

Michael Garron Hospital Colposcopy Clinic

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Your colposcopy clinic visit is very important to attend.

We recognize it may be stressful and worrisome. During your visit we will be able to provide clear information and answer any questions you may have. Our team includes a gynecologist, nurse and clerk.

Please see below for some important information regarding your visit.

About your scheduled visit

It is very important that you attend your colposcopy clinic visit and any follow up visits arranged for you by the team.

If you need to reschedule your appointment, please phone the Michael Garron Hospital Booking Line at 416 469 6580 ext. 6031.

Please phone:

- If you get your period, so that we can decide if you need to be rescheduled
- If you cannot keep your appointment, so that we can reschedule you
- You change your address or phone number, so that we can update your information

You will receive a notification and reminder about your appointment from our automatic reminder system. This notification is set up by your preference of phone call, text, or email. If you have not selected a preference, you will be notified by both phone and text.



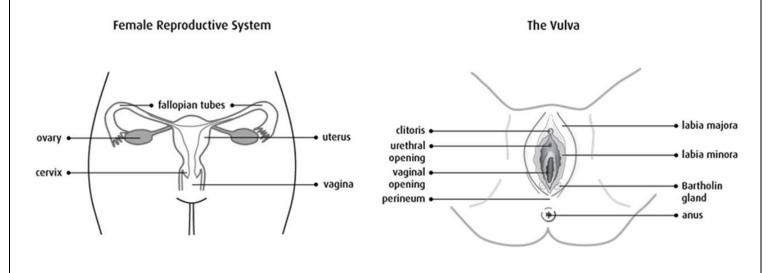
Colposcopy

Why do I need a colposcopy?

Your doctor may have referred you to the Colposcopy clinic due to an abnormal result on a HPV or pap test, or if the cervix, vagina, or vulva do not look normal. The gynecologists at the Colposcopy clinic have special training in diagnosing abnormal cells, also known as dysplasia.

The cervix is the lower part of the uterus that your healthcare provider can see when they use a speculum to look in the vagina.

The vulva is the area outside the vagina that you can see.



What is Dysplasia?

Abnormal cells are called dysplasia. Dysplasia is not cancer. Few women have cancer of the cervix. Some dysplasia can turn into cancer if not treated. Some dysplasia will go away on its own over time. If you need treatment, your gynecologist will discuss treatment with you.

Anyone who is having sexual intercourse or has had sexual intercourse in the past can develop dysplasia. Most levels of dysplasia are believed to be caused by HPV (Human Papilloma Virus).

Other factors which may increase your chances of developing dysplasia include:

- Sexual intercourse at a young age
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- An impaired immune system



What should I do to prepare for a colposcopy?

Please make sure to eat/drink before your appointment. You do not need to fast prior to your colposcopy.

Please do not have vaginal sexual intercourse, use any vaginal medications or tampons for **48 hours** before your colposcopy. Your colposcopy should be rescheduled if you are on your period and having more than light spotting.

Please note, if your healthcare provider has recommended that you have a colposcopy, it is very important that you complete the procedure as scheduled to avoid any risk of cancer.

If you are on your period and having more than light spotting, please call the hospital booking line at **416 469 6580 ext. 6031** to reschedule your visit.

If you were referred to the Colposcopy Clinic it is very important to complete your visit.

During your first visit

During your first visit, a nurse will take your health history. The nurse will explain why you have been sent to the clinic and answer any questions for you about colposcopy. The nurse will then instruct you how to change and cover yourself for the examination and give you privacy to do so.

The gynecologist will then speak to you further about the reason for referral and your medical history and proceed to perform the colposcopy.

How is a colposcopy done?

The gynecologist will place a speculum in the vagina, just like when you get a Pap test.

The gynecologist will look closely at your cervix using a microscope with bright light and magnification, after applying a liquid (acetic acid, sometimes called diluted vinegar) that makes abnormal tissue easier to see.

If the provider sees anything abnormal, they may take a biopsy.

What is a biopsy?

A biopsy is a test done to further examine any abnormal cells you may have on your cervix or vulva. It removes a tiny piece of tissue which is sent to the lab for further testing. The gynecologist may do a biopsy for even mild cell changes. Doing a biopsy **does not mean you have cancer**.



Cervical Biopsy

A cervical biopsy usually feels like a brief pulling, cramping, or pinching sensation lasting for 1-2 seconds. Some patients do not feel biopsies at all.

The gynecologist will remove a tiny piece of tissue about 1-2mm in size. After the sample is taken, a brown liquid is dabbed onto the area. This will cause a dark brown discharge from your vagina for a few days, which kind of looks like coffee grounds. This will stain your underwear, so please wear a liner for a few days. You may also experience some light spotting.

Vulvar Biopsy

Before a vulvar biopsy, the area will be "frozen" with an anesthetic. This will feel like a pinch or bee sting. After the biopsy is taken you should keep the area clean and dry. When the freezing wears off, you may feel some mild discomfort.

What happens after a colposcopy?

- You do not need to do anything different following a colposcopy if the gynecologist did not take a biopsy. If the gynecologist took a biopsy, do not have intercourse for at least 48 hours following the biopsy, or longer as suggested by your care provider.
- The gynecologist will talk to you about your exam and next steps. If needed, a follow-up appointment will be made for you. Treatments are not usually done at the first visit. See the "Treatments" section for more information.
- If you do not need treatment, you may still need further visits. It is very important to attend these follow up appointments. The gynecologist will tell you when it is safe to be discharged from the Colposcopy clinic and how often you will need cervical screening tests going forward.
- You should not have cervical screening tests anywhere else while you are receiving care at the Colposcopy clinic for an abnormal HPV / pap test. You should continue to see your regular gynecologist or primary care provider for any other routine exams or problems.



Human Papillomavirus (HPV) and the HPV Vaccine

Human Papillomavirus (HPV)

- Human papillomavirus (HPV) is a common family of viruses.
- HPV is passed between people through sexual contact with another person. Sexual contact is when someone has vaginal, anal, and/or oral sex with another person or touches another person's genitals (private parts) with their mouth or hand.
- You can have HPV and not have any symptoms. Often people do not know they have HPV.
- There are over 100 types of HPV. Some HPV types can cause genital warts, but do not cause cancer. These are commonly referred to as low-risk HPV types. Other types of HPV are high-risk and can cause some rare cancers (e.g., penis vulva, anus or mouth) as well as cancer of the cervix.

Facts about HPV

- HPV is very common. Eight out of 10 people will get HPV at least once in their lifetime
- HPV infections can sometimes cause changes in the cells of the cervix, vagina or vulva. Over many years, these cell changes can sometimes lead to cervical cancer. However, these cell changes can be diagnosed and treated before they cause cervical cancer

Protecting against HPV

Using a condom consistently during vaginal, anal, and oral sex can decrease your chances of getting HPV or passing it on to your partner, although it will not eliminate the risk completely.

Other ways of lowering your risk include:

- Limiting the number of sexual partners
- Delaying sexual activity (waiting until you are older)
- Getting vaccinated with the HPV-vaccine, Gardasil 9



Treatments for Abnormal Cells

Your treatment visit

There are several ways to treat abnormal cells (dysplasia). Your gynecologist will discuss treatment options with you. Some people feel nervous before their treatment visit. It is a good idea to bring a support person with you.

Types of Treatment

Loop electrosurgical excision procedure (LEEP)

Loop electrosurgical excision procedure (LEEP) uses a wire loop heated by electric current to remove a small piece of tissue from the cervix. It is used as part of the diagnosis and treatment for cervical dysplasia. This treatment takes about 5-10 minutes.

- **Preparing for a LEEP**: Please make sure you eat/drink normally before your procedure. You do not need to fast. If you think you might be pregnant, tell your healthcare team. This treatment is usually done when you are not on your period. If you are on your period, please call to determine if you need to be rescheduled. Please do not have intercourse 48 hours before your appointment.
- **Before Treatment:** Your gynecologist will "freeze" the cervix with a local anesthetic. Usually, patients do not feel the freezing go in, as there are not the same type of nerve endings in the cervix as with dental or skin freezing.
- **During your visit**: The whole process will take the same amount of time as your initial visit. You will be brought into the same type of examination room and will change, cover, and position yourself in the same way. Your doctor will perform a speculum exam and apply the same solution as during a colposcopy. Your doctor will freeze the cervix. Suction tubing will be attached to the speculum and a grounding pad placed on your leg. Performing the LEEP takes about 1-2 minutes however the procedure may take longer. A brown solution will be applied to the LEEP area to help with any bleeding.
- After treatment: You may feel some mild cramping. You will likely have light to moderate bleeding mixed with dark brown/coffee ground discharge for 1-2 weeks. This will be followed by a more watery yellowish discharge as the area heals for a further 1-2 weeks. Do not use tampons, submerge yourself in water, undergo vigorous exercise, or have sexual intercourse for about 4 weeks. You may have a shower. You can take over the counter pain medication such as acetaminophen (Tylenol) and ibuprofen (Advil) to help with any possible cramping. Your team may give you other instructions depending on your particular situation.
- **Inform your healthcare team:** If following the procedure you notice any heavy bleeding from the vagina (soaking one pad an hour), pain that does not go away with pain medicine, or signs of infection such as worsening pain, fever or discharge from the vagina that is yellowish and smells bad.



Laser Ablation Therapy

Laser ablation uses a laser (an intense beam of light) to make bloodless cuts in tissue to destroy all abnormal cells (dysplasia) on your cervix. This treatment takes about 5-10 minutes. This treatment is usually done in the operating room under sedation.

- **Preparing for Laser Ablation:** The night before, you will stop eating before midnight.
- After treatment: You may feel some mild cramping. You will likely have light to moderate bleeding mixed with dark brown/coffee ground discharge for 1-2 weeks. This will be followed by a more watery yellowish discharge as the area heals for a further 1-2 weeks. Do not use tampons, submerge yourself in water, undergo vigorous exercise, or have sexual intercourse for about 4 weeks. You may have a shower. You can take over the counter pain medication such as acetaminophen (Tylenol) and ibuprofen (Advil) to help with any possible cramping. Your team may give you other instructions depending on your particular situation.

Does treatment affect pregnancy?

If you are already pregnant and dysplasia is found, you will still need a colposcopy exam. Having this exam will not harm your baby.

Dysplasia will not harm your baby. Usually we will not treat you when you are pregnant but you will need close follow-up. If your gynecologist feels it is necessary, you will be treated after the baby is born.

There is a small risk that some treatments provided for dysplasia can cause complications with future pregnancies. People who have a LEEP procedure or cone biopsy have a slightly higher risk of:

- Their baby being born before 37 weeks (preterm delivery)
- A baby that weighs less than 2.5kg (low birthweight)
- Miscarriage
- Birth by C-section

The doctor/midwife looking after you and your pregnancy should be told that you have had a procedure on your cervix.

Can my problem come back?

After treatment we will follow you in the Colposcopy Clinic for a few visits over 18 months or longer and do your cervical testing here.

If the abnormal cells come back, it usually happens in the first year after treatment. You are at higher risk for the abnormal cells returning if you smoke or have a weak immune system. About 10-15% of people need a second treatment.



Abnormal cells can come back even after 1 year. It is important you get regular cervical screening tests, even after you are discharged from the colposcopy clinic. When you are discharged, your gynecologist will tell you and your primary care provider how often you will need to have cervical screening tests.

Important Phone Numbers

It is very important to keep your appointment at the Colposcopy Clinic. If you need to rebook your appointment, please phone the Michael Garron Hospital Booking line.

416 469 6580 ext. 6031

416-462-9918

416-466-2360

647-350-2211

Michael Garron Hospital Booking Line
Office of Dr. Brenda Woods
Office of Dr. Helena Frecker
Office of Dr. Meghan Brown

Location and Hours:

The Colposcopy Clinic is located at:

Michael Garron Hospital, Outpatient Clinics

T Zone, 1st Floor 825 Coxwell Ave Toronto, ON, M4C 3E7 Tel: (416) 469-6031 Fax: (416) 469-6458

This guide was created using the following references:

- Hamilton Health Sciences Colposcopy Clinic, https://www.hamiltonhealthsciences.ca/wp-content/uploads/2019/03/Patient-Education-Your-Colposcopy-Visit-Womens.pdf
- American Society for Colposcopy and Cervical Pathology (ASCCP), https://www.asccp.org/patient-resources
- Government of Canada, Human Papillomavirus (HPV) Prevention and HPV Vaccines, https://www.canada.ca/en/publichealth/services/infectious-diseases/sexual-health-sexually-transmitted-infections/hpv-prevention-vaccines-questionsanswers.html
- Canadian Cancer Society, LOOP Electrosurgical Excision Procedure, https://cancer.ca/en/treatments/tests-andprocedures/loop-electrosurgical-excision-procedure-leep

Last Updated: Feb 2025