

Colposcopy Patient Information

Women are referred to a colposcopy clinic if the results from their cervical screening test have shown persistent HPV or evidence of cells which do not look normal. This is a common problem; about 1 in 12 women have an abnormal smear.

You may also be asked to attend the colposcopy clinic for a closer inspection of the cervix even though your smear test is not abnormal or to repeat your smear test if it is considered 'inadequate' because it does not contain enough cells.

What is the cause of abnormal smears?

The cause of these changes is a virus called human papilloma virus (HPV) that is passed on through skin to skin contact. It is passed on through sexual contact and this is why the virus is so common.

- About 4 out of 5 adult men and women (80%) have had HPV infection at some time in their lives. Condoms may help to prevent the spread of HPV.
- HPV is only picked up through screening, and there is no available treatment. Most HPV infections do not cause any problems.
- Only a minority of women with an HPV infection ultimately have an abnormal smear and a tiny fraction of these get cervical cancer.
- Your immune system will usually reduce the virus to undetectable levels.
- The smear abnormality may require further sampling or sometimes treatment in the Colposcopy clinic.
- Immunisation against HPV reduces the risk of HPV related problems but does not entirely eliminate the chance of problems. So when invited, it is important that you attend for screening and colposcopy appointments.
- You should be aware that smoking can make cervical changes occur more rapidly and stopping smoking is advised as this can reduce the need for treatment and reduce the risk of abnormal screening tests in the future.

What are the changes?

The most common change we see on the cervix is called cervical intra-epithelial neoplasia (CIN). CIN is a pre-cancerous change and not cancer. This means the cells, if left untreated, could develop into a cancer.

CIN is graded 1, 2 and 3.

- CIN 1 is classed as a low grade change, which often resolves itself. The risk of CIN1 developing into cancer is very small.
- CIN 2 and CIN 3 are classed as high grade changes and are unlikely to go away on their own. These are usually treated. The treatment is intended to prevent the changes turning into cancer later.

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The appointment

- You will be seen by a trained Colposcopist (Doctor or Nurse) who will discuss any issues you might wish to raise before the examination.
- The colposcopist will ask you a few questions and then briefly explain the examination and any possible treatment.
- We will ask your permission if we have a trainee Colposcopist under direct supervision in the clinic. A dedicated clinic nurse will support you throughout your visit.
- Normally 20 minutes is allocated to see each patient, though it may take longer. If this happens there may be a delay in the clinic. The receptionist will keep you informed if this is the case.
- We recommend that you bring a friend or relative with you for support. Please do not bring children to the appointment. If this is unavoidable, please bring someone along to look after them for you.
- If you need a more detailed explanation don't be afraid to ask the doctor or nurse. You will have to give verbal permission for any examination or treatment performed.
- If you cannot attend for any reason please contact:

**Outpatient Appointments Office- 01603 287183 or 01603 287627
Monday to Friday 9am to 5pm.**

Before the examination

- You will be taken to a separate room to be examined. You will be asked to go behind the curtain and undress from the waist downwards. Before the examination the nurse will help you position yourself on the couch and ensure that your legs are comfortable in leg rests.
- Some people find it helpful to focus on what is happening during the examination. There is a monitor for you to see what is going on and the doctor or the nurse can tell you everything as it happens. Other people find it helpful to distract themselves from what is happening during the examination.
- The doctor and nurse want to make the examination as easy as possible for you so feel free to talk and ask any questions, however trivial they may seem.

The examination

- Colposcopy is a detailed examination using the colposcope (an instrument like a pair of binoculars).
- Like a smear test, the doctor will insert a speculum. The colposcope does not enter your body but sits between your legs. Your colposcopy should not be more uncomfortable than having a smear test and if you happen to be having difficulty you should discuss this with the colposcopist. If necessary the examination could be stopped.
- In order to see any abnormal area, the Colposcopist will apply some liquid, which may sting a little. After the examination the doctor will tell you the findings and whether you will need a biopsy or treatment.

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Biopsy

- The Colposcopist may want to take a small sample of tissue from the cervix and send it for further examination to be sure of the diagnosis.
- This is a biopsy and may feel slightly uncomfortable.
- The results will be available in four weeks when you will be advised by a letter whether treatment is necessary.
- Often mild changes or no pre-cancerous changes are reported and follow up cervical screening could return to normal without treatment.

Procedure

- If the colposcopy examination shows suspected CIN 2 or 3 that needs treatment, you may be offered treatment at the first visit.
- There are several treatment options but the one which is commonly used is the loop excision (the full name for the procedure is “large loop excision of the transformation zone” or LLETZ for short). This is an electric wire that removes a ring or a cone of unhealthy tissue from the cervix.
- Before any treatment the cervix is treated with local anaesthetic so that is numb and the treatment is quite painless. If you feel any pain, please tell the nurse or doctor and more anaesthetic will be given.
- LLETZ is a simple and safe treatment that gives excellent results.

After the procedure

- Some patients experience mild period cramps which often settle with a painkiller. Paracetamol or Ibuprofen usually work well.
- You will be able to resume your normal activities the day after treatment.
- Following treatment it takes about 4 weeks for the cervix to heal.
- You can expect to have a heavy vaginal discharge which should get progressively lighter. If it becomes heavier than a heavy period or you are worried please contact our Specialist Nurses, or your GP.
- It is advisable not to have sexual intercourse during the healing process.
- The result of the analysis of the tissue will be available in about three to four weeks when you and your GP will be advised in writing, along with a detailed plan for follow up.

If You Are or suspect you could be Pregnant

- It is very important that you keep this appointment so that we can examine your cervix and plan your future care.
- The examination does not harm the pregnancy in any way and you will not be treated at this visit.
- If treatment were required it would be carried out 2 - 3 months after the baby is born.

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IUCD

- If you have a coil and treatment is needed the coil may be removed before the treatment commences.
- It is therefore important that you use an alternative method of contraception such as condoms for at least 7 days prior to your appointment.

Fertility

- A single treatment is unlikely to have a significant effect on your fertility.
- Recent research shows that treatments with deeper loop procedures can increase the risk of labour before term (pre-term labour) by around 5%.
- In the unlikely event of requiring 2 treatments, the effect on fertility and the risk of pre-term labour do increase.
- Your Colposcopist will recognise the importance of the cervix to support future pregnancies and will aim to remove as little tissue as possible whilst making sure the treatment is successful.
- However, if you wish to discuss this further please speak to the Colposcopist in the clinic.

General Advice

- We will give you written and verbal information for your follow up care.
- If you are unaccompanied we will ask you to wait for a short while before driving home.
- Following a biopsy or treatment you may need to have the rest of the day off work.
- It is recommended that you have something to eat prior to your appointment.
- You may wish to take a mild painkiller such as paracetamol 2 hours before your appointment.

If you would like further information about what this means contact:

Colposcopy Specialist Nurse on 01603 286302. An answer phone is available.

For further information

<http://www.cancerscreening.nhs.uk/cervical/screening.html>

[Colposcopy - What happens - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Jo's Trust

[Colposcopy | Information | Jo's Cervical Cancer Trust \(jostrust.org.uk\)](http://jostrust.org.uk)

The UK charity dedicated to women affected by cervical cancer and cervical abnormalities.

Helpline 0808 802 8000
www.jostrust.org.uk

