Colposcopy

Colposcopy is a relatively painless 30-minute office procedure for examining the female cervix when an abnormal Pap smear has been detected or when there has been exposure to genital warts. This is done using a special microscope called the colposcope, which we have in our office. It usually cannot be done if you are flowing heavily on your period, but if you are only spotting, keep your appointment.

Colposcopy identifies areas on the cervix which might be causing the abnormality on the Pap smear and which may be considered premalignant (precancerous). The changes may vary from mild to malignancy (cancer) over a period of years. After proper evaluation, these abnormal cells can usually be treated with a freezing technique called cryocautery or with surgical removal. In certain cases laser therapy may be recommended. In this way cancer can usually be prevented. As with any procedure, there is no guarantee that the doctor can always eliminate the precancerous area. Therefore, close follow-up is always needed. If you are found to have a premalignant lesion, there is about a 1% lifetime chance of developing cancer even after treatment. Please follow your doctor's recommendations for the follow-up.

Research has shown that infection with the human papilloma virus is closely associated with cancer of the cervix. This is the same virus that causes warts in the genital areas, including inside the vagina and on the cervix. The medical term for these is condyloma acuminata. These lesions are very contagious and are passed readily by sexual intercourse. It is rare that people can be infected in other ways than through sexual contact. These wart viruses can remain dormant or inactive for up to 20 years after initial infection. If there is evidence of infection in the female (seen by an abnormal pap smear or obvious warts around the genitals), then the male sexual partner(s) is also infected. In some instances it may be advised that the man be examined. That procedure is called androscopy. Men may need to be treated if they have warts or have symptoms.

Description of Procedure (Colposcopy)

This procedure will take 30 minutes. You will be asked to undress from the waist down and will be draped appropriately. You will be asked to lie back and put your feet in stirrups, just like when you had the Pap smear taken. A biopsy may be taken so you may want to take four (4) 200-mg ibuprofen (Advil, Nuprin, etc.) 2 hours before your appointment. But do not take any aspirin for a week before the procedure.

The speculum will be inserted and the Pap smear may be repeated.

The doctor will then look through the fancy microscope (colposcope) at the cervix and note if there are any abnormalities. She will next stain the cervix with vinegar. This makes abnormal cells turn white. If such changes are seen, the doctor will take a small biopsy of these areas. This is generally not painful. (The biopsies are very small, about 2 to 3 mm [1/8 inch]). If a biopsy is taken, it does not mean you have cancer. It only means there are abnormal cells that need closer inspection. The biopsies will be sent to the laboratory for further evaluation. Because the biopsies are so small, there are very few complications from this procedure, except possibly some spotting.

The final Step is to do a scraping inside the cervix; this is called endocervical curettage (ECC). This will cause cramping but last only 15 to 20 seconds. Many women find it helpful to take four (4) 200-mg ibuprofen (Advil, Nuprin, etc.) 2 hours before the procedure to decrease
this cramping. Occasionally there will be some spotting afterwards for several days. Bring a
sanitary pad with you to the office.

No time off work is needed except for the time in the doctor’s office. Normal activities,
including sex, may be resumed.

Depending on the results of the biopsies and the ECC, which take about one to two weeks
to return, your physician will advise you on the treatment of your condition. If we do not call you
within 2 weeks, please call our office for results.

Other Information
About 90 different types of wart virus have been identified. They are all numbered, and types 6,
11, 16, 18 are the most common ones in the genital area. Patients often ask if these viruses can be
transmitted to the hands, feet, etc. Generally this does not happen. Genital warts for some reason
stay in the genital area and usually are not transmitted to other parts of the body. Only 20% of
these warts can be seen with the naked eye. The remaining 80% need to be stained to be seen and
properly evaluated.

Unfortunately, once someone has the wart virus in the vagina or rectum or on the penis, it
is almost impossible to totally eliminate it. Treatment can put them in “remission,” but they can
come back anytime. The cervix is at very high risk of developing cancer if exposed to the wart
virus so it must be evaluated, and then treated if there are significant changes there. There is a
99% chance of cure/prevention if the cervix is treated in time. Since the warts can come back
into the vagina anytime, you can spread the disease around anytime. Experts strongly
recommend that you remain monogamous. This means that you have intercourse with only one
partner – the same partner – the rest of your life. However, if you are with a new partner, you can
“Catch” new and different types of viruses, so a pap is necessary. Remember, although a
condom provides protection, it never makes sex “totally safe.”

We now know, too, that if you smoke your chances of developing cervical cancer is
markedly increased. Even if your partner smokes, your risks go up! You must stop smoking and
your sexual partner should too. Also, diet is very important. You should eat at least five servings
of vegetables and fruits every day. Many authorities now also suggest extra vitamins with folic
acid and antioxidants.

Remember that even after you are treated, you will need three or four pap smears during
the next 12 months, and then Pap smears at least every year for the rest of your life. Your doctor
may also recommend periodic Colposcopy, since we know that the Pap smear may miss up to
25% of lesions on the cervix. You should notify any new sexual partners that you have been
treated for condyloma.