COLPOSCOPY

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.

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 for one week and 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 are very low 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.

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 due to an infection by a virus called HPV (Human Papilloma Virus) which will usually resolve without treatment in 12—18 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 part of the cervix.

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

TREATMENTS FOR CERVIX CANCERS AND PRECANCEROUS CONDITIONS

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

For **CIN-II** or **CIN-III** you will need to have the affected area of the cervix removed by a Large Loop Excision of the 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 remove the great of 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.

COLPOSCOPIC EXAMINATION

Colposcopy involves looking at the vulva, vagina and cervix under a special binocular microscope and light. You will be in the lithotomy position on an electronic chair. A lubricated speculum is inserted into the vagina and the doctor will look at the structures of the vulva, vagina and cervix.



Normal Cervix on Colposcopy: Treatment not required.

What does Colposcopy entail?

- You will need to undress from the waist down and put on a gown.
- You sit on an automated chair which will position you, supporting your legs.
- An instrument called a speculum is inserted into the vagina to view the cervix.
- The doctor looks through the colposcope at the vagina and cervix under magnification. The colposcope does not touch you.
- Acetic acid or lodine 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 taken.
- It may sting or feel uncomfortable for a short time after the procedure.

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