

Why you need a Colposcopy

We have invited you to have a colposcopy; it is usually because of one of the following reasons:

- In your screening sample test, we have detected Human Papillomavirus (HPV) with some abnormal cells on your cervix.
- We have found HPV infection which has not gone away, even without abnormal cells.
- You have had several screening tests where we were unable to give you a result.
- There have been difficulties obtaining your screening sample at your GP.
- The nurse or doctor who carried out your cervical screening test/ internal examination has asked for a second opinion.
- You have had some symptoms, such as bleeding after intercourse.

What causes an abnormal smear?

98% of abnormal screening samples are caused by HPV.

HPV is a very common virus. Four out of five people will be infected with genital HPV at some time in their lives. Anyone who is sexually active can be infected with HPV, however we do not classify it as a sexually transmitted disease.

The colposcopy examination

A colposcopy is an examination to check whether there are abnormal cells on your cervix, and if so, how serious they are. This is usually a follow-up to your screening test.

Colposcopy usually takes place in an outpatient hospital clinic. A specialist will take a close look at your cervix using a magnifying lens with a light, known as a colposcope.

They may take a small tissue sample (a biopsy) to check any areas of your cervix which look unusual. If the colposcopy confirms there are abnormal cells on your cervix, you may need to have them removed to help prevent cervical cancer in the future.

Before your appointment

- If you would like a female nurse or doctor to carry out your colposcopy, please contact the clinic as soon as you receive the appointment. Staff may need to rearrange your appointment date, given that a female clinician is not always available.
- Contraception: If you are on the pill, please continue taking it as normal. If you have a coil fitted, the colposcopist may need to take it out at the time if you require treatment. You should use an additional method of contraception (such as a condom) as well as the coil or abstain from sexual intercourse for seven days prior to your colposcopy appointment.
- To make it easier for clinicians to look at your cervix during your colposcopy, please do not have sex or use vaginal medications, lubricants, or creams for at least 24 hours beforehand.
- You can bring a friend, partner or member of your family with you. It is best not to bring small children, however if you have no alternative then we will do our best to accommodate you.

At your appointment

- Before the colposcopy examination, the clinician will ask for some medical details. They will explain why you are here, how will you be investigated and, if necessary, how they are planning to treat you. Your consent will always be sought.
- You will then need to undress from your waist down and put on a hospital gown. You will lie down on a bed with your knees bent and your legs onto supports. The examination takes around 10 to 20 minutes.
- Just like the examination to obtain your screening test, the clinician will put a speculum into your vagina and open it gently.

They will then use a colposcope to take a close look at your cervix. The colposcope does not go inside you, or even touch your skin. The image of your cervix from the colposcope will sometimes be on a screen. This helps the clinician see your cervix more clearly.

- They will dab different liquids onto your cervix. One of these solutions is very diluted vinegar so occasionally you might feel some stinging. The solutions highlight any areas of change which may be causing your abnormal screening result.
- If the clinician finds anything they want to investigate further, they may take away a small tissue sample, a few millimetres across (a biopsy). The biopsy will then be checked in the laboratory. Some women feel a nip when this is taken, but others hardly feel anything. Occasionally the results of your HPV screening test and your examination may indicate that it is appropriate to perform a large loop excision of the transformation zone (LLETZ). This will be fully discussed with you prior to your examination. Please see below for further information.
- The examination can feel uncomfortable and some people may feel some pain. If it feels painful, tell the clinician and they will try to make it more comfortable for you.

After your appointment

- Most people feel well enough to go about their day-to-day activities straight away, but some may need to go home and rest for a while.
- You may have some brownish discharge from your vagina from the liquids that were used during your colposcopy.
- For the next few days, you may have some light bleeding from your vagina, especially if you have had a biopsy. This is normal and usually stops after 3 to 5 days. It's best to avoid sexual intercourse, using tampons, swimming, strenuous exercise, long baths and any vaginal medications, lubricants or creams until the bleeding stops.

Results

The clinician may be able to tell you what they have found straight away. If you have had a biopsy taken, it will need to be checked in the laboratory. If this happens, your results will be posted to you and your GP usually **within 4-6 weeks**.

A normal result

- If you have a normal colposcopy result, this means that your cervix looks healthy and you have low risk of developing cervical cancer before your next screening test.
- You can have a normal colposcopy result even if you had an abnormal result in your cervical screening test.

Abnormal cells confirmed

- The medical term for abnormal cells is Cervical Intraepithelial Neoplasia (CIN). CIN is not cancer, but it can sometimes go on to develop into cancer if left untreated for many years.
- Your colposcopy and biopsy results will show if you need to have the abnormal cells removed or whether they can be left alone for now. This will depend on whether your CIN is 'low grade' or 'high grade' (see below).

Low grade

You are unlikely to develop cervical cancer. Often the abnormal cells will go away on their own when your immune system gets rid of the HPV. This happens in most cases. We will usually invite you for another cervical screening test in 12 months to check whether you still have HPV. This is normally done at your GP's.

High grade

You have a higher chance of developing cervical cancer than a woman with 'low grade' CIN. We will normally offer you treatment to remove the abnormal cells, as this will lower your risk of developing cervical cancer in the future.

Cervical cancer

Rarely, someone having a colposcopy will be found to have cervical cancer. If this happens to you, we will refer you for care and treatment from a team of specialists. Cancers diagnosed through screening are usually found at an earlier stage. People who have early stage cancers are more likely to survive than people with later stage cancers.

Treatment to remove abnormal cells on the cervix

The usual treatment for high grade abnormal cells is to remove them, taking care not to damage the healthy parts of the cervix. The treatment most often used to remove abnormal cells is Large Loop Excision of the Transformation Zone (LLETZ). It is usually carried out in the clinic.

- Before the treatment, you will be given local anaesthetic into the cervix (neck of the womb). Some women don't feel this, but others experience a slight pricking sensation or discomfort.
- Often, the treatment can be offered on first visit if high grade abnormality is suspected. But sometimes, you need to come back for another colposcopy to have the treatment. This will also be in an outpatient clinic.
- You may have period type pain after treatment. You may also have watery or blood-stained discharge for up to 4 weeks. During this time avoid tampons, swimming, strenuous exercise, sexual intercourse and long baths, until the treated area heals and the discharge stops.
- You can take painkillers if necessary; for example, paracetamol.
- We will communicate the results within 4-6 weeks and this letter will confirm your follow up. Normally this will be a repeat HPV screening test at your GP's 6 months later.
- If you are pregnant, we might need to postpone the treatment to remove the abnormal cells after you give birth. Your clinician will discuss this with you.

Risks of treatment

Although it is an effective way of preventing cervical cancer, treatment has some risks.

1. Risk of infection from having abnormal cells removed. Signs of infection that you need to see your GP about are:

- Heavy bleeding mainly in the first 2 days after treatment
- Bleeding that does not go away
- Smelly vaginal discharge
- Pain in your tummy that doesn't go away
- Flu like symptoms.

2. Small risk of miscarriage and Preterm labour in future pregnancies:

This mainly depends upon the thickness of the cells removed. You must inform your midwife or your obstetrician with any future pregnancies that you have had previous treatment to the cervix. You will be monitored closely if necessary.

Your results will be communicated to you 4-6 weeks after your appointment. The letter will advise you of your next appointment either at the colposcopy clinic or at your GP'S.

If you have any questions or wish to discuss any aspect of your appointment please do not hesitate to contact us on: 01302 642198.

Patient Advice & Liaison Service (PALS)

The team are available to help with any concerns, complaints or questions you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

The contact details are:

Telephone: 01302 642764 or 0800 028 8059

Email: dbth.pals.dbh@nhs.net

