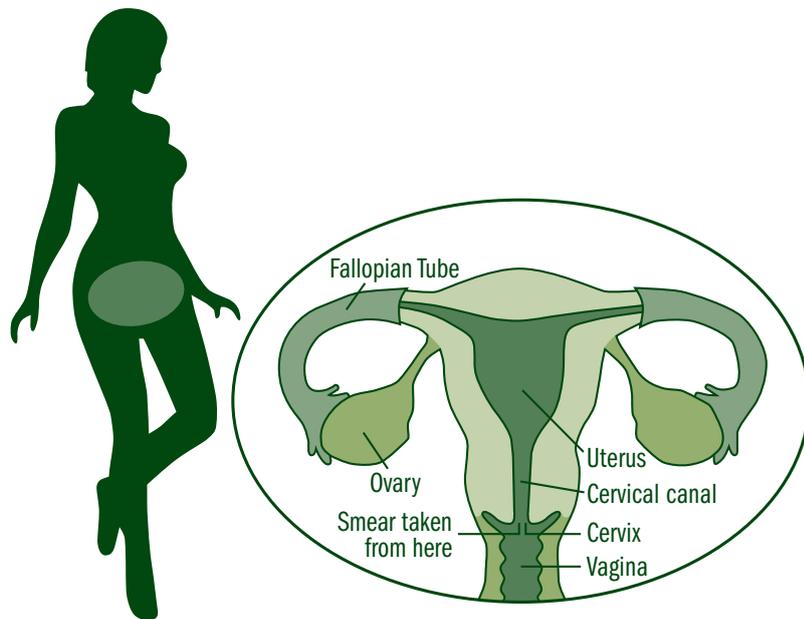


PREPARING FOR YOUR CONSULTATION

The information contained here is general in nature and is designed to give you overall background information as to: the anatomy, what to expect, as well as some of the main general information about the procedure itself.



WHAT IS A COLPOSCOPY?

A colposcopy is a close examination of the cervix to identify any abnormalities. This is done with a magnifying instrument called a colposcope that makes the cells appear larger so they can be seen more easily. A colposcopy is an outpatient or clinical procedure that means you will not be required to stay in hospital.

WHY DO I NEED A COLPOSCOPY?

Your referring doctor has recommended you have a colposcopy because of symptoms such as bleeding from the cervix or results from a smear test showing an abnormal high-grade abnormality or persistent low-grade changes.

WHAT WILL THE COLPOSCOPY SHOW?

A colposcopy will help the specialist make an assessment of the cervix to find out:

- If there is an abnormality
- What type of abnormality i.e. minor or more serious
- Whether a biopsy should be taken
- Where the biopsy should be taken from
- If further treatment is needed

HOW WILL THE COLPOSCOPY BE DONE?

New patient colposcopy appointments can take 30-45 minutes. This includes a consultation with your doctor, the colposcopy procedure itself similar to having a smear test and takes approximately 15 minutes.

- After your initial consultation with your specialist, you will be asked to lie on a raised bed with your legs up in leg rests
- The colposcope will be put near the opening to your vagina. It will not touch your body. Your doctor will insert a speculum in the same way as when you had your smear test. This makes it easier for the doctor to see your cervix through the colposcope.
- A cotton swab may be used to remove excess mucous and a weak vinegar solution is applied to the cervix. This makes areas that there are changes in the cells turn white helping the doctor to identify abnormalities.
- Iodine may be applied to view the cervix. During this examination healthy cells turn brown.
- If your doctor needs to take a biopsy – this will be the removal of some small tissue samples from the areas that look abnormal. The removal of the tissue may be felt as a sharp pinch. The tissue collected is sent to a laboratory for testing to confirm the diagnosis.

WHAT SHOULD I DO AFTER THE COLPOSCOPY?

There are very few risks having a colposcopy. If you had a biopsy you may feel some discomfort during the procedure. Rest and do what you usually do when you have period pain. The biopsy will leave a small raw area on your cervix. It is normal that you may bleed a little bit or have some reddish discharge from your vagina for about 5-6 days. You may see a small scab come away.

The discharge from a small biopsy taken during a colposcopy will only last a few days. Until it stops and your cervix is healed:

- Use sanitary pads, not tampons
- Have showers instead of baths
- Avoid sexual intercourse
- Avoid spa pools and swimming pools
- Avoid heavy physical exercise

If you start to bleed more than you do when you have your period or if the bleeding goes on for more than a week, call the colposcopy clinic.

WHEN WILL I FIND OUT THE RESULTS?

After the colposcopy, your doctor will explain to you what has been seen and how you will get your results. If tissue samples were taken during your colposcopy these will be sent to the laboratory. It can take 1-2 weeks to receive the results from the laboratory. Depending on the results of the colposcopy, your doctor may recommend:

- No further action (usually if there are minor changes in the smear and no abnormality seen with the colposcope)
- More frequent smear tests
- Returning for a repeat colposcopy at a later date
- Treatment

WHAT ARE THE TREATMENT OPTIONS?

Not all abnormalities will require treatment. Many abnormalities will resolve without any treatment. Your doctor will explain to you why they are recommending a treatment plan for you. The purpose of the treatment is to remove or destroy any abnormal cells. These treatments are usually carried out in a day-stay theatre at Ascot Hospital and include:

- LLETZ (large loop excision of the transformation zone), which uses a wire loop to remove the abnormal cells
- Cone Biopsy – a small cone shaped area of the cervix containing the abnormal cells is removed either by laser or traditional surgical knife.

Information sourced from the National Cervical Screening Programme
For more information please visit their website: www.nsu.govt.nz



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