

STANDARDIZED PROCEDURE

COLPOSCOPY (Adult, Peds)

I. Definition

Colposcopy is the visual magnified examination of the cervix (also vagina and vulva) with a high-powered microscope (colposcope) for the purpose of recognizing suspicious/abnormal areas for biopsy. 3-5% acetic acid is first applied to the tissue; this causes the abnormal areas to become more prominent. These abnormal areas are then viewed through the colposcope and biopsied.

II. Background Information

A. Setting: The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision: The necessity of this procedure will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the procedure. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

C. Indications

Patients with abnormal cells on Pap smear, genital warts and/or other suspicious genital lesions may be referred for colposcopic examination, endocervical curettage and directed biopsy.

D. Precautions/Contraindications

1. Active Gonorrhea and/or Chlamydia
2. Non-cooperative patient
3. Pregnancy precludes an endocervical curettage, but biopsy is permissible
4. Heavy Menses

STANDARDIZED PROCEDURE

COLPOSCOPY (Adult, Peds)

III. Materials

A. Instruments:

Colposcopy
Biopsy forceps
Endocervical curettes
Endocervical speculum

B. Auxiliary supplies:

Cytobrushes, plastic spatulas and liquid medium for Pap tests.
Saline solution
3-5% Acetic Acid
Monsel's solution (for hemostasis)
Cotton tip applicators and cotton balls or scopettes
4x4 gauze pads
Biopsy specimen bottles with fixative (supplied by the Pathology Lab)
Lugol's solution
Silver nitrate applicators (for hemostasis)
30 gauge needle with syringe for administering Lidocaine
Lidocaine HCl (Xylocaine) injection single dose vial (10 mg/ml)
Tissue freezing medium
Secure container for liquid nitrogen
Liquid nitrogen

IV. Colposcopy Procedure

A. Pre-treatment evaluation

1. Review patient's chart to evaluate eligibility.
2. Age, parity, birth control method, last menstrual period
3. Gynecology history (allergies, date of last Pap smear, history of abnormal Pap smears, history of vulvar, vaginal, or cervical dysplasia, history of gynecological surgery (including laser, LEEP, and cryotherapy), HPV testing, HPV vaccination.
4. Medication history, allergies, blood dyscrasias
5. Sexual history (number of sexual partners, history of genital warts in patient or any past or present partners, history of other sexually transmitted infection)
6. Personal/Social history (cigarette smoking, drug or alcohol abuse)

B. Set up (if applicable)

C. Patient Preparation

1. Have patient undress, put on hospital gown and use sheet for drape.
2. Explain colposcopy procedure to patient

STANDARDIZED PROCEDURE

COLPOSCOPY (Adult, Peds)

D. Procedure

Complete a time out with all preprocedure steps prior to starting procedure. Colposcopic evaluation must include a systemic colposcopic observation of the cervix and vaginal walls before and after the application of acetic acid. Use of a green filter is suggested in order to highlight atypical vascular patterns. Lugol's solution may also be used to highlight lesions and atypical areas of the cervix and vagina. Vulvar evaluation may also be appropriate for some patients. Perform biopsy of any abnormal lesions, targeting the most severe lesions first.

E. Post-procedure

1. Maintain hemostasis by applying pressure to biopsy site with a cotton-tipped applicator or with silver nitrate or Monsel's.
2. Allow patient to remain lying down for several minutes and then arise slowly.

F. Follow-up treatment

Follow up with patient and her primary care provider with results of Pap, colposcopic findings and biopsies.

V. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.
2. Record the time out, indication for the procedure, procedure, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching and discharge instructions.

B. All abnormal or unexpected findings are reviewed with the supervising physician.

VI. Competency Assessment

A. Initial Competence

2. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
3. The Advanced Health Practitioner will demonstrate knowledge of the following:
 - a. Medical indication and contraindications of colposcopy
 - b. Risks and benefits of the procedure
 - c. Related anatomy and physiology

STANDARDIZED PROCEDURE

COLPOSCOPY (Adult, Peds)

- d. Consent process (if applicable)
 - e. Steps in performing the procedure
 - f. Documentation of the procedure
 - g. Ability to interpret results and implications in management.
4. A colposcopy training program which includes four days of didactic material and a practicum. Additionally, a preceptorship is completed, which involves a supervised performance of at least **50** colposcopic exams and **50** biopsies. At the end of this preceptorship, colposcopists are tested and evaluated for competency.
 5. Colposcopists must perform at least **50** treatments/procedures under the direct observation of a clinical expert before certification is issued. A minimum of **10** high-grade squamous intraepithelial (HSIL) must be included.
 5. The Advanced Health Practitioner will ensure the completion of competency sign-off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least **twenty** procedures per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.
3. Demonstration of continued proficiency shall be monitored through the annual evaluation.
4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF PROCEDURE

Revised March 2012 by Subcommittee of the Committee for Interdisciplinary Practice

Reviewed March 2012 by the Committee on Interdisciplinary Practice

Prior revision June 2008

Approved March 2012 by the Executive Medical Board and the Governance Advisory Council.

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