



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ135
SPECIAL PROCEDURES

Colposcopy

- **What is colposcopy?**
- **Why is colposcopy done?**
- **How is the procedure performed?**
- **When is biopsy done during colposcopy?**
- **What should I expect during recovery?**
- **Glossary**

What is colposcopy?

Colposcopy is a way of looking at the **cervix** through a special magnifying device called a colposcope. It shines a light into the **vagina** and onto the cervix. A colposcope can greatly enlarge the normal view. This exam allows the health care provider to find problems that cannot be seen by the eye alone.

Why is colposcopy done?

Colposcopy is done when a **Pap test** result shows abnormal changes in the cells of the cervix. Colposcopy provides more information about the abnormal cells. Colposcopy also may be used to further assess other problems:

- Genital warts on the cervix
- Cervicitis (an inflamed cervix)
- Benign (not cancer) growths, such as **polyps**
- Pain
- Bleeding

Sometimes colposcopy may need to be done more than once. It also can be used to check the result of a treatment.

How is the procedure performed?

Colposcopy is done like a Pap test in a doctor's office. You may be referred to another health care provider or to a special clinic to have it done.

The procedure is best done when a woman is not having her menstrual period. This gives the health care provider a better view of the cervix. For at least 24 hours before the test, you should not

- douche
- use tampons
- use vaginal medications
- have sex

As with a pelvic exam, you will lie on your back with your feet raised and placed on foot rests for support. A **speculum** will be used to hold apart the vaginal walls so that the inside of the vagina and the cervix can be seen. The colposcope is placed just outside the opening of your vagina.

A mild solution will be applied to your cervix and vagina with a cotton swab or cotton ball. This liquid makes abnormal areas on the cervix easier to see. You may feel a slight burning.

When is biopsy done during colposcopy?

During colposcopy, the health care provider may see abnormal areas. A **biopsy** of these areas may be done. During a biopsy, a small piece of abnormal tissue is removed from the cervix. The sample is removed with a special device.

Cells also may be taken from the canal of the cervix. A special device is used to collect the cells. This is called endocervical curettage (ECC).

What should I expect during recovery?

If you have a colposcopy without a biopsy, you should feel fine right away. You can do the things you normally do. You may have a little spotting for a couple of days.

If you have a colposcopy with a biopsy, your vagina may feel sore for 1 or 2 days. You may have some vaginal bleeding. You also may have a dark discharge for a few days. This may occur from medication used to help stop bleeding at the biopsy site. You may need to wear a sanitary pad until the discharge stops.

Your health care provider may suggest you limit your activity for a brief time. While the cervix heals, you will be told not to put anything into your vagina for a short time:

- Do not have sex.
- Do not use tampons.
- Do not douche.

Call your health care provider right away if you have any of these problems:

- Heavy vaginal bleeding (using more than one sanitary pad per hour)
- Severe lower abdominal pain
- Fever
- Chills

Glossary

Biopsy: A minor surgical procedure to remove a small piece of tissue that is then examined under a microscope in a laboratory.

Cervix: The opening of the uterus at the top of the vagina.

Pap Test: A test in which cells are taken from the cervix and vagina and examined under a microscope.

Polyyps: Benign (noncancerous) growths that develop from membrane tissue, such as that lining the inside of the uterus.

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

Vagina: A passageway surrounded by muscles leading from the uterus to the outside of the body; also known as the birth canal.

If you have further questions, contact your obstetrician–gynecologist.

FAQ135: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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