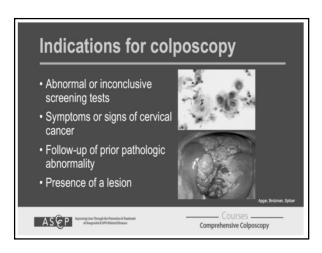
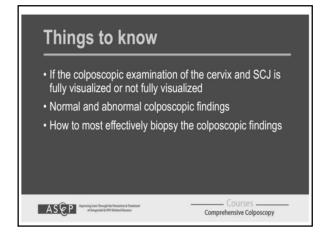


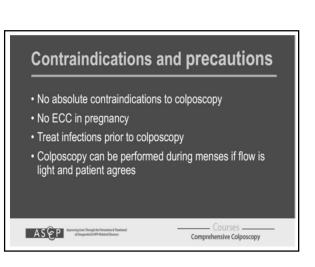
Objective

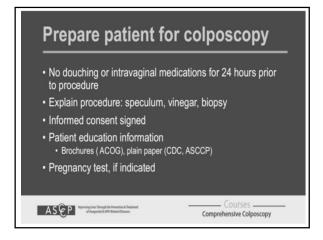
To discuss the basic components of colposcopy and review the procedure

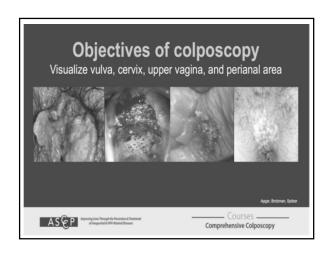
What is colposcopy? Real time magnified and illuminated visualization of the uterine cervix and upper vagina, specifically the transformation zone 1 - Rule out invasive cancer 2 - Identify tissue for biopsy "colposcopic-directed biopsy" ASEP ***Course** Comprehensive Colposcopy

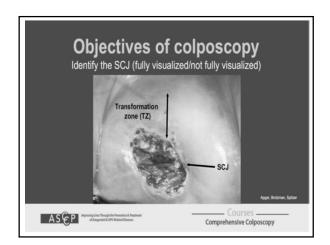


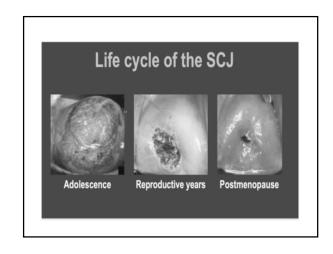




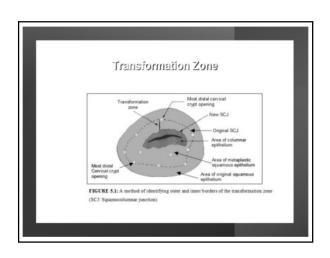


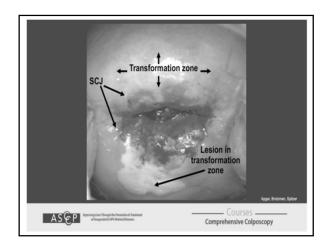




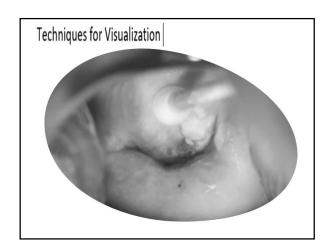


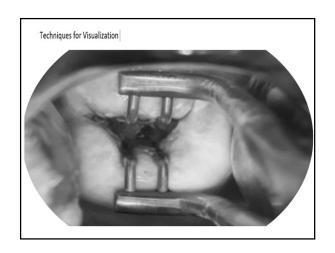


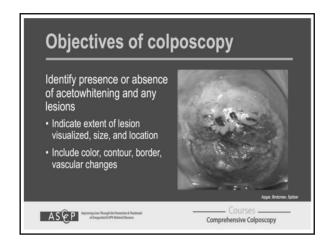


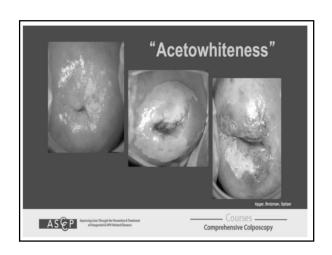


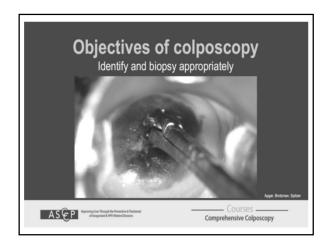


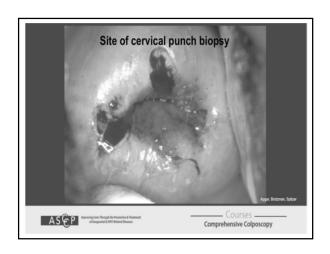


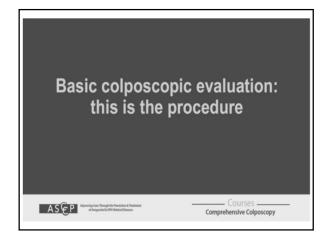


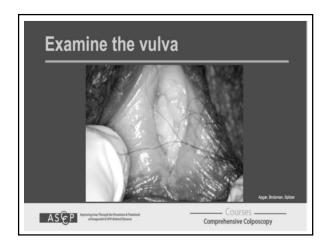






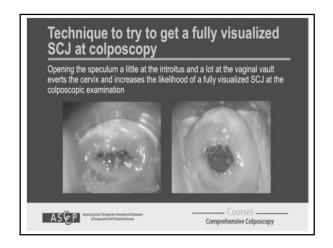








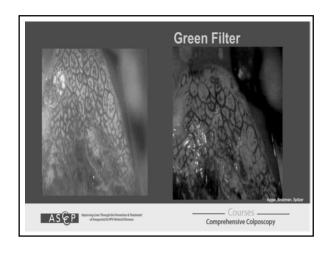


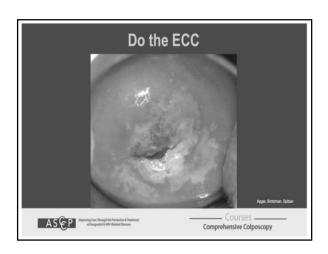


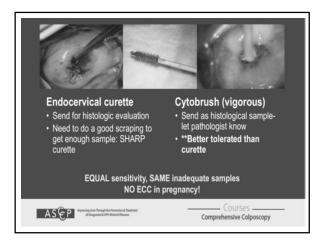












Obtaining an ECC

- Insert the Cytobrush into the endocervical canal
- Rotate the Cytobrush 360 degrees approximately 20-25 times
- Once the cell/tissue is obtained, cut off the brush in the LabCorp formalin container
- Write ECC on vial with label and order code 500918

Post-Procedure Instructions

- · Pelvic rest X 2 weeks:
- · Do not have sex.
- Do not use tampons.
- · Do not douche.

 Call your health care provider right away if you have any of these problems:

Post-Procedure Instructions

- Heavy vaginal bleeding (using more than one sanitary pad per hour)
- Severe lower abdominal pain
- Fever
- Chills

Post-Procedure Instructions

- Nonsteroidal anti-inflammatory drugs may be used for cramping or discomfort.
- Results should be available in 10 days
- The NP must review the results and discuss with collaborating Physician
- Document the plan of care
- · Append the note and referral

