We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. “An educated patient is the best patient.”*

**COLPOSCOPY**

**Definition**

<table>
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<th>Colpo</th>
<th>Of or pertaining to the vagina</th>
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<td>Scopy</td>
<td>Examination with an instrument for improved viewing, often with magnification and directed lighting</td>
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Colposcopy is an examination of the cervix (lower part of the womb) and the walls of the vagina. It is performed using a lighted microscope, called a colposcope, designed to give a magnified view of tissue lining the cervix and vagina. Aided by light and magnification and using simple techniques to highlight abnormal cells, your doctor is able to sample areas of abnormality for biopsy (removal of tissue for diagnostic evaluation).

Current recommendations are that those women who have (certain) abnormalities in their yearly Pap test results, were born to mothers who took "DES" (a female hormone) while pregnant with them, or have previous abnormalities on colposcopic examination, have repeat colposcopic examination.

**Preparation**

Colposcopy is usually done in your doctor's office or clinic. Although it takes a few minutes longer than your Pap test, it is usually no more uncomfortable. No special preparation is needed nor is any anesthesia or pain medicine necessary.

**Procedure**

You will be reclining on the examination table with your legs elevated in stirrups (as you do for a gynecological examination). The procedure usually takes between five and 10 minutes depending on your Pap test results, previous history of cervical disease, and if your doctor will be performing a cervical biopsy. You will be given additional education literature on *Cervical Biopsy* if your doctor plans to obtain a tissue sample for microscopic examination.

After placing a speculum to hold open the vagina, a mild solution of acetic acid (vinegar) is swabbed on the cervix to wash away mucous secretions and to highlight abnormal areas on the surface. Your doctor will then perform a visual examination of the cervix and vagina and make the determination to proceed with collection of biopsy sample(s) or not. Your doctor may apply a liquid or paste like solution (Monsel's) to the bleeding areas to stop bleeding which may result in a dark, flaky, coffee ground discharge for a few days.

**Post Procedure**

Recovery from this procedure will take only a few minutes, and once you have dressed you will be permitted to leave the office. You may proceed with normal activities if no biopsy was collected. However, if your doctor performed cervical or vaginal biopsy, please refer to the instruction sheet regarding post-procedure instructions, expectations, etc.
**Expectations of Outcome**
You should anticipate a brief discussion with your doctor regarding the findings of this examination and recommendations for future examination or treatment. There is very little to no discomfort from this examination and you should be able to resume your normal activities immediately.

**Possible Complications of the Procedure**
As stated above, you may experience brief, mild discomfort during the examination, both from placement of the speculum or cervical cleansing with the acetic acid (vinegar). The procedure is otherwise very similar to a gynecologic examination. If you have had cervical biopsy or endocervical curettage, please refer to the information sheets on those procedures.

**Consent for Treatment**
I understand that during the course of the procedure unforeseen conditions might arise or be revealed that could require an extension of the procedure or performance of other operations, procedures or treatments. I therefore authorize and request the below-named individual or their designees to perform such operations, procedures or treatments that are or might become necessary in the exercise of their professional judgment.

I acknowledge that _________________ has explained the proposed procedure to me and has answered any questions that I have to my satisfaction.

I hereby consent to the above procedure. In addition, I accept all of the risks inherent to that procedure and request that it be performed.

________________________________________
Patient Signature

________________________________________
Patient Name (Printed) Patient ID Date

________________________________________
Physician Signature

________________________________________
Physician Name (Printed)

________________________________________
Witness

________________________________________
Witness Name (Printed) Date

*The information contained in this Medical Informed Consent Form ("Consent Form") is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional.*

*Please call your doctor if you have any questions.*