

# PATIENT EDUCATION



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

Special Procedures • EP135

## Colposcopy

**C**olposcopy is a way of looking at the **cervix** through a special magnifying device called a colposcope. It shines a light onto the **vagina** and cervix. A colposcope can enlarge the normal view by 2–60 times. This exam allows the health care provider to find problems that cannot be seen by the eye alone.

*This pamphlet explains*

- reasons for colposcopy
- how colposcopy is performed
- what to expect before, during, and after the procedure

### Reasons for Colposcopy

Colposcopy is done when results of cervical cancer screening tests show 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.

### The Procedure

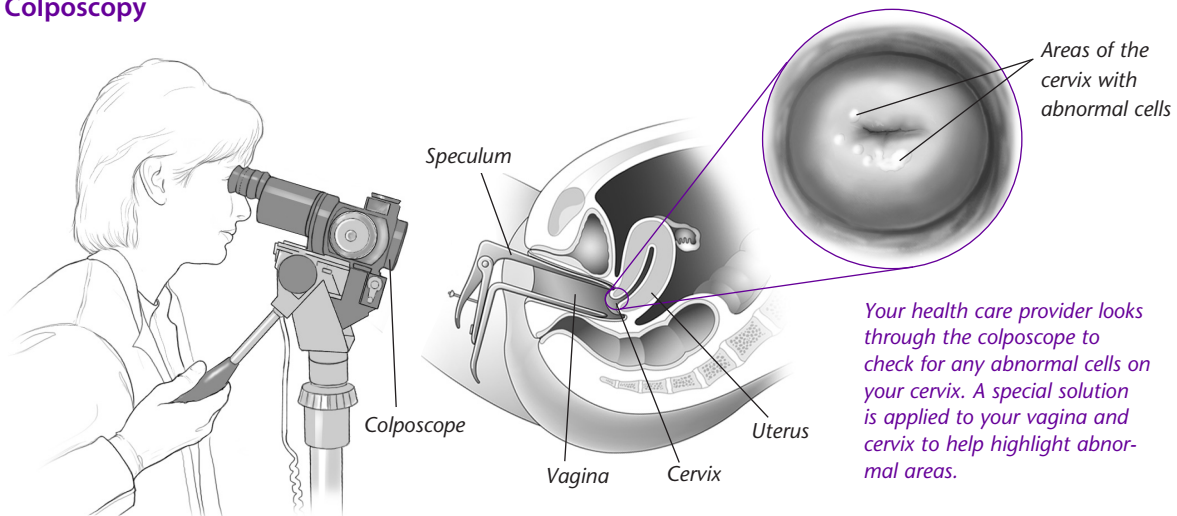
Colposcopy is done in a health care provider's office. You may be referred to another health care provider or to a special clinic to have it done.

The procedure is best done when a woman is not having her 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

## Colposcopy



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.

## Biopsy

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 tissue is removed from the cervix. You may feel a pinch or cramping while this is done.

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.

## Results

If a biopsy was taken, the tissue will be studied in a lab. When biopsy results come back from the lab, your health care provider will discuss them with you. Depending on the results, you may need more frequent cervical cancer screening, or you may need further testing or treatments.

## 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, you may have discomfort and cramping for 1 or 2 days. Over-the-counter pain medications can be helpful. You may have some vaginal bleeding and a dark discharge for

a few days. The discharge 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

## Finally...

Cervical cancer screening is a good way to find cervical changes that could become cancer. Colposcopy gives more information if cervical cancer screening results are abnormal. Talk with your health care provider about the results of your colposcopy and biopsy.

## 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 lower, narrow end of the uterus at the top of the vagina.

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

**Speculum:** An instrument used to hold open the walls of the vagina.

**Vagina:** A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as “superior.” To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet 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 the institution or type of practice, may be appropriate.

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