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Colposcopy after hysterectomy

Can i get cervical cancer after a hysterectomy. Colposcopy after hysterectomy.

Not to be confused with Colonoscopy. Cultivation In this diagram, the cervix channel (or endocervix) is surrounded by the base of the lap. The vagina, is the area where more abnormal cell changes are occurringSpecialtygynaecologyICD-9-CM67MeSHD003127OPS-301 code1-671[edit on Wikidata] Colposcopy (in ancient Greek: κόλπος, Romanized: kolpos, illuminated. 'hollow, uterus, vagina' + skopos "look") is a medical diagnostic procedure to visually examine the cervix, as well as the vagina and vulva using a coup. [1] The main objective of couphoscopy is to prevent cervical cancer by detecting and treating early precancerous injury. Human Papillomavirus (HPV) is a common infection and underlying cause for most cervical cancers. Smoking also makes the development of diethylstilbestrol (DES) in uterus, immunosuppression, abnormal appearance of the cervix or as part of a forensic examination of sexual assault. The coup is performed using a coup, which provides an enlarged and illuminated view of the areas, allowing the coupies to distinguish visually normal from the abnormal tissue that appears, such as damaged or abnormal alterations of the tissue (lesions), and take direct biopsies for further pathological examination if necessary. The procedure was development of the coup involved experimentation on Jewish prisoners in Auschwitz. [4] Indications An illustration of a couphoscopy procedure. Most women undergo a coup to further investigate a result of abnormal pap tests (cithological). Other reasons for which a patient has a coup include: exposure assessment of diethylstilbestrol (DES) in uterus, immunosuppression such as HIV infection, or a transplant patient of organs an abnormal aspect of the cervix as noted by a primary care provider as part of a forensic examination of sexual assault using a specialized couposcope equipped with a camera[5] [6] The coup is not generally performed for people with pap test results showing low-quality squamous intraepitelial lesions (LSIL) or not. SILs are an abnormal growth of epithelial cells, known as a lesion, on the surface of the cervix. Unless the person has a visible injury, coup for this population does not detect a cancer occurrence. [7] Colposcope procedure Type 2: Endocervic component, not completely visible. During the initial evaluation, you get a medical history. The procedure is completely described to the patient. In some cases, a pregnancy test can be performed before the procedure and the buttocks at the bottom edge of the table (a position known as the dorsal position of lithotomy). A speculum is placed in the vagina after the vulva is examined for any suspicious injuries. [citation required] A coup is used forsuggestive visible hints of abnormal tissue. works as a binocular or monocular illuminated microscope to enlarge the view of the cervix, vagina and vulvar surface. Low magnification (2× to 6×) can be used to obtain a general impression of surface architecture. 8× to 25 magnification are used to evaluate the vagina and cervix. High magnification together with the green filter is often oated to identifyVascular schemes that can indicate the presence of more advanced precancerous or cancerous lesions. The squamocolumnar junction, or "transformation area", is a critical area on the cervix, where many precancerous and cancerous lesions are more often. The ability to see the transformation is reachable. [Necessary quote] The acetic acetic solution is applied to the surface of the cervix using cotton pads to improve the display of abnormal areas. The areas of the cervix that run white (acetowhiteness) after applying acetic acid or have an abnormal vascular model are often considered for biopsy. If no lesions are visible, an iodine solution can be applied to the cervix to help highlight the areas of abnormality. After a complete examination, the colposcopist determines the areas with the highest degree of abnormality visible and can obtain biopsy, like a forceps, Spirabrush CX or softbiopsy, like a forceps, Spirabrush CX or so lidocaine or a cervical block to decrease the patient's discomfort, especially if many biopsy samples are taken. Following any biopsies, an endocervic treatment (etc.) is often done. The etc. uses a long straight curtette, a soft-etc curt that uses the fabric to collect the fabric simultaneously, or a cytobrush (like a small pipeline) to scrape the interior of the cervical channel. The etc. should never be done on a patient who is pregnant. The Monsel solution is applied with large cotton pads on the surface of the cervix to control the bleeding. This solution seems to be needed and becomes black when exposed to blood. After the procedure this material will be expelled naturally: patients can expect to have a slim coffee as unloaded for a maximum of several days after the procedure. Alternatively, some doctors get hemostasis with silver nitrate. [Necessary quote] Interpretation The positions of colposcopy results can be described in terms of quadrants, or corresponding to a face of the clock when the subject is in the supine position. A model for the score of Colposcopy results is the score Swede, which assigns a score between 0 and 2 for 5 different parameters, based on what is possible during colposcopy, as indicated in the table below: Score to interpret Colposcopy results [9] Score 0 1> 15mm of acetic yellow color 0 or transparent shady, milky distinct, stearin-like margins and the surface 0 or widespread sharp, but irregular, jagged, "geographical", and also a shallow difference as "cut" fine vessels, usually abintsent coarse or atypical injury size 15mm the total score of 5 or higher to have a probability of 90% of being an HGL. [9] A score of less than 5 does not require biopsy due to the low risk of cancer, a score from 5 to 7 requires biopsy, and an 8 or higher score does not require biopsy because it is likely to be more efficient to intervene Directly (for example, for excision). [9] Complications The significant complications from a colposcopy are not common, but may include bleeding, infection to the biopsy or endometrium site, and the failure to identify the lesion. The Monsel solution and silver nitrate interfere with the interpretation of biopsy samples, so these substances are not Being applied until all biopsies have been taken. Some patients experience a degree of discomfort during curattage, and many discomfort experience during biopsy. [Necessary quote] Colposcopy with biopsy does not cause infertility or subferithyment. [10] follow View also: Also: cancer Âş- prevention of the proper follow-up is essential for the success of this procedure. significant lesion treatments include ablative treatments (criotherapy, thermococca and laser ablation) and excistorial methods (electrosurgery or leep, or cervical conization).) [citation required] references "Chase dm, kalouyan m, pj disaia (May 2009) . "colposcy to evaluate abnormal cervical cytology in 2008". 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