

COLPOSCOPY--WHAT YOU NEED TO KNOW

WHAT IS IT? Colposcopy is a procedure that helps to examine tissue (skin or cervix) under magnification. It is most commonly done when there is a report of an abnormal Pap smear or to check for genital warts. This observation, along with taking tissue samples (biopsy), helps determine the extent of abnormal tissue and aids in development of an appropriate treatment plan.

HOW IS IT DONE? The standard gynecology stirrups and speculum are used. Colposcopy, itself, is painless. However, if biopsies are needed, there may be some cramping. Ibuprofen or Aleve, taken 30-60 minutes before the procedure can help decrease discomfort.

WHAT HAPPENS AFTER THE PROCEDURE? If you have biopsies taken, you may expect a small amount of bleeding. Do not use tampons, have sexual intercourse or insert anything in your vagina for 48 hours. Swimming and hot tubbing should also be avoided to decrease the chance of infection. Complications are rare. Pelvic pain, fever, excess bleeding or unusual discharge should be reported to the clinic immediately. A follow-up examination may be necessary.

WHEN WILL I HEAR ABOUT MY RESULTS? You will be advised as soon as results are reviewed. Please call the Student Health Center at 831 459-2780, if you have not heard from us in two weeks and the receptionist will take a message for your doctor.

CONSENT FORM

I have been informed that a colposcopic examination and possible biopsy (tissue sampling) is recommended for me because of my findings of:

Abnormal pap smear Other: _____

The following information has been explained to me to my satisfaction:

Colposcopy involves looking at the vagina and cervix with magnification. Vinegar, which may cause a mild stinging, is applied to enhance the visualization of abnormal tissue.

If abnormal tissue is seen, a biopsy will be taken. This may cause a brief, mild discomfort. Complications are extremely rare, but symptoms of heavy bleeding, pain, and fever and odorous discharge should be reported to the practitioner, if they occur.

I understand that the cost for this procedure will be transferred to my student account and may or may not be covered by my insurance plan.

I understand I need to avoid sexual intercourse, vaginal penetration, swimming and hot tubbing after this procedure to lessen the risk of infection.

This examination and/or biopsies are sometimes inadequate for complete diagnosis or may reveal a condition requiring referral to a specialist for further diagnosis and treatment.

I have read and understand the consent information and hereby give my consent for colposcopy.

Signature

Date

Name:
ID#: Place Sticker Here
Telephone: