



Biopsy of the vulvovaginal skin

What is a biopsy?

A biopsy is the removal of a small piece of tissue so that it can be looked at under the microscope by a pathologist. Different conditions have their own unique microscopic appearances, so the pathologist may be able to provide a diagnosis of the skin condition.

Who can do a biopsy?

Many different types of health professionals do vulval and vaginal biopsies - gynaecologists, dermatologists, sexual health physicians, general surgeons, and some general practitioners and women's health nurses.

When and where are biopsies done?

Vulval biopsies are usually done in the doctor's office while you are awake. It is sometimes necessary for a surgeon to arrange for biopsies to be done in the operating theatre, while you are asleep. Reasons for this include the need to do multiple biopsies at once, biopsy of sensitive areas like the clitoris, to perform a larger "excisional" biopsy, or for people who don't want to be awake for the examination and biopsy. Depending on the circumstances, the anaesthetist may administer a general anaesthetic, a spinal anaesthetic, or sedation. These different types of anaesthesia have their own set of risks, so biopsy is done in theatre only if it is truly necessary.

Why are biopsies done?

Biopsies are done to help determine the diagnosis of a suspected skin condition. Skin conditions that can be confirmed by biopsy include lichen sclerosus, lichen planus, plasma cell vulvitis, warts, precancerous changes, and cancer. Skin conditions like dermatitis, vulvovaginal candidiasis, and psoriasis do not have a specific biopsy appearance, so the doctor uses the pathologist's report as one piece of the puzzle. Biopsy is usually not required for desquamative inflammatory vaginitis



and hidradenitis suppurativa. In most circumstances, biopsy of normal appearing skin does not provide useful information.

How is a biopsy done?

An office biopsy has several steps. The doctor or nurse will:

- 1) Decide a biopsy is needed, pick where to do it, explain the procedure, and ask you for consent
- 2) Cleanse the area
- 3) Inject the area with a local anaesthetic, usually lignocaine, using the smallest needle available. This is the most uncomfortable part of the procedure. If the biopsy is in the high vagina or on the cervix, then local anaesthetic is not necessary.
- 4) Test that the area is numb, if applicable
- 5) Remove the tissue
- 6) If necessary, stop bleeding with pressure, a stitch, or iron paste
- 7) Label the specimen and send it to the laboratory
- 8) Provide instructions about post-biopsy care of the area.

How do I care for a biopsy site?

Vulval biopsies do not require any special care. Usual showers or baths keep the area clean. After bathing, pat the area dry. There is no need for lotions or creams. If the biopsy site bleeds, do not panic. Put pressure on the area for at least 5 minutes with a clean washcloth or paper towel. If the biopsy is inside the vagina, the discharge may be discoloured or have an unusual odour for a few days. Just like with any skin injury, a biopsy site rarely can become infected. This shows up with increased pain and spreading redness. Sometimes there is fever, unwellness, and discharge from the site. If this happens, see your specialist or local doctor. If they are unavailable go to the nearby emergency room. These infections usually respond quickly to tablet antibiotics.

What about my results?

The way your results are told to you depends on the reason for the biopsy and who did the biopsy. Sometimes the results go into a letter, sometimes you receive a phone call, and sometimes you discuss them at the next visit.



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Your local doctor or nurse may arrange a time for your review several weeks after your biopsy. They use this time to discuss the results and answer questions about what is going on. Sometimes they can begin a treatment plan, or they might refer to a specialist.

A specialist might have done the biopsy to confirm a diagnosis they already suspected. In this case, you may already be on the correct treatment. If nothing needs to change, they may inform you or your GP via letter. If the result requires more discussion or a change in the plan, they may call you or arrange a phone consult. In some situations, they will discuss it with you at your next scheduled visit or arrange for an earlier visit.