



Procedure Information Sheet

Introduction

Colposcopy is a type of microscope examination of cervix and vagina.

Indication

Cervical smear (Pap smear) or vault smear shows abnormal cells or high risk Human papillomavirus (HPV).

The Operation / Procedure

1. Colposcopic examination is similar to the usual gynecological examination. The whole procedure usually takes 15-30 minutes.
2. A vaginal speculum is placed inside the vagina to expose the cervix.
3. Doctor will use a light microscope to examine the cervix and vagina. Both areas are gently swabbed with acetic acid.
4. Biopsy of the cervix or vagina will be taken using a biopsy forceps if necessary.

Before the Operation / Procedure

1. Do not schedule the procedure during the menstrual period.
2. Abstain from intercourse for 24 hours before the procedure.
3. A written consent is required.
4. No fasting before operation.
5. Empty urinary bladder before operation.

After the Operation / Procedure

Mild discomfort due to the speculum is placed inside the vagina. Patient who have undergone colposcopy and cervical biopsy:

1. Mild cramping and slight bleeding after the biopsy, it usually takes 1 week.
2. Avoid swimming, intercourse, tub bath and use of tampon for 1-2 weeks after the procedure to reduce the risk of wound infection.
3. Attend accident and emergency department in a nearby hospital (preferably the treatment hospital) immediately if vaginal bleeding becomes heavy.

Risks and Complications

1. Bleeding (Patient who have undergone biopsy may have some bleeding).
2. Infection.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Department of Gynaecological, Pok Oi Hospital, Wai Yin Association, Ambulatory Gynaecological Centre, Pre-operative Information sheet: Colposcopy (2009)

Patient's Label
Patient Name: _____
Hospital No: _____
Episode No: _____

Patient's Signature: _____ Date: _____