Colposcopy: what to expect

A colposcopy is a closer look at your cervix. It helps work out whether the changes found by your screening test need treatment, monitoring or nothing further.

KEY POINTS

- Being referred for a colposcopy does not mean you have cancer.
- The examination is similar to a cervical screening test and usually takes 10 to 20 minutes.
- A small tissue sample (biopsy) may be taken from your cervix to check under a microscope.
- Most people return to their usual activities the same day.
- Results usually take 1–2 weeks. I will explain them and the next steps with you.

What is a colposcopy?

A colposcope is a magnifying instrument on a stand. It stays outside your body and lets your doctor see the surface of the cervix in detail. A speculum is used to see the cervix, as for a cervical screening test.

The area of most interest is the transformation zone, where the cells covering the outside of the cervix meet the cells lining the cervical canal. This is where HPV most often causes cell changes.

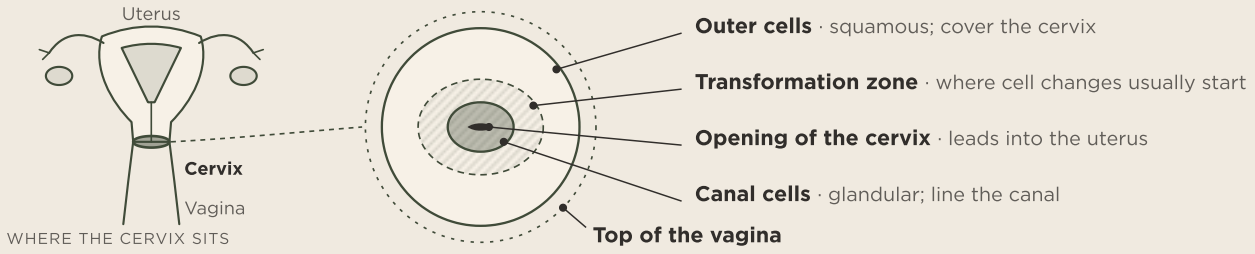


Figure 1. The cervix as seen through the colposcope. The shaded ring is the transformation zone. Simplified diagram, not to scale.

Why you may have been referred

- Your screening test found HPV type 16 or 18, the types most likely to cause significant cell changes.
- Another type of HPV was found, and the cells showed possible high-grade or glandular changes.
- HPV was still present on your follow-up tests over about two to three years.
- You have symptoms such as bleeding after sex or between periods.
- You are being followed up after treatment to the cervix.

How to prepare

BEFORE YOUR APPOINTMENT

- Let the rooms know if you are or might be pregnant, or if your period is due.
- If you can, avoid sex, tampons and vaginal creams or pessaries for 24 hours beforehand.
- You may take paracetamol or ibuprofen about an hour before.
- Eat and drink as usual.

WHAT TO BRING

- Your referral and any previous screening, colposcopy or biopsy results
- Medicare card and health fund details
- A list of your medicines and any allergies
- A panty liner or pad for afterwards
- A support person, if you would like one

What happens on the day

1. **We talk first.** I will explain why you are here, answer your questions and ask for your consent. You can pause or stop at any time.
2. **You undress from the waist down in private** and lie on an examination chair with your legs supported. A sheet covers you.
3. **A speculum is gently inserted,** as for a cervical screening test. A sample of cells may be taken from the cervix if needed.
4. **Solutions are applied to the cervix.** A weak vinegar-like solution, and sometimes an iodine solution, make abnormal areas easier to see. You may feel coolness or mild stinging. Please tell me if you have ever reacted to iodine.
5. **I look through the colposcope.** If a screen is available, you are welcome to watch. This is entirely your choice.

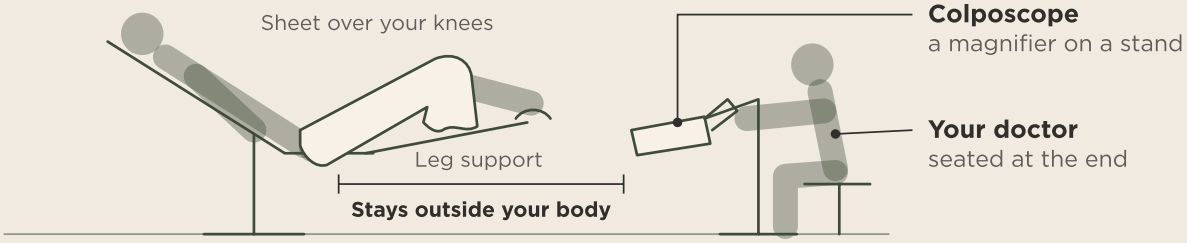


Figure 2. You lie back with a sheet over your knees. The colposcope does not touch you. Not to scale.

If a biopsy is taken

If an area looks abnormal, I may take a small biopsy, about the size of a grain of rice. Most people feel a brief pinch or cramp. A solution is often applied to stop bleeding, which can cause a brown or black discharge for a few days. Afterwards, light spotting is common. Most people drive and return to work or study the same day. Please see the separate sheet, *Aftercare following a cervical biopsy*.

Results and follow-up

Results usually take 1–2 weeks. I will phone you or see you at a follow-up appointment to explain them, and send a copy to your GP. The next step depends on what is found:

NO SIGNIFICANT CHANGE

Usually a repeat HPV test in about 12 months.

LOW-GRADE CHANGE (LSIL)

Usually monitoring. These changes often clear on their own.

HIGH-GRADE OR GLANDULAR CHANGE

Usually treatment to remove the abnormal area, most often a LLETZ procedure.

Common questions

Will it hurt?
Most people find it similar to a screening test, with some discomfort from the speculum. A biopsy can cause a brief sharp or cramping feeling.

What if I have my period?
Light bleeding is usually fine. If your period is heavy, please call the rooms to talk about possibly moving your appointment.

Does HPV mean my partner has been unfaithful?
No. HPV is very common and can stay inactive in the body for many years. It is usually not possible to know when or from whom it came.

Will I have treatment on the same day?
Usually not. If treatment is needed, we will normally discuss it first and plan it together.

Can I have it while pregnant?
Yes, colposcopy is safe in pregnancy. Biopsies are taken only if needed, and treatment is usually delayed until after the birth.

What if I find examinations difficult?
Please tell me beforehand. We can go at your pace, use a smaller speculum, take breaks or stop. Your support person can stay with you.

Will it affect future pregnancies?
A colposcopy and biopsy do not. If treatment is needed, I will discuss any effect on future pregnancy with you beforehand.

I have been through menopause. Is anything different?
The cervix can be harder to see after menopause. I may suggest a vaginal oestrogen cream for a few weeks beforehand.

Questions to ask your doctor

- What did my screening test show, and why do I need a colposcopy?
- Are you likely to take a biopsy today?
- When and how will I receive my results?
- If treatment is needed, what would it involve?

When to seek help

After a colposcopy or biopsy, please contact me if you have heavy bleeding (soaking a pad in an hour), a temperature above 38°C, discharge with an unpleasant smell, or pain not eased by simple pain relief.

Rooms	03 8400 6193 — appointments and non-urgent questions, business hours
Urgent, after hours	Dr James Aridas, 0459 706 061 — urgent gynaecology concerns, and pregnancy concerns before 20 weeks
From 20 weeks pregnant	The birth suite at your booked hospital: Epworth Freemasons 03 9483 3833 · Cabrini Malvern 03 9508 6000 · Jessie McPherson 03 9594 2776
Emergency	Call 000 or go to your nearest emergency department

SOURCES AND FURTHER READING

1. Cancer Council Australia. National Cervical Screening Program Guidelines, updated April 2025. cancer.org.au/health-professionals/clinical-practice-guidelines/cervical-cancer-screening
2. Department of Health, Disability and Ageing. National Cervical Screening Program: a summary guide for healthcare providers, February 2025. health.gov.au/ncsp
3. RANZCOG. Cervical screening in Australia (patient information pamphlet), version 3, 2025. ranzcog.edu.au
4. Healthdirect Australia. Colposcopy. healthdirect.gov.au/colposcopy
5. HealthyWA, Department of Health Western Australia. Colposcopy. healthywa.wa.gov.au
6. Cancer Institute NSW. Colposcopy: a guide to what you need to know. cancer.nsw.gov.au
7. Jean Hailes for Women's Health. Cervical screening test. jeanhailes.org.au/cervical-screening-test
8. Cancer Council information and support: 13 11 20

This information is general and does not replace individual medical advice. If your circumstances differ from what is described here, please discuss them with Dr Aridas.

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