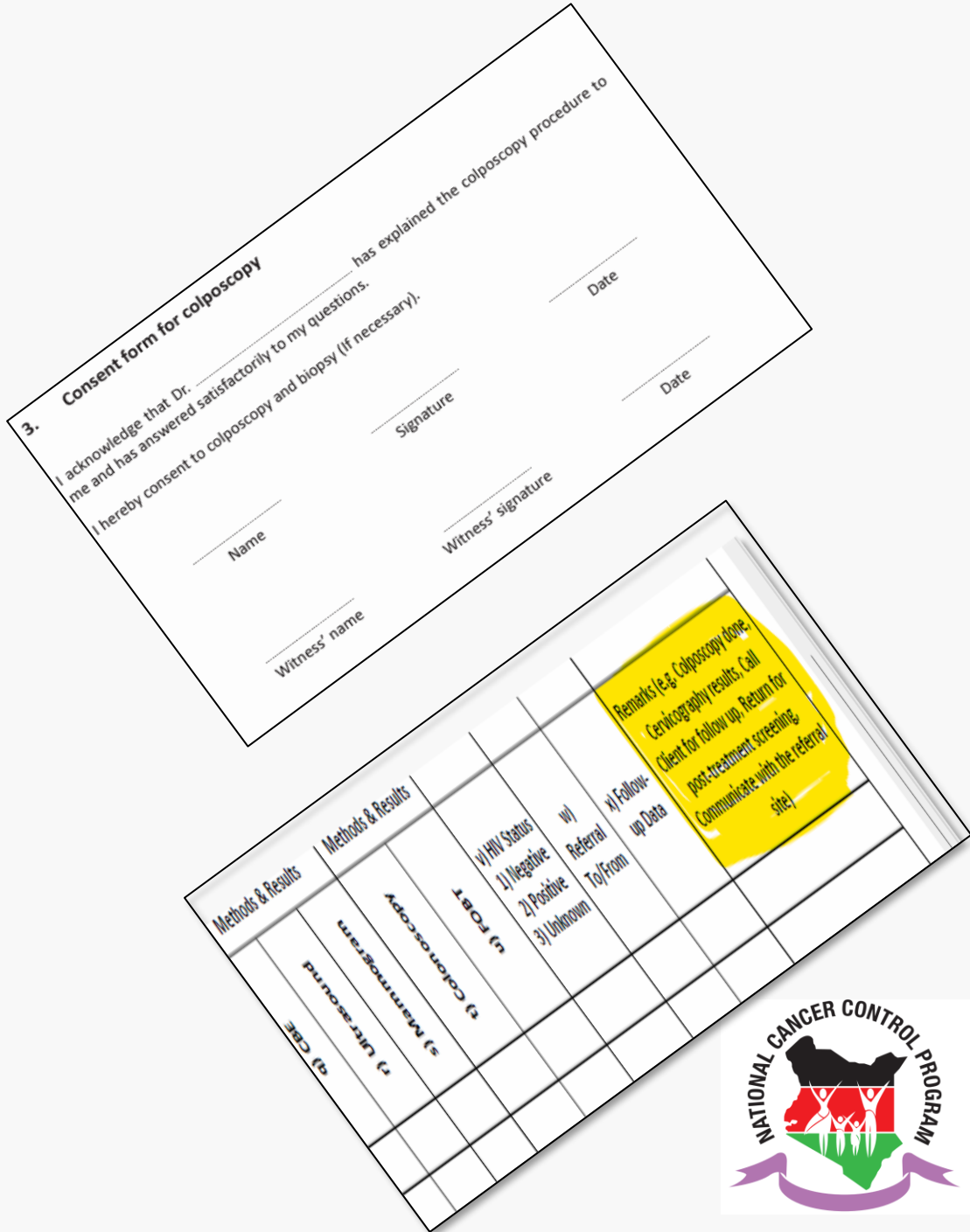
Colposcopy

Documentation, Referral and Follow Up

Documentation of Colposcopic Findings

- Prior to doing colposcopy procedure, obtain written consent from the patient.
- After doing the colposcopy procedure, the findings currently recorded on the MOH 412 CaCx Register in the remarks section as “done” or “Not done”
- Ideally findings should be documented are documented as:
    a) Positive
    b) Negative
    c) Suspicious for Cancer
- Detailed findings should be documented especially in cases where the patient would require referral or further management.



Documentation of Colposcopic Findings

- At present there are two commonly used nomenclatures for documentation of colposcopic findings:

  a) The International Federation of Cervical Pathology and Colposcopy (IFCPC) classification (adapted in 2011).
  b) Swede Scoring
  c) The American Society for Colposcopy and Cervical Pathology (ASCCP).

- The IFCPC is the most internationally accepted classification used.

IFCPC Classification

The principal novelties of this new classification are:

a) The concept of adequate examination (replacing the classical concept of satisfactory colposcopy).

b) The description of the lesions in relation to size, localization and location with respect to the transformation zone.

c) Two new signs have been included in the section on grade 2 changes (inner border sign and the ridge sign).

d) The classification and terminology for vaginal lesions has been included.

General Assessment		Adequate/Inadequate (reason): SCJ visible: Completely visivle/partially visible/not visible Transformation zone 1 / 2/ 3	
Normal colposcopic findings		Origin squamous epithilium *- Mature* *- Atrophic* Columnar Epithilum *- Ectopy* Metaplastic squamous epithelium *- Nabothian cysts* *- Crypt openings*	
Abnormal colposcopic findings	**General Principles**	Location of the lesion: Inside TZ / outside TZ / both inside and outside TZ: *- Clock position* *- Number of quadrants involved: 1/ 2 /3 /4* *- Size of the lesion: <25%, 25-50%, 50-75%, >75%*	
	Grade 1 (minor)	Thin AW epithelium Irregular, geographic border	Fine mosaic Fine punctation
	Grade 2 (major)	Dense AW epithelium Rapid appearance of acetowhitening Cuffed crypt openings	Coarse mosaic Coarse punctation Sharp border Inner border sign Ridge sign
	Non-Specific	Leukoplakia Erosion Lugol's staining (Schiller's test): stained/non-stained	
Suspicious for invasion		Atypical vessels/fragile vessels/irregular surface/exophytic lesion, necrosis/ulceration (necrotic)/tumour/gross neoplasm	
Miscallaneous finding		CTZ Condyloma Polyp Inflammation	 Stenosis Congenital anomaly Post-treatment

Source: Training of health staff in colposcopy, LEEP and CKC - Trainees' handbook, World Health Organization, 2017

Swede Classification

- Swede score is calculated for assessment of pre-invasive cervical lesions on patients undergoing colposcopy who were suspected with pre-invasive cervical lesion.
- Cervical biopsy was taken if modified RCI ≥ 3 or Swede score ≥ 5. Histopathology report of the cervical biopsy was taken as gold standard.

Swede Score Classification

	0	1	2	Score
Aceto uptake	Zero or transparent	Shady, Milky (not transparent; not opaque)	Distinct, opaque white	
Margins and Surface	Diffuse	Sharp but irregular, jagged, 'geographical' satellites	Sharp and even, difference in surface level, including 'cuffing'	
Vessels	Fine, regular	Absent	Coarse or atypical	
Lesion size	<5mm	5-15mm or 2 quadrants	>15mm or 3-4 quadrants/ endocervically undefined	
Iodine staining	Brown	Faintly or patchy yellow	Distinct yellow	
Total score (maximum 10)				

Interpretation of the Swede Score

Overall Swede Score	Colposcopic prediction of probable histology
0 - 4	Low Grade/Normal CIN 1
5 - 6	High grade/non invasive cancer CIN 2+
7-10	High grade/suspected invasive cancer CIN 2+

Documentation of Colposcopic Findings

As previously seen it is essential to document the findings in appropriate forms to record the colposcopic assessment. i.e.:

- Reason for indication or referral for colposcopy
- Was the examination adequate or inadequate – Entire cervix must be visualized in order to be adequate
- Grade of cytological abnormality according to the IPCPC or Swede score
- The presence or absence of vaginal and/or endocervical extension
- The colposcopic features of any lesion
- The colposcopic impression of the grade of the lesion
- The type of TZ, i.e. type 1,2 or 3
- If biopsies were taken, the sites from where they were taken

Reporting and Registries of Colposcopic Findings

Description and reporting of the results/findings should be meticulous and exhaustive (explicit) using the standardized methods.

A lack of proper documentation may lead to over/underestimation of the results of the colposcopic impression resulting to inaccurate diagnosis and subsequent intervention.

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Post Colposcopy Results and Counseling

- Need to inform the woman about the colposcopy findings/results and significance of positive results. If biopsy was taken, advise the woman when the results will be available.
- Reassure the woman by advising her on the treatment options available. Encourage her to ask questions and respond with care.
- Accurately fill in the referral forms with proper documentation of the findings/results.
- Document and provide detailed and specific information about the referral treatment centre that she may need to visit for further management. Emphasize on the importance of early treatment.
- Provide necessary advice to her on how to take care of herself post treatment i.e maintaining high levels of hygiene, abstaining from sex, report back to the health facility in case of any of the danger signs.

Post Colposcopy Follow up

- Explain the woman about the findings of the biopsy report.
- Based on the biopsy results, the SP should provide proper advices regarding the follow-up that she will need e.g. rescreening frequency
- Pelvic examination should be done to check for progress of healing.
- If necessary, she should be referred for further treatments or make an appointment for the next follow up visit.

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THE END

NATIONAL CANCER CONTROL PROGRAM