

Colposcopy

Gynaecology

Your doctor wants to examine the cervix closely. This examination is called a colposcopy. In this folder you can read what the examination involves and what you can expect.

What is a colposcopy?

During a colposcopy, the doctor looks closely at your cervix using a colposcope. This device enlarges the tissue, which makes any abnormalities easier to see. The examination is similar to having a smear test.

Before the examination

You do not need to fast for the examination. We advise you to eat well beforehand. Please tell us if you have any allergies or sensitivities. You may bring someone with you if you find that comforting.

The appointment is preferably planned when you are not menstruating. If you use the contraceptive pill, the examination can take place on any day during the pill pack. If you are pregnant or think you may be pregnant, please tell us beforehand.

The examination

The examination is carried out by the doctor and a medical assistant. You sit in the examination chair. The doctor places a speculum and looks at the cervix with the colposcope. The area is made wet with a vinegar solution or iodine to make abnormalities more visible. This may cause a short stinging feeling.

Results and possible treatment

Results and CIN classification

The result of the biopsy is usually known within two weeks. Abnormal cells are classified using the CIN system:

- CIN1 means mild abnormalities that often heal on their own.
- CIN2 means clearer abnormalities.
- CIN3 means severe abnormalities and may be a precancerous stage of cervical cancer. This does not mean you have cancer.

Treatment

The treatment depends on the biopsy result:

- For CIN1, treatment is not needed. The abnormality often heals by itself. A new smear test will be done after one year.
- For CIN2, a loop excision (LEEP) may be planned, or the doctor may choose to wait and repeat smear tests. The choice depends on your age, the size of the abnormality, previous results, and your preferences. The doctor will discuss what is best for you.
- For CIN3, treatment is advised, usually a loop excision (LEEP). The doctor removes the abnormal tissue with a thin, electrically heated loop.

After the examination

If a biopsy was taken during the examination, you may have bleeding or bloody discharge for a few days. This is normal. When the bleeding has stopped, you may have sex again. A follow-up appointment will take place in consultation with the doctor.

Possible complications and side effects

Contact the clinic if you:

- Have a fever above 38 degrees and increasing stomach or pelvic pain
- Have abnormal vaginal discharge
- Lose more blood than during a normal period

Resuscitation

All patients at DC Klinieken will be resuscitated in an emergency situation. If you have a "do not resuscitate" statement, or if you have discussed with your doctor that you do not want to be resuscitated, it is important that you inform us.

Emergency after visiting DC Klinieken

In case of an emergency, call: 088 0100 998.

Insurance

DC Klinieken has contracts with all health insurers. This means that almost all care is reimbursed, just like in the hospital. You do need a referral from your (general) doctor. Please be aware of your own deductible. More information about reimbursements and possible exceptions can be found at: www.dcklinieken.nl/vergoedingen.

Questions

For more information and answers to frequently asked questions, go to: www.dcklinieken.nl/contact or contact our Service and Information Centre at 088 0100 900.