

## **What is a vulvoscopy?**

A vulvoscopy is an examination of the vulval skin surface at the perineum, labia and vaginal opening using a specially designed piece of equipment called a colposcope. A colposcope is a microscope which is mounted on a stand and connected to a powerful light. With this device and having a magnified view of the female genital structures, we are able to look for abnormalities that are not visible with the naked eye. The procedure is short and takes approximately 10-15 minutes. It is performed at the time of your consultation.

## **Why is a vulvoscopy performed?**

A vulvoscopy is usually performed so that your doctor can observe any cell changes on the vulva. A Vulvoscopy will show whether or not treatment is needed and will determine the nature of an abnormality. Occasionally, a biopsy may be required.

A Vulvoscopy may be recommended for:

- Vulva pain or soreness
- Any abnormal skin lesions or whitening
- Vulva pain during sexual intercourse
- Itching / Burning
- Splitting of skin at the vulva

## **What to expect during a vulvoscopy**

- You will be asked to lie on an examination couch.
- Your legs will be supported on foot pads to allow for better visualisation of the vulval area.
- A vulval biopsy is performed following examination of the skin under a microscope (colposcope); sometimes mild acidic solutions are used to help define areas that require biopsy and although this can sting briefly, we will ensure the area is gently cared for, washed and cleaned following the procedure.
- If you require a vulval biopsy, this is usually performed under local anaesthetic using a very tiny little needle; the area is tested before any sharp equipment is used; a 3 mm area of skin is then collected and sent to the laboratory for assessment.
- Once the skin sample has been removed, any bleeding is controlled using a cautery stick, iron-paste or sometimes a single, dissolvable suture; if there are any concerns about ongoing bleeding in the days following your biopsy you should contact Alana Healthcare.
- The local anaesthetic wears off after around 45 minutes; most people won't need anything further though if you wish, simple paracetamol or ibuprofen if safe would suffice.
- Sometimes a general anaesthetic or sedation will be appropriate due to where the sample of skin is located e.g. near the clitoris, within the vagina. This will be arranged at Prince of Wales Private Hospital.

## **What to expect following a vulvoscopy**

- Usually for 48h after the biopsy it's a good idea to keep the area quite dry, pat carefully after a shower or use the cold setting on a hair dryer; after this time, you can start to apply a barrier ointment such as BEPANTHEN or SUDOCREAM onto the biopsy site to help protect it as it heals, this can be done morning and night, and throughout the day as you need.
- Until the biopsy results have been discussed with your doctor, please do not have intercourse or ride a bike / horse or undertake vigorous activity.
- If you go swimming, or have a bath, be careful to ensure the skin dries carefully afterwards (use the barrier cream beforehand) and do not stay in wet, chlorinated or synthetic clothing that rubs on the biopsy area for prolonged periods.
- The biopsy site is usually healed well within 1 - 2 weeks; you will usually have a follow up appointment to discuss the results and plan at the 2-week mark, although if you are worried you can be seen earlier
- As with all conditions affecting vulval skin, looking after the delicate skin is important and requires minimising heat, sweat and friction: wear loose natural-fibre undies and avoid tight pants to reduce friction; change out of sweaty or tight clothing as soon as is practical and wear no undies at night time if you can.

- If you have your period, it will not affect having the biopsy or recovering from the biopsy; HOWEVER, sometimes the examination may not be complete if blood obscures the area, so the appointment may need to be rescheduled; if your period arrives whilst the biopsy site is healing, period undies are preferred - menstrual cups or tampons may irritate the healing site depending on the location; pads and liners are generally best to avoid if you can.

### **Risks and complications associated with a vulvoscopy**

- Pain at the site during the procedure may occur, though a test after local anaesthetic should prevent this; if you like, you may have paracetamol and/or ibuprofen prior to the biopsy (i.e. at least 30 minutes prior to your appointment).
- Pain at the site following the procedure; this is likely to be a dull ache and settle over the next few days; remember, if you have a skin problem that is already painful or inflamed, the biopsy is on sensitive skin then the underlying information obtained from the biopsy is important to help your ongoing management; pain persisting for more than a few days or weeks after the biopsy site is very uncommon; using a bottle with warm salty water can help wash the area if it stings after urinating.
- Bleeding; some small spotting is not uncommon, and should settle with pressure; if it continues, gets heavier or you are worried, please contact us and, in an emergency, call an ambulance (000).
- Infection; if you notice fevers, chills, smelly vaginal discharge, or worsening pain or bleeding at the biopsy site you should let us know as soon as possible and you will likely need a medical review; occasionally infections from the skin can travel into the rest of the body (sepsis), so please contact us if you are at all worried.
- Impact on touch and/or intercourse; avoiding sex for 1 - 2 weeks after a biopsy may seem a long time, but it is important to let your body rest. Often the biopsy site is right where pain or damage to the skin occurs with sex, so it is important to prevent this. If you are nervous resuming sex, or regarding any discomfort with touch; gentle application of some barrier ointments such as BEPANTHEN or SUDOCREAM, or oils such as Coconut Oil or Olive Oil, to the area can help the skin can acclimatise; always check you are not allergic to the ointment or oil first (test it out on our wrist, neck or thigh).
- Cosmetic effect: occasionally the tiny, 3 mm biopsy site will heal with a small scar or lump; this is more likely if your skin develops keloid scars as it heals elsewhere; if sutures are required; these will either dissolve or be removed by your doctor and your care plan will be individualised regarding this.
- Not obtaining the diagnosis; sometimes the biopsy result does not match the expected problem, and sometimes the biopsy site will reveal an unexpected condition - including pre-cancerous or cancerous conditions. All of these circumstances require individualised discussion. Rest assured that your doctor will biopsy the skin that is appropriate (sometimes multiple biopsy sites are required). Sometimes a biopsy is not helpful, and this is because some skin conditions do not have reliable changes on biopsy; however treatment may still be very important. Your doctor will take the time to explain results thoroughly in a way you understand and answer any of your questions.

### **In the interim...**

General vulval care: Avoiding soaps, lotions, body washes and wipes is important. Wash just using water and pat dry carefully afterwards. Change out of hot/tight/sweaty clothes as quickly as you can.

[www.caredownthere.com.au](http://www.caredownthere.com.au) is a great resource for lots of vulvovaginal issues, written by Australian vulval experts

Worried or concerned? Please contact us at Alana if you are. You are not alone, and we will do our best to arrange an earlier appointment for you, provide phone advice or speak with your GP as needed.

We look forward to seeing you at your appointment. Please feel free to contact us should you have any questions.

**Dr Elizabeth Luxford**  
**ALANA HEALTHCARE**  
**T: 02 9009 5255**