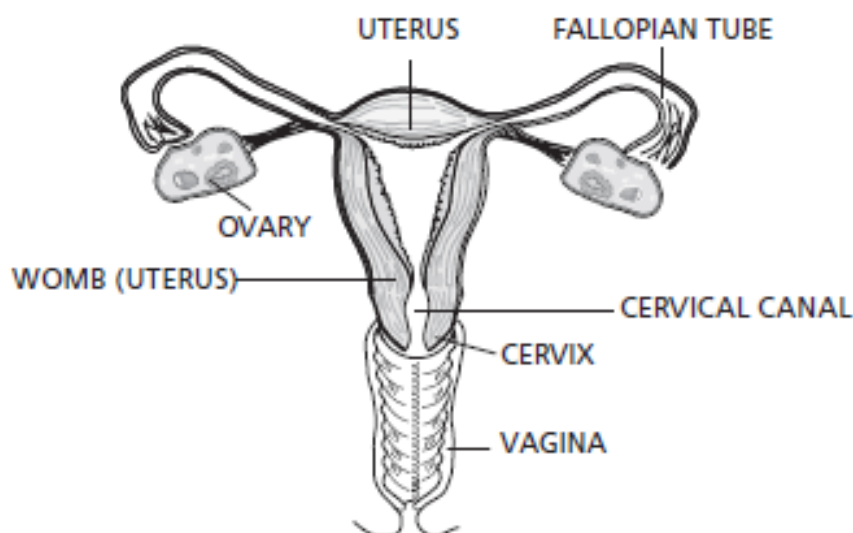




Colposcopy Information Leaflet

The NHS Cervical Screening Programme (NHSCSP)

This programme was set up in 1988 to reduce the chances of women developing cervical cancer. It aims to screen all women between the ages of 25 and 64 either every three years or every five years. If you are between 25 and 49 you will be screened every three years. If you are between 50 and 64 you will be screened every five years. The screening programme aims to pick up abnormal changes in the cells in the cervix long before they have a chance to become cancer. A colposcopy examination is the only way to check these changes and offers the benefit of quick and easy treatment if necessary, usually in the clinic. It is a very successful programme which research suggests saves at least 4500 lives a year (taken from Cancer Research UK).



Why have I been referred for a colposcopy?

You have been asked to come for a further examination for one of the following reasons.

- 1. The Human Papillomavirus (HPV) has been found** HPV is a very common virus. Most people get it at some point in their lives. HPV can be easily passed on during sexual activity between partners. Some types of HPV can cause changes in the cells in the cervix. Your recent cervical screening sample has detected the presence of these types of the HPV virus. Because of this your sample has also been looked at for abnormal cell changes. This is called cytology.
- 2. Your cervical screening cytology test has found evidence of possible abnormal cells.** You have been asked to come for a further examination because your cervical screening test has found abnormal changes in the cells of the cervix (the neck of the womb). These abnormal changes are known as dyskaryosis. This is not unusual, as about six in every 100 cervical screening tests are reported as abnormal. Please try not to worry. The NHS Cervical Screening Programme aims to pick up these changes so that we can take action at an early stage.

What is dyskaryosis?

This is the term given to the abnormal changes that can act as an early warning that cervical cancer might develop in the future. It is important to remember that it is **very rare** indeed for these abnormal cells to be cancer.

For many women, their abnormal result will show **borderline changes or mild dyskaryosis**. These are small, low-grade changes in the cells and will very often return to normal by themselves. It is often safe to keep an eye on the situation to see if this happens rather than having immediate treatment. If a test to detect the Human Papilloma Virus (HPV) has been carried out on your cervical screening sample and shows the presence of HPV, your cervix will be assessed to see if you need treatment. For some women, their result will show **moderate or severe dyskaryosis**. These changes are not cancer, and in most cases do not lead to cancer in the future. However, these changes are less likely to return to normal by themselves and usually act as an early warning sign that, over time, cervical cancer may develop. Because of this, they will usually need simple outpatient treatment that is virtually 100% effective in most cases.

3. Your cervical screening cytology test has found no evidence of possible abnormal cells.

For some women and people with a cervix no abnormal cells will have been found (negative cytology). A colposcopy is required as this could be either following treatment to the neck of the womb or due to persistent HPV infection.

4. A number of your tests did not produce suitable results.

These cervical screening tests are not abnormal but show that the laboratory was not able to report your result. This is usually because there were not enough cells to assess. This could be due to either the Primary HPV test result not being available or there not being enough cells on your cytology sample for the laboratory to safely assess. When this happens again and again, it is best to have a colposcopy to check that your cervix is healthy.

5. Other signs or symptoms not related to having a cervical screening test. You may not have been referred for a colposcopy because of a cervical screening test. However, you may have been experiencing signs or symptoms which may be related to the health of your cervix. The colposcopy clinic is the best place to have these symptoms checked.

Is there anything that I need to know before I have a colposcopy?

- There is no need to avoid having sex before you have a colposcopy examination, unless **you have a coil fitted**.
- Please do not use any vaginal medications, creams or lubricants for 24 hours prior to your appointment.
- You can eat and drink as normal before your appointment.
- Bring a list of any medication you are taking and let the colposcopist know of any medical history or allergies.
- Please also make a note of when you had your last period.
- You will be asked to remove clothes below the waist. Because of this, you may find it more comfortable to wear a full skirt or dress, which you would not need to remove for the examination
- If you need treatment during your appointment, you may need to remove any jewellery you wear below the waist (such as belly button or vaginal piercings). It is important that you are aware of this so you can remove the jewellery before you come for your appointment
- After the examination, you may have some discharge from your vagina. Although we will provide pads, you are more than welcome to bring panty liners with you if you prefer

Information for Patients

- You should be able to drive home afterwards but for car-insurance purposes, you should ask your colposcopist whether you are fit to drive after your treatment. It may be wise to bring someone with you in case you do not feel well after your appointment

What will happen during my appointment?

When you arrive at the clinic, we will aim to see you as close to your appointment time as possible, but please be patient if there are delays that we could not have expected beforehand. You will then be called for your colposcopy, where you will meet the colposcopist (who may be a doctor or nurse) and the nurses who will be with you during the examination.

During your colposcopy appointment, the doctor or nurse will take down your medical history and explain the procedure to you. Following this, the colposcopist will carry out the examination. How long your appointment will take depends on whether any procedures are necessary but it is usually no longer than 20 minutes to half an hour.

What is a colposcopy?

Having a colposcopy is similar to having a cervical screening test. You will lie on a special couch that has supports for your legs. The colposcopist lubricates a speculum (a special instrument) and places it in your vagina (the same as when you had a cervical screening test). This will allow them to see your cervix. The colposcope (which, put simply, is binoculars on a stand) gives the colposcopist an enlarged 3-D view of the cervix. The colposcope does not enter the vagina. You will be able to see your cervix on a TV screen, it will be very magnified so will look much bigger than it really is.

The colposcopist will put a liquid onto the cervix with a cotton wool ball – this may be cold and sometimes sting a little. This liquid highlights any abnormal cells and allows the colposcopist to make a diagnosis. If everything is normal, you may be allowed to go home straight away. However, the diagnosis may mean that it is necessary to take a punch biopsy or carry out treatment.

What is a punch biopsy?

A punch biopsy is a tiny piece of tissue taken from the cervix and sent to a pathologist so that it can be examined closely to see if there are changes in the cells. You will not normally need a local anaesthetic. The biopsy is about the size of a grain of rice. You may have a brown or red discharge from your vagina for the next few days after this. You may also feel discomfort like period pain for the next few hours. You should take your normal painkillers to ease this pain, but do not take more than recommended dose.

What if I need treatment?

The aim of treatment is to destroy or remove abnormal cells and allow healthy cells to replace them. Most types of treatment can be done as an outpatient in the colposcopy clinic on your first appointment, so you may want to arrange a fairly quiet day in case you are offered this. If you have a coil fitted, please use an extra form of contraception for seven days before your appointment, as sometimes it is necessary to remove the coil before you have the treatment. The treatment at this clinic is usually loop diathermy or cold coagulation.

Types of treatment

Loop diathermy (LLETZ)

This treatment uses an electric current to remove abnormal tissue from your cervix. A local

Information for Patients

anaesthetic (similar to that you would have at the dentist) is used to numb the cervix, and the abnormal cells are then lifted off the cervix using a wire loop. The colposcopist may then apply mustard-coloured paste to seal the area. During the procedure, you will hear various noises from the machinery. The examination and treatment lasts roughly 15 minutes. Afterwards, you will be given a sanitary pad (or you may want to bring your own) and asked to rest for a short time before leaving.

Cold coagulation (cervical cautery)

This treatment destroys abnormal cells. A local anaesthetic (similar to that you would have at the dentist) is used to numb the cervix. This may sting or hurt a little. The colposcopist will then use a probe to treat your cervix. This will last for 30 to 60 seconds and may feel warm but should not be painful. The whole procedure takes roughly five to 10 minutes. After the treatment you will be given a sanitary pad to wear (or you may want to bring your own) and information about what to do after your treatment.

What will the treatment show?

The technical term used to refer to cell changes confirmed by a biopsy or treatment is **cervical intra-epithelial neoplasia**, more commonly known as CIN.

To make distinctions between the various states of changes in the cells, doctors have developed an increasing scale from one to three according to how many of the cells are affected. So, treatment results will most commonly be CIN 1, CIN 2 or CIN 3. The results of this treatment will show what follow-up you will need.

What normally happens after treatment?

Most women will feel okay after treatment. In a **very small** number of cases, the following may happen.

- Some women feel dizzy or faint when they get up following the treatment. If this happens to you, the nurse will ask you to lie down and will keep you under close observation until you have fully recovered
- If you have a punch biopsy or treatment, you may experience discomfort like period pain for the next few hours. You should take your normal painkillers to ease the pain but not take more than the recommended dose
- It is normal to have some bloodstained discharge after treatment. If you have bloodstained discharge from the treatment, do not use tampons. Instead, use pads or panty liners. You should not use tampons until five weeks after the treatment. Do not worry if you do not have any discharge
- You should avoid heavy lifting or vigorous exercise for a day or so after treatment. You should also avoid swimming until the discharge has stopped because of the risk of infection
- If you have any questions after your treatment, please contact the Nurse Colposcopists on **0121 424 9085**
- We will send you a letter with your results. If you have not received this letter eight weeks after your appointment, please contact the clinic.

Information for Patients

Rare problems with treatment

A small number of patients may suffer a pain in their pelvis or heavy bleeding from the treated area. This may happen immediately after treatment or within the next couple of weeks and may mean you have an infection, particularly if you have a temperature or strong-smelling discharge. It is very important that you contact your family doctor or the colposcopy clinic as you may need another examination or antibiotics.

Will I need to have check-ups?

Yes. It is important to keep your appointments to make sure that your cervix is healthy. Most colposcopy clinics recommend that you have a follow-up check between six and 12 months after the examination or treatment, although this will depend on the results of your examination. The check-ups may be back at the colposcopy clinic or could be at your family doctor's surgery or local clinic. We will discuss the exact details with you. It is very important to complete the follow up programme as this allows us to check that your cervix stays healthy.

Practical questions

What should I do if I have a period on the day of my colposcopy?

Ring the clinic and check that you should go ahead with your appointment, as this often depends on what your appointment is for. If you feel awkward about having an examination during your period, contact the clinic and change the time of your appointment.

Can I have sex in the week before I have a colposcopy?

You do not need to avoid having sex before you have a colposcopy, unless you have a coil fitted. If this is the case, please use an extra method of contraception for seven days before your appointment, as sometimes it is necessary to remove the coil before you have the treatment.

What happens if I am pregnant or think I might be?

It is important that you keep your colposcopy appointment. A colposcopy can be carried out quite safely during pregnancy, but any investigations will usually be postponed until after the baby is born. When you come for your appointment, we can talk to you more about this.

Will having a colposcopy affect my fertility or sex life?

Having a colposcopy does not affect either of these. However, different treatments may have different effects and we will be happy to discuss this with you at your appointment. You may have a higher risk of having slightly premature babies. If you have any treatment, you will have to avoid having sex for four weeks afterwards. If you have a special event coming up (for example, you are getting married or going on holiday very soon after your appointment), please contact the clinic and we will discuss whether it is necessary to rearrange your appointment.

Contact details

If you have any more questions about your referral or treatment, please contact the following.

- L Murray Lead Nurse Colposcopists / K Henry/P Doherty Nurse Colposcopists)
On **0121 424 9085**

Other Information

- You may also contact your family doctor and they will be happy to help you.
- You can find more information on cervical screening on the National Cancer Screening website at **www.cancerscreening.nhs.uk/cervical**

Information for Patients

- You can find more information about colposcopy at the British Society for Colposcopy and Cervical Pathology website at **www.bsccp.org.uk/**
- You may find the following charity website provides helpful information about colposcopy Jo's Cervical Cancer Trust at **www.jostrust.org.uk**
- University Hospitals Birmingham **www.uhb.nhs.uk**
- Information fact sheets on health and disease at **www.patient.co.uk**
- On-line health encyclopedia at **www.nhsdirect.nhs.uk**
- Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic' **www.rcoa.ac.uk**

Please use the space below to write down any questions you may have and bring this with you to your next appointment.

Contact details (of clinics)

Good Hope Hospital

Area E,
Treatment Centre
Rectory Road
Sutton Coldfield
B75 7RR

Solihull Hospital

Care 4 Suite
Gynaecology Outpatients
Lode Lane
Solihull
B91 2JL

Heartlands Hospital

Women's Unit
Gynaecology Outpatients
Bordesley Green East
Birmingham
B9 5SS

Information for Patients

Phone:

Good Hope Hospital **0121 424 7345**

Solihull Hospital **0121 424 5382**

Heartlands Hospital **0121 424 1104**

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.