

# FACTSHEET: Colposcopy

## Why do I need a colposcopy?

From December 2017 the cervical cancer screening program changed, and pap smears are no longer performed. The pap smear has been replaced by the Cervical Screening Test which looks for signs of Human Papillomavirus (HPV). The cervical screening test is performed in the same way as the pap smear used to be with a speculum examination performed by a doctor or nurse.

If you are aged 25-74, you should have your first Cervical Screening Test two years after your last Pap test. If your test shows no HPV infection you do not need to have another screening for five years.

A cervical screening test takes cell samples and HPV DNA, if there is any HPV detected, this may trigger a process of change in the cervical cells.

A positive HPV test indicates that you have encountered one of the many types of HPV. If HPV is detected, then a further test called Liquid Based Cytology (LBC) will be performed on the same sample. Women who have abnormal LBC or who have HPV 16 or HPV 18 detected, may need a colposcopy.

Colposcopy is a diagnostic test, meaning that it is a better and more sensitive test than screening. A diagnostic test gives us more information than a screening test and is why high grade or persisting abnormal cervical cancer screening tests should be followed up by a colposcopy.

You may be referred for colposcopy if you have had an abnormal screening result, either a persistent low-grade abnormality or a high-grade abnormality.

If you experience any abnormal symptoms, such as heavy menstrual bleeding, bleeding after intercourse, bleeding in between periods, or persistent spotting whilst on the contraceptive pill, a colposcopy examination is also needed, regardless of whether you have had a recent normal cervical screening test.

A colposcopy can safely be performed in pregnant women and women with an IUD in situ.



## What is a Colposcopy?

A colposcopy is a procedure that uses a powerful microscope to look closely at the cervix, vagina, and vulva to help locate changed or abnormal cells and see what they look like.

The doctor will use the microscope that has a light and resembles a pair of binoculars on a stand in order to look for any abnormal areas.

## Who performs the colposcopy?

A doctor who is an accredited colposcopist will perform your colposcopy at Clinic 66. This will be either a Gynaecologist (who holds the qualification of FRANZCOG), a Sexual Health physician or a specialist GP specifically trained in colposcopy.

Do NOT have your colposcopy performed by a doctor who is not appropriately trained and accredited to do this procedure.

## What does the procedure involve?

The procedure is very similar to a cervical screening test (previously known as a pap smear), with a few extra steps.

An instrument called a speculum is inserted into the vagina to locate the cervix.

The colposcopy doctor may then use a solution over the cervix such as acetic acid (vinegar) or Lugol's solution (iodine) to help highlight any abnormal areas and take a close look at the cervix under magnification through the colposcope.

A biopsy or tissue sample may also be taken for further analysis.

## Will it hurt?

The colposcopy examination takes 10-15mins. You may experience slight discomfort during the procedure, but it should not be painful.

At Clinic 66, you may choose to have your colposcopy as an awake procedure or under sedation (light anesthetic which can be intravenous or inhaled) so that you don't feel any discomfort during the procedure.

## What happens after the procedure?

If abnormal cells are found on the biopsy sample, further treatment is most likely required.

The type of treatment will depend on the level of abnormality. Your colposcopy doctor will discuss this in further detail with you.

## Treatments may include:

- No treatment – for minor abnormalities, a follow-up repeat colposcopy and cervical screening test at an earlier interval may be required.
- LLETZ procedure (Large Loop Excision of Transformation Zone). This takes about 20 minutes and involves a wire loop removing the area which contains the abnormal cells. This is done at a hospital, usually under general anesthetic.
- Cone biopsy. This is when abnormal cells are higher up inside the canal of the cervix. This is done at a hospital, usually under general anesthetic.
- Laser treatment.
- Hysterectomy. This is the very LAST option and is for women who have already developed cancer of the cervix.

After these treatments, a follow-up cervical screening test and colposcopy will be necessary to ensure that all abnormal cells have been successfully removed.

## How much will it cost & what is the availability?

Clinic 66 is a private medical facility, so there is a fee charged for all our services. We do not bulk bill.

The cost of a colposcopy will depend on whether you have a biopsy taken and/or whether you have sedation.

A large portion of your costs will be rebated by Medicare (for those who hold a Medicare Card). For women who don't hold a Medicare card, the costs associated with colposcopy are usually covered by Medical/Health insurance, but it is best to check directly with your provider.

Clinic 66 are competitively priced when compared with other providers and have good appointment availability. We can usually see you within a week of your enquiry.

Please call us for more information on (02) 9411 3411.