

COLPOSCOPIC EXAMINATION

Colposcopy involves looking at the vulva, vagina and cervix under a special binocular microscope and light. To do so you will be positioned in the lithotomy position on an electronic chair. You will have a lubricated speculum inserted into the vagina and Dr Tan will look at the structures of the vulva, vagina and cervix.



Normal Cervix on Colposcopy:

Treatment not required.

What does Colposcopy entail?

- Undress from the waist down and put on a gown.
- Sit on the automated chair which will position you, supporting your legs.
- A speculum is inserted into the vagina.
- Dr Tan looks through the colposcope at the vagina and cervix. The colposcope doesn't touch you.
- Acetic acid or Iodine may be sprayed onto the cervix to better visualise any abnormal areas of tissue.
- Another Pap smear or a (very small) tissue biopsy (sample) may be needed.
- It may sting or feel uncomfortable.
- You may need to use the toilet with wash and dry function to decrease any discomfort after the procedure.



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Why am I having a Colposcopy?

Most women are referred for Colposcopy because of an abnormal result on their Pap Smear. An abnormal Pap Smear can be due to a cancer or pre-cancer of the cervix, as well as inflammatory and infective conditions of the cervix. Colposcopy can also be indicated for conditions of the vulva and vagina including HPV infection and possible cancers or pre-cancerous conditions.

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Before your Colposcopy

Cease using any intra-vaginal creams, tampons or pessaries for 24 hours prior.

What to expect after your Colposcopy

Some bleeding may occur if you have a Pap Smear or tissue biopsy taken, and you may have 'spotting' for a few days thereafter. Use liners or pads. It is important that you abstain from sexual intercourse until all spotting and bleeding has stopped.

What does my Pap Smear result mean?

LSIL - Low-grade Squamous Intraepithelial Lesion - shows that there are some abnormal squamous (flat) cells which aren't at high risk of changing into a cancer.

Possible HSIL - Possible High-grade Squamous Intraepithelial Lesion - the Pathologist who looks at the cells is unsure if the abnormal cells are suspicious or not.

HSIL - High-grade Squamous Intraepithelial Lesion - the abnormal cells found on the Pap Smear are suspicious of a pre-cancer or cancer.

What is CIN? Cervical Intraepithelial Neoplasia is a tissue-diagnosis, i.e., can only be made once a tissue sample/biopsy has been taken.

CIN-I is classified as 'mild dysplasia' or potentially premalignant. Most cases are an HPV infection which will self-resolve in 12 months.

CIN-II ('moderate dysplasia') is tissue with some pre-cancer cells in the layers of the cervix. Recommended treatment includes removal of the affected cervix.

CIN-III ('severe dysplasia') is tissue that has considerable amount of pre-cancer cells, throughout all layers of the cervix. Treatment includes removal of the affected area of cervix and close follow-up.

Treatments for cervix cancers and precancer conditions

For **CIN-I** you will have 'surveillance' and need to see your GP or Gynaecologist to get repeat Pap-Smears 6-monthly to 12-monthly until you get a normal result.

For **CIN-II** or **CIN-III** you will need to have the affected area of the cervix removed by Large Loop Excision of Transformation Zone (LLETZ) Procedure or Cone Biopsy.

The **LLETZ** Procedure is generally performed under Local Anaesthetic. A heated loop of surgical wire is passed through the cervix to cut it, removing the abnormal cells.

Cone Biopsy is usually performed under a General Anaesthetic. The cervix is cut by a scalpel, removing a cone of the affected tissue around the cervical canal.

It is normal to have some mild cramping pain and bleeding after the procedure. It is not normal for the bleeding to be increasing or 'heavy' like a period, unless you are due to have your period at the same time as the procedure.



Abnormal Cervix on Colposcopy:

Treatment required to prevent progression to cancer.