bsccp | The British Society for Colposcopy and Cervical Pathology

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**TO WHOM IT MAY CONCERN** **9th May 2017**

Dear Sir or Madam

**A STATEMENT FROM THE PRESIDENT OF THE BSCCP**

The practice of colposcopy has been established over many decades and was introduced into the UK in the early 1970's. The techniques in colposcopy are described in hundreds of publications in text books and scientific papers.

The application of dilute acetic acid, 3% to 5%, is required to identify the abnormal areas on the cervix, without the use of dilute acetic acid there is no clinical relevance as the abnormal cells we detect are otherwise invisible to the naked eye. Application of Lugol's iodine is used to identify the extent of the area on the cervix that might be affected by the abnormal cells and helps plan treatment. The use of these solutions is part of the standard colposcopic examination described in all text books on the subject.

To confirm the presence of abnormal cells a punch biopsy may be performed. Bleeding can occur and this can be stopped using silver nitrate or Monsel's solution (ferric subsulphate). The use of these solutions is part of the standard colposcopic examination described in all text books on the subject.

Treatment of any abnormal cells is usually performed as an outpatient procedure. To provide adequate pain relief local anaesthetic infiltration of the cervix is performed. To minimise the discomfort of introducing the anaesthetic agent a fine needle attached to a dental syringe is used. This technique and use of a dental syringe is described in all standard colposcopy textbooks. Many types of local anaesthetic are used and are acceptable, some will include a 'vaso-pressin' agent to minimise blood loss. In all cases the anaesthetic comes in a pre-filled cartridge. Agents such a lignocaine (1-2%) with or without adrenaline (1 in 80,000, 1in 200,000) (Lignospan Special, Rexocaine, Xylocaine), Scandonest (3% mepivacaine), Citanest (3% prilocaine) with or without Octapressin and Septanest (4% Articaine with adrenaline 1 in 100,000 or 1 in 200,000) are recognised as acceptable agents by the colposcopy community and textbooks.

There was unanimous recognition at Executive Committee level and at the Annual General Meeting assembly that all these agents are integral to the practice of colposcopy. The Colposcopy Clinical Professional Group has also endorsed their use on the basis of the principle of 'custom and practice'.

These agents have been in use for three decades in routine diagnostic and therapeutic colposcopy and are established as the agents of choice at this time.

<u>The BSCCP endorses their use unequivocally.</u>

John Tidy
President