

Kingston Health Sciences Centre

Centre des sciences de
la santé de Kingston

Your Colposcopy Visit



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

Introduction

Welcome to the colposcopy clinic. This booklet tells you about

- . The colposcopy examination.
- . Tests that are done in the colposcopy clinic.
- . What these tests look for

Take a few minutes to read this book. Bring this book with you to the clinic.

Where is the colposcopy clinic?

The colposcopy clinic is at Kingston General Hospital (KGH) in the Dietary wing on level 1. The clinic can be hard to locate, and parking can be a challenge. Please keep this in mind when considering when to arrive for your appointment.

What if I have to change my appointment?

Appointment times are limited. Please keep your appointment. If you can't keep your appointment, please let us know well ahead of time.

Contact Information

If you have any questions or concerns, please talk to your doctor.

You can also call the colposcopy nurse at (613) 548-6073 or e-mail the colposcopy clinic. **This is a part time phone line.** Results and return messages are offered between 8:00 a.m. to 12:00 p.m., Mondays, Tuesdays, and Fridays.

- E-mail: colpoclinic@kingstonhsc.ca
- Clinic Hours: 0800-1200 Monday, Tuesday, Friday

Why do I need a colposcopy?

There are different reasons why you may need a colposcopy exam. For example, you may have abnormal results from a Pap smear or your doctor may have seen changes in your vagina, cervix or genital area during a pelvic exam.

Many women need colposcopy because of an abnormal pap smear at some point in their life. This does NOT mean that you have cancer.

What is colposcopy?

Colposcopy is when a doctor looks at your vulva, vagina and cervix through a special microscope. This microscope is called a colposcope. It gives the doctor an enlarged view of your vulva, vagina and cervix.

The doctor inserts a device called a speculum into your vagina. The speculum spreads the walls of your vagina apart. This lets the doctor see your vagina and cervix. The doctor looks at the surfaces of these areas through the colposcope.

Then the doctor puts a vinegar and/or iodine solution on your cervix. This highlights abnormal cell areas. This may cause a mild burning feeling. Let the nurse or doctor know if you experience this.

What if I'm nervous?

We understand this process can cause anxiety. Knowing what to expect before your appointment can help to decrease nervous feelings.

There are many time frames associated with a colposcopy visit, please be reassured that every appointment is decided upon based on a doctor's recommendation.

Feel free to contact the colposcopy clinic at by phone or e-mail. We would be more than happy to improve your experience and provide support in any way possible.

How do I get ready for my colposcopy clinic visit?

24 hours before your appointment DO NOT

- Have sexual intercourse
- Use tampons
- Douche

These may affect the results of the test.

You CAN

- Take your prescribed medications as normal. Tell your doctor or colposcopy nurse if you take any medicine or have any allergies.
- Be on your period. Please keep your appointment as this doesn't change the results of your test or treatment.
- Eat as usual before your test
- Take a pain reliever before your appointment to help relieve mild cramping that may occur. NSAIDs (Advil/ASA/ Motrin/Ibuprofen) are recommended if you haven't been told previously that you can't take them. This type of medication tends to work better at providing relief from pain than other medications such as Tylenol and should be used when possible.

What tests might I have?

During the colposcopy, the doctor may repeat tests that you had before. You also may have other tests. The test results give the doctor more information to plan your treatment if required. Common tests are pap smear, endocervical curettage and cervical biopsy.

Pap Smear

A pap smear is a test that looks for changes in the cells of your cervix. It can show if you have problems such as some types of infections, dysplasia or cancer. Dysplasia is explained on page 6.

A pap smear is done during a speculum exam. The doctor uses a small brush and /or spatula to remove a few cells from the surface of your cervix. You may feel mild cramps during the exam but removing the cells should not hurt.

Pap tests are commonly repeated in colposcopy clinic. Please note, a pap test does NOT diagnose problems, it screens for problems. This means that an abnormal pap smear can happen even if there isn't a problem. Normal pap smears can also happen even if there a problem.

Endocervical curettage

An endocervical curettage (ECC) is when the doctor scrapes cells from inside your cervix. You may feel cramps in your lower abdomen while the doctor removes the cells.

Cervical biopsy

A cervical biopsy is when the doctor removes a small piece of tissue from an area of abnormal cells on your cervix. You may feel cramps or a pinch when the doctor removes the tissue.

A solution may be applied to cervix after biopsy. You may have spotting of blood after procedure, a pad or tampon will be supplied if needed.

A thick yellow paste may be placed on your cervix.

What problems can the tests find?

Dysplasia

Dysplasia is when there are changes in the cells on the surface of your vulva, vagina or cervix. There are no symptoms. Women who smoke or have certain medical conditions have a greater risk of developing dysplasia. Genital warts and dysplasia are caused by HPV; however, a person could have HPV without dysplasia or genital warts.

Dysplasia is not cancer. The changes are considered to be pre-cancerous. This means that, if it isn't treated, dysplasia may become cancer over several years. If it is treated, dysplasia is cured, most often with one treatment.

Smoking has been proven to increase likelihood of dysplasia development and impacts the body's ability to clear dysplasia. We realize this is not easy, but this is another very important reason to try and quit or cut down smoking. The effect of cannabis (if NOT mixed with tobacco) hasn't been proven to impact dysplasia.

Biopsy Diagnoses

The pathologist (doctor who specializes in identifying diseases through looking at samples from body tissue) may make one of the following diagnoses after a biopsy has been done.

1. Atypical squamous cells of uncertain significance (ASCUS)
2. Low grade squamous intra-epithelial lesion (LSIL)
3. High grade squamous intra-epithelial lesion (HSIL)
4. Atypical glandular cells (AGC)

1.	<p>Atypical squamous cells of uncertain significance (ASCUS)</p>	<ul style="list-style-type: none"> • There were changes in your cells, but the pathologist can't tell what the changes mean. ASCUS may not be dysplasia. • If you have one of these changes you need to go to your doctor for another pap smear in 4 to 6 months. This is to find out if you need a colposcopy exam.
2.	<p>Low grade squamous intra-epithelial lesion (LSIL)</p> <p>This is also called:</p> <ul style="list-style-type: none"> • cervical intra-epithelial neoplasia grade 1 • CIN 1, or • Mild dysplasia. 	<ul style="list-style-type: none"> • LSIL is low grade dysplasia. This means that there are small changes in the cells. • Very few people are treated for LSIL. If the dysplasia doesn't go away, or if it gets worse, then you may need treatment. • If you have this change, your plan for the future will be decided with your doctor. You may need to come for another pap smear in 4 to 6

		months.
3.	<p>High grade squamous intra-epithelial lesion (HSIL).</p> <p>This diagnosis includes the following:</p> <ul style="list-style-type: none"> • Cervical intra-epithelial neoplasia grade 2, CIN 2 or moderate dysplasia • Cervical intra-epithelial neoplasia grade 3, CIN 3 or severe dysplasia • Carcinoma-in-situ (CIS) • Adenocarcinoma-in-situ (AIS) 	<ul style="list-style-type: none"> • The changes in the cells are more advanced than with LSIL. HSIL can become cancer over many years and if you are not followed up appropriately. • Doctors send women with these changes to the colposcopy clinic. Treatment is often needed, and is very effective
4.	Atypical glandular cells (AGC)	<ul style="list-style-type: none"> • This is different and may require a different plan as abnormal cells may not be coming from the cervix alone. • Follow up will be specifically discussed on an individual basis with doctor at appointment

Human papilloma virus (HPV)

HPV is very common, and most people never need treatment for it. This virus may be found during a colposcopy exam, or by looking at cells that are removed during a pap smear or biopsy. HPV causes genital warts and dysplasia.

People may not know if they have HPV. A person can have the virus without having genital warts. Such people can pass the virus to others without knowing.

Using condoms may not totally protect you from giving or getting the virus. Use a condom if you are having sex with more than one partner.

Genital Warts

Genital warts are caused by the HPV. Genital warts can grow on the vulva, vagina, cervix or other locations. The warts can be flat or raised skin growths. Sometimes, genital warts may be itchy. Usually, there are no symptoms.

Genital warts usually go away without treatment. The time this takes varies from person to person. If they don't go away, you may need treatment.

Although genital warts can be treated, you may still have the HPV that causes them. This means that the genital warts or dysplasia may come back.

What treatments are done in the clinic?

Your doctor will talk to you about treatment choices. Common treatment includes:

- laser therapy
- loop electrosurgical excision (LEEP)

These are common methods to remove dysplasia. Most treatments are done in the colposcopy clinic. Each takes only a few minutes. You will be in the clinic for about 30 minutes. Treatments are 90% effective, which is why you need to be seen at least 2 times after your treatments have been provided.

Additional information will be provided to outline further treatment information if needed.

Often asked questions

1. Do I have cancer if my pap smear is not normal?

It is very unlikely. Dysplasia and HPV cause many abnormal pap smear results. These changes may be precancerous. The colposcopy clinic is proactive. If not treated, dysplasia could become cancer.

2. Does treatment cure dysplasia?

Yes it does. One out of every 10 women needs a second treatment. This is why it is important to have regular check-ups and pap smears after your treatment. You may however get a new dysplasia in the future.

3. Will the test or treatment change my periods or harm my chance of having a baby?

In the long term, having a test or treatment does not change your periods or chance of getting pregnant and delivering a baby.

4. What happens if I am pregnant or get pregnant before my test?

Please tell the doctor in colposcopy clinic if you might be pregnant. You may not have a treatment if you are pregnant. However, you will have regular check-ups at the colposcopy clinic. At these check-ups, the doctor does a colposcopy exam to check the dysplasia. If you need treatment, you will have it 3 to 4 months after your baby is born.

5. How long do results take?

Up to 3 weeks. Please be patient, we will update you if further treatment is required,

Do I need a check-up after my treatment?

You will almost always need to come back to the colposcopy clinic for assessment. Your doctor will talk to you about this.

If you come back to the colposcopy clinic, the doctor gives you a colposcopy exam and pap smear. If you go to your family doctor for the check-up, you have a pap smear.

Information to remember

Name or test or treatment _____

Date _____

Time _____

Colposcopy Clinic 613-548-6073

Nurse _____

Doctor _____

Phone _____

Check-up

Place _____

Date _____

Time _____

Phone _____

NOTES