abnormal areas will appear white after the application of vinegar (acetic acid 3 – 5 %). An iodine based stain may also be applied to the cervix to look for abnormal areas. If any abnormal area is identified, a small sample of tissue (few mm in size) may be taken from the surface of the cervix for a biopsy. This is not usually painful.

It is necessary to wait for the biopsy results before deciding on further treatment. For some women the changes in the cervix return to normal by themselves. Other women may need some simple treatment.



What happens after Colposcopy?

After a colposcopic examination, normal activity can be resumed. If a biopsy has been taken, a light bloodstained discharge may occur for a few days following the procedure. This is normal and should clear by itself. It is best, however, to refrain from intercourse for up to five days to allow the biopsy site to heal.



Follow-up

A review appointment with biopsy report will be scheduled in a week to 10 days' time. Depending on the results of the biopsy, further treatment or periodic screening may be advised.



Treatment options

If the biopsy warrants treatment, further procedures may be needed. Types of treatment vary, but all aim to destroy (cryotherapy) or to remove (loop excision) the abnormal cells. These treatments can be performed on an outpatient basis under local anaesthesia or under general anaesthesia.

Cryotherapy involves destruction of abnormal tissue by freezing it with nitrous oxide. It is a relatively painless procedure which takes around 15 to 20 minutes. After the cryotherapy, the frozen cells will slough off and new cells will grow underneath.

In loop excision, a small heated fine wire loop is used to remove the abnormal area from the cervix under local or general anaesthesia, and a sample is sent for analysis. The procedure may take around 20 to 30 minutes.



What happens after the treatment?

Following cryotherapy, there may be watery vaginal discharge for 3 to 4 weeks.

Following loop excision, bloodstained vaginal discharge may be noticed for about two weeks, although it can last for 4 to 6 weeks.

The discharge should not be heavier than normal menses and should get progressively lighter. Abstinence from sexual intercourse is advised for six weeks. Follow-up is scheduled six weeks after cryotherapy or two weeks after loop excision.

