

Definitions of words used in this brochure:

Cervix: The lower end of the uterus (womb) that is located at the top of the vagina.

Colposcope: A microscope with a bright light used to examine the cervix and other genital areas.

Condyloma: Another name for genital warts caused by HPV.

Cryotherapy: A method of removing abnormal cells from the cervix by freezing.

Dysplasia: Abnormal or pre-cancerous cell changes.

ECC: A scraping of cells from inside the cervical canal.

Gynecologist: A doctor who diagnoses and treats disorders affecting the female reproductive organs.

HPV: A very common sexually transmitted virus. There are many types of HPV. Some types may, over time, cause abnormal cell changes to the cervix, vagina, and vulva in some women. A few other types may cause genital warts.

Laser therapy: A method of removing abnormal cells from the cervix using a laser beam.

LEEP: A method of removing abnormal cells from the cervix using a thin, heated wire loop.

Pap test: Cells taken from the cervix, spread on a piece of glass (slide), and looked at under a microscope.

Pathologist: A doctor who specializes in looking at cells through a microscope in the laboratory.

Speculum: An instrument used to hold the walls of the vagina open so the cervix can be seen.

Vagina: The hollow, muscular tunnel-like structure that leads from the vulva on the outside of the body to the cervix. It is also called the birth canal.

Vulva: The external genital organs of the female. It includes the labia majora, labia minora, clitoris, and the vaginal and urethral openings.

Keeping your appointments

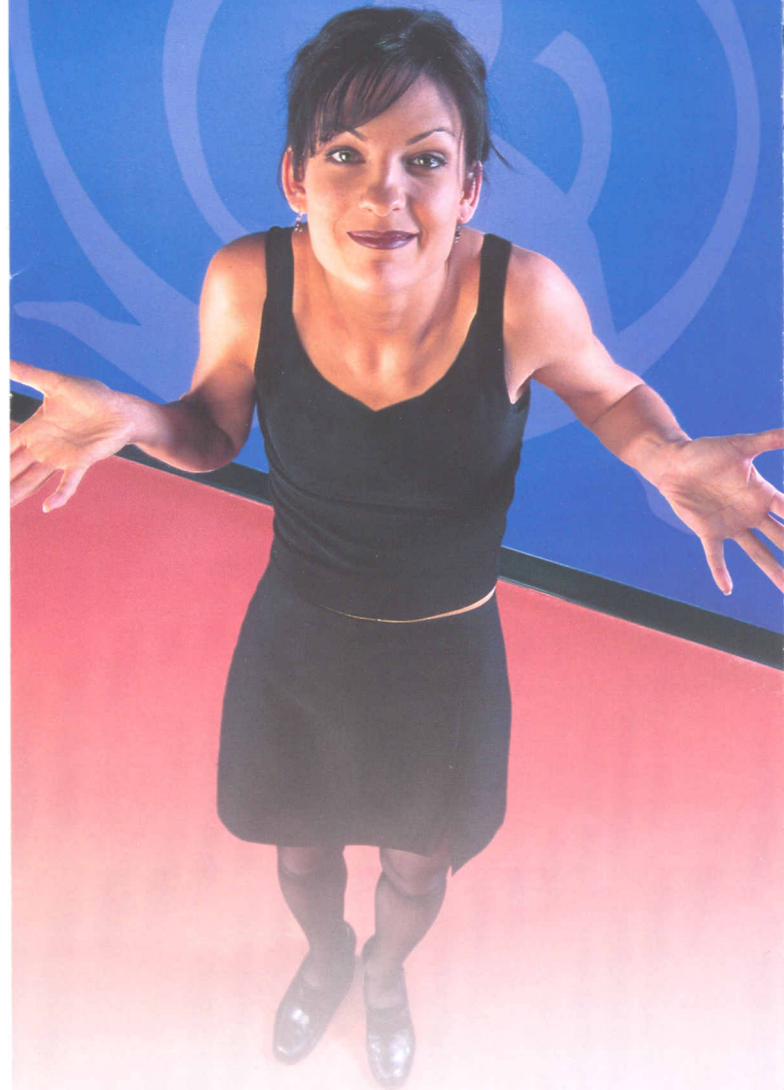
Your follow-up care is important to us! If you are asked to return to the clinic or your doctor's office, be smart and keep your appointment!

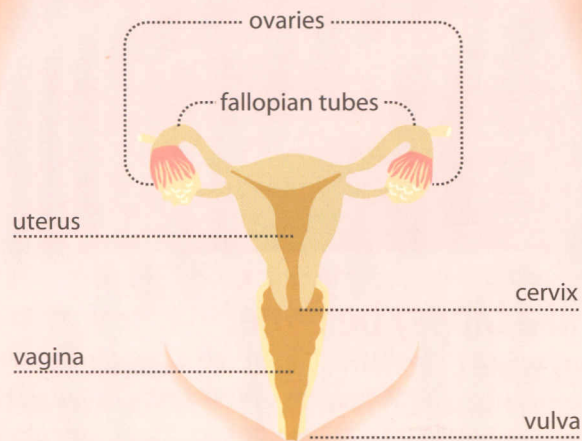


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You need to have a colposcopy test.

So now what?





What is colposcopy?

Colposcopy is an examination of the cervix using a special microscope called a *colposcope*. The microscope allows the doctor to see the cervix and other areas in detail. The doctor can find abnormal areas and take samples if needed. A *gynecologist* specially trained in colposcopy will do the test.

Why was I referred for a colposcopy test?

You may have been referred for the test for any of the following reasons:

- an abnormal *Pap test* result;
- an abnormal area appearing on the *cervix*, *vagina* or *vulva*;
- bleeding from the cervix.

Your doctor will discuss with you why you are being referred.

What does having an abnormal Pap test result mean?

When the *pathologist* in the lab viewed your test on a slide he/she saw cells that looked “different” from normal cells. An abnormal test result may indicate the presence of:

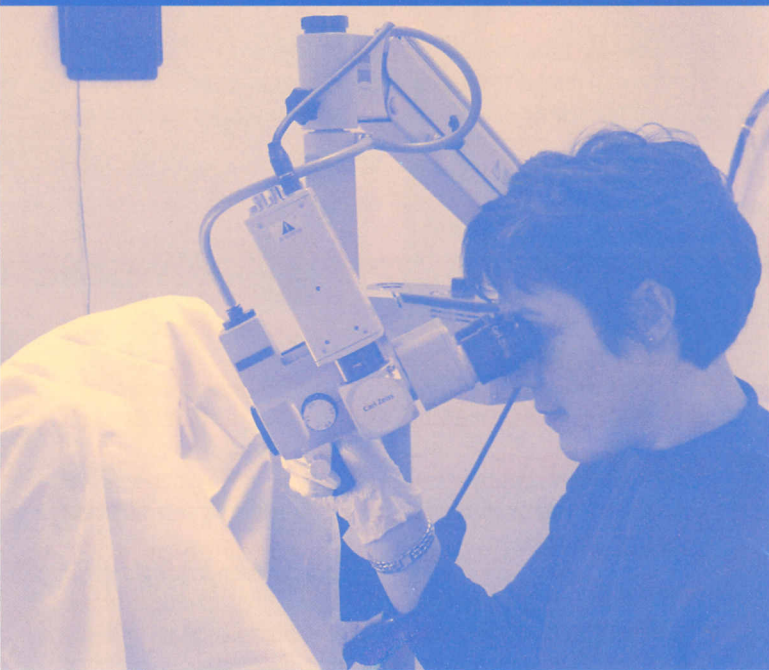
- *HPV* (Human Papillomavirus);
- low- or high-grade *dysplasia* (pre-cancer changes);
- bacterial infection;
- pregnancy;
- aging;
- normal inflammation.

Does this mean I have cancer?

No. An abnormal Pap test result or referral for a colposcopy examination does not mean you have cancer. **Very few women with abnormal Pap test results have cancer.** A Pap test helps detect abnormal cell changes before cancer develops.

Your colposcopy visit

After you arrive, you will meet with a nurse or doctor to discuss the reason for your visit. Feel free to ask questions. You may bring a friend or family member with you. The entire visit may take about 45 minutes.



How is a colposcopy done?

It is very similar to the Pap test you had in your doctor's office. The doctor inserts a *speculum* into the vagina to view the cervix. A Pap test may be taken. A vinegar solution is then applied to the cervix, vagina and sometimes the vulva. You may feel a tingling sensation. The vinegar turns any abnormal areas white. The doctor then looks at the cervix through the colposcope. **The colposcope does not enter your body.** This portion of the visit usually takes 10 minutes.

Tip: Empty your bladder just before the test – you'll feel less pressure.

Will a biopsy be done?

If any white or abnormal areas are seen, a biopsy or small tissue sample will be taken. You may feel a pinch when the biopsy is taken or you may not feel any discomfort. A small amount of yellow or grey-brown paste is applied to the biopsy site to help stop any bleeding. Another type of biopsy is an ECC or endocervical curettage.

What happens after a biopsy?

- You may have mild abdominal cramping. The clinic may offer you pain pills or you may use Ibuprofen or Tylenol®.
- You may have a small amount of bleeding or dark coloured discharge from the clotting paste. This may last a few days. The nurse will give you a sanitary pad.
- You can bathe, shower, and resume your usual activities.
- You should avoid intercourse as instructed. If you have any problems, call the clinic or gynecologist's office. (See front of this brochure.)



Will I need treatment?

You may or may not need treatment based on your colposcopy and test results. The doctor will recommend the best treatment for you. Treatments are often arranged within 8 to 10 weeks of your visit. Commonly used treatments include: observation, *LEEP* (loop electrocautery excisional procedure), *cryotherapy* and *laser therapy*. Most treatments are done in an outpatient clinic. Some may be done in the operating room when you are asleep.

If you have genital warts or polyps they may be treated on this first visit.

Your colposcopy test results

The doctor may discuss the colposcopy findings with you immediately after the test. In other cases a follow-up visit may be arranged to discuss your test results and possible treatment. A follow-up appointment may or may not be needed. If recommended, it is important to keep all follow-up visits.

The gynecologist will send a letter to your family doctor about your findings and follow-up care. If you have any questions or concerns, please call the clinic or gynecologist's office for more information. *(See front of this brochure.)*

Can I come for colposcopy if I am menstruating?

Some clinics prefer that you keep your appointment if your flow is not too heavy and you are comfortable coming for your test. Other clinics prefer you rebook your appointment. Please call the clinic or gynecologist's office to check or rebook if needed. *(See front of this brochure.)*

Should I have a colposcopy examination if I am pregnant?

If you are pregnant, keep your appointment. Observation may be all that is needed. If the doctor feels a biopsy is needed, this will be discussed with you.

Why are there TVs in some examination rooms?

Some colposcopes are equipped with a video camera and TV monitor. You can see on the monitor what the doctor is seeing through the colposcope. This may give you a better understanding of what is happening. You may choose not to watch the monitor.

Will there be more than one person in the room?

There may be a nurse in the room to assist you and the doctor. A student may also be in the clinic. You have the right not to have a student present but we hope that you will help us as we train them.

