

Department:	Obstetrics and Gynecology (Ambulatory Care)		
Document:	Departmental Policy and Procedure		
Title:	Colposcopy		
Applies To:	All Obstetrics and Gynecology Staff		
Preparation Date:	January 08, 2025	Index No:	L&D-DPP-058
Approval Date:	January 22, 2025	Version :	2
Effective Date:	February 22, 2025	Replacement No.:	L&D-DPP-058(1)
Review Date:	February 22, 2028	No. of Pages:	5

1. PURPOSE:

- 1.1 Provide unified guidelines for performing colposcopy in the outpatient.

2. DEFINITIONS:

- 2.1 **Colposcopy**- examination of the genital tract with lighted magnification.

3. POLICY:

- 3.1 Colposcopy should be carried out by trained and accredited colposcopists or by trainees under the supervision of a trained and accredited colposcopist.
- 3.2 Women having a colposcopy examination should do so in a comfortable private environment with an attendant nurse. They should be properly informed and should, usually, be at genuine risk of developing cervical pre-cancer.
- 3.3 Colposcopy is indicated when there is suspicious of malignant lesion or precursor is indicated in the cervix, vagina or vulva.
- 3.4 If Pap Smear report showed evidence of human papilloma virus, atypical squamous cells of undetermined significance (ASCUS) or worse grade.

4. PROCEDURE:

- 4.1 The physician will explain the procedure to the patient and inform her about:
 - 4.1.1 Colposcopy is non- invasive procedure.
 - 4.1.2 It is simple and painless procedure.
 - 4.1.3 The actual procedure lasts approximately ten to fifteen minutes.
 - 4.1.4 She should not have douche or sexual intercourse for 24 hours before the procedure.
 - 4.1.5 She should empty her bladder and bowel before the procedure.
 - 4.1.6 She has to sign consent if she agrees to have the procedure.
- 4.2 The nurse will position the patient as comfortable as possible in lithotomy position.
- 4.3 Appropriate size metallic Cusco's speculum will be used.
- 4.4 Water based lubricant is thinly applied to the speculum blades.
- 4.5 The physician will inspect the vagina and cervix visually with naked eye.
- 4.6 Excess mucus or discharge on the cervix gently removed with large cotton tipped applicator moistened with saline.
- 4.7 The physician will document any clinical finding on the gross inspection in the patient file.
- 4.8 A large cotton swab saturated with 3 – 5% acetic acid solution applied on the cervix or at least 60 seconds.
- 4.9 If the evaluation takes more than 3 – 5% acetic acid should be reapplied.
- 4.10 The physician will position the colposcopy and focus on the cervix with desired magnification (X 15 is good starting power).

- 4.11 The physician will carefully inspect the cervix to be sure:
 - 4.11.1 The entire Transformation Zone can be visualized.
 - 4.11.2 Complete visualization of the lesion and the margins.
- 4.12 The physician will identify any aceto-white lesion and their internal vascular pattern.
- 4.13 The physician may use the green filter to improve the ability to identify lesion margin and vascular pattern.
- 4.14 The physician will take cytological sample from the endocervix by cytobrush.
- 4.15 Cytological endocervical is an alternative technique to take the sample.
- 4.16 The sample will be put on labelled glass slide and fixed with cytofixative.
- 4.17 Cervical punch biopsies will be taken from all lesions to detect any potential for invasion.
- 4.18 The initial sample should be taken from the inferior aspect of the cervix.
- 4.19 A hemostatic agent as silver nitrate will be applied immediately after biopsies collection.
- 4.20 The specimen will be placed in an appropriate formalin solution.
- 4.21 The specimen will be labelled with; patient name, file number, doctor's name and date.
- 4.22 The nurse should take the specimens to the histopathology laboratory.
- 4.23 The histopathology report will be sent to the medical record department and attached to the patient file.
- 4.24 The physician will document his finding in the patient file with full description and drawing.
- 4.25 After finishing the procedure the physician will give following instruction to the patient:
 - 4.25.1 She might have spotting and light discharge for a week.
 - 4.25.2 She should avoid coitus, douching and using tampons for two weeks.
 - 4.25.3 She should report to the physician in the clinic if the bleeding is unusually heavy or lasts for longer than two weeks and will examine her and identify the site and stop it.
 - 4.25.4 She should report to her physician in the clinic if she notices any signs of infection (fever, foul odor or discharge) and he will take swab from the cervix and will give her antibiotic.
- 4.26 The physician will also discuss with the patient his finding on colposcopy.
- 4.27 The physician should advice the patient to take appointment after two weeks to discuss the pathological finding and options of the treatments.

5. MATERIALS AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurses

7. APPENDICES:

- 7.1 Histopathology Form

8. REFERENCES:

- 8.1 Standards For Service Provision in Colposcopy ROCG and British society for Colposcopy and Cervical Pathology, 2006.
- 8.2 American Society for Colposcopy and Cervix Pathology.
- 8.3 Guidelines for Obstetrics & Gynecology, Ministry of Health, 2013.
- 8.4 CBAHI Standard 3rd Edition, 2016.

9. APPROVALS:

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