

Colposcopy

Gynaecology Department



Patient information leaflet

Why am I coming to colposcopy?

You have been offered a colposcopy appointment because you have had an abnormal cervical smear result, or your GP is worried that your cervix (neck of the womb) doesn't look healthy. The appointment takes approximately 20 minutes.

Abnormal cervical smears are often tested for HPV (human papilloma virus) infection. It is a very common wart virus that most people who have had sexual contact will have had at some point in their lives and cleared. You can help your body clear the HPV infection by making healthier lifestyle choices, for example not smoking.

Having an abnormal smear does not mean you have cancer. Cells that do not look normal can mean you have a pre-cancerous condition called CIN (cervical intraepithelial neoplasia) or CGIN (cervical glandular intraepithelial neoplasia).

Over time (years), CIN & CGIN may develop into cervical cancer, although this is uncommon. About 2,800 women a year are diagnosed with cervical cancer in the UK. The colposcopy service and the cervical screening programme were set up to help prevent cervical cancer by treating pre-cancer.

If your smear result is high grade dyskaryosis (severe), you may be offered treatment at your first appointment. Please bring someone with you and please do not drive yourself. Your letter from Primary Care Support England (PCSE) tells you your smear result.

What can I do to prepare for the examination?

Please bring a panty liner, in case you have a slight discharge after the examination.

It can be difficult to do the examination properly when you are having your period if there are only mild changes. Please ring to check that your doctor or nurse is happy to go ahead if you have your period on the day of your appointment. Light bleeding or spotting is fine.

What happens in the colposcopy appointment?

Before the examination, the doctor or nurse will ask you a few health questions. If you want to go ahead, you will be asked to change into a gown and remove your underwear etc.

You will then be asked to sit in our reclining chair that lies you back with your feet apart in rests. This is the best way to see your cervix. The doctor or nurse will put a speculum into your vagina, just like your smear test, and look at your cervix with a brightly lit microscope. This is used from outside your body.

He/she will put a liquid on your cervix with cotton wool which can highlight any patches of abnormal cells. The doctor or nurse will often take photos of your cervix for your medical record.

The doctor or nurse may need to take a biopsy if they see a patch of cells that could be CIN. The biopsy is a tiny piece of your cervix that gets sent to the lab and confirms the diagnosis. You do not need a local anaesthetic for this as it is very small, quick and often painless. You might get period-like pain and a discharge afterwards. There is a small risk of pain, infection and bleeding after having a biopsy.

You will be offered treatment if the biopsy shows you have CIN 2 or 3. You will be followed up with more smear tests if the biopsy shows CIN 1, as it can often (80% of the time) return to normal on its own.

Very rarely, a biopsy will show that the cell changes have already developed into cancer. Surgery and more extensive treatments are used to treat cervical cancer.

What if I am or might be pregnant?

Colposcopy can be done safely during pregnancy and will not affect delivery of your baby, nor will it affect your ability to become pregnant in the future. However, treatment is usually postponed until after the delivery of your baby.

Treatment

The main treatment we do at the Royal Surrey is LLETZ (large loop excision of the transformation zone). It is done either with local anaesthetic, or in some cases, under general anaesthetic.

A small heated wire loop removes the problem area of the cervix and seals the area over. You will feel warmth inside, but should not feel any pain. People usually cope with the treatment very well. The piece of cervix will be sent to the lab to be looked at under the microscope.

Some doctors may offer you laser treatment but this will be done in Theatre, under a general anaesthetic.

How will I feel after LLETZ treatment?

You might feel light-headed, shaky or tearful afterwards. This is normal and is why we ask you not to drive yourself home. Once you have changed, you and the nurse will go through to another room and talk about after-care. We advise that you rest for the remainder of the day of your treatment and return to work the next day.

As the local anaesthetic wears off, you may feel some period-like pain. Paracetamol or similar over-the-counter pain relief can be taken if needed.

You will experience a discharge for about 4 weeks after the treatment. It can be very watery, pink, red or brown.

You will need to use sanitary pads not tampons and avoid penetrative intercourse, baths and swimming for 4 weeks. Showering is fine. You will need to avoid exercise and heavy lifting for 2 weeks. Following this advice reduces your chance of bleeding and/or getting an infection, and lets your cervix heal as quickly as possible.

Treatment is best avoided before a holiday or a special occasion like your wedding, as you will not be able to swim or have sexual intercourse for 4 weeks. It is safer not to fly long haul for 2 to 3 weeks after treatment. Overseas medical attention for complications arising from the treatment may not be covered by insurance, so you should discuss this with your travel insurance provider before you go away.

What are the possible risks or side effects of LLETZ treatment?

As with any treatment there is a small chance of pain, infection and bleeding. Some doctors believe there is a slight increase in the risk of early labour in future pregnancies if you have more than one LLETZ treatment, but this depends on the original length of your cervix. The doctor will explain the risks to you before doing the treatment.

If you have a very heavy bleed after treatment contact the Colposcopy Nurse for advice. You may only need to see your GP. In an urgent situation ring 111, or in an emergency attend A&E.

If you think you have an infection, you will need to see your GP for antibiotics.

Are there any alternative treatments?

LLETZ is the standard treatment for CIN2, CIN3 or CGIN at this hospital as it is the least disruptive to people's lives and heals very well. Surgical alternatives are knife cone biopsy and laser conisation – the treatment depends on the diagnosis, which technique the doctor uses and what method is available at your hospital. Further treatments may be recommended if need be, such as hysterectomy (removal of the womb).

Will I need to be seen again?

Once the biopsy results are back, you will receive a letter advising you of your future management plan. This can take 4-6 weeks.

After a LLETZ treatment, you will have a smear test in 6 months.

Reference

- Colposcopy and Programme Management, NHS Cancer Screening Programme document 20, March 2016, issued by Public Health England
- Further useful information on cervical screening and cervical cancer may be found on the Jo's Trust website: www.jostrust.org.uk

Contact details

If something is worrying you, please do not hesitate to call us – we are here to help. We try very hard to make this experience as positive as we can for you – if you have any requests, please phone us.

Colposcopy Office

Telephone: 01483 406683

Colposcopy Nurses

Telephone: 01483 406841

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Author: Fiona Graham

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