

Having a Colposcopy Examination

This leaflet aims to answer your questions about having a colposcopy. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital.

If you have any further questions please contact our Colposcopy unit on; during the hours of 08.30-17.00

Cumberland Infirmary secretary 01228 814220 or Booking clerk 01228 814213

West Cumberland Hospital secretary 01946 523219

Useful contacts

Gynaecology Specialist Nurse Cumberland Infirmary Tel 01228 814217

Gynaecology Specialist Nurse West Cumberland hospital 01946523217

Colposcopy specialist nurse Tel 01228 814220

Women's Outpatient Dept Cumberland Infirmary 01228 814264

West Cumberland hospital 01946 523211

Please note our colposcopy clinic has a select and treat policy.

If you have been referred with high grade dyskaryosis (moderate/severe), glandular neoplasia, borderline change in endocervical cells we offer assessment and possible treatment at the first clinic visit.

What is colposcopy?

A colposcopy is a test to see whether there are abnormal cells in your cervix and if so how serious they are. This is a follow-up to your cervical screening test (which used to be called a smear) or a examination at the request of your doctor.

A specialist, in an outpatient clinic will take a close look at your cervix using a magnifying lens and light (called a colposcope). They may take a small sample (a biopsy) to check any areas of your cervix which look unusual or they may need to do loop treatment (or LLETZ) to remove a larger abnormal area.

Why do I need a colposcopy?

You have been invited to have colposcopy for the following reasons.

An abnormal smear result is not uncommon. About one in ten women have a test result which shows some abnormality. An abnormal result means the Human Papilloma Virus (HPV) has been detected and/or that a change in the cells has been detected in the sample of cells that were taken from your cervix (neck of the womb). Some abnormal cells go away without treatment, but sometimes abnormal cells go on to develop into cancer if they are not removed. Having cervical screening enables changes to be found at an early stage when they can be easily treated. The medical name for the abnormal changes are cervical intraepithelial neoplasia (CIN), dyskaryosis and dysplasia. Treatment is very simple and is over 90 per cent effective.

Human Papilloma Virus (HPV) causes changes in cervical cells. This is a very common virus that the majority of women are exposed to and is transmitted by skin to skin contact and sexual intercourse. As women develop no obvious symptoms it is possible that you may have had the virus for some time without knowing it. For most women their immune system will clear the HPV in time, usually 1-3 years. However, it is known that the virus is more likely to persist in smokers. If a woman has HPV and this is persistent she has a higher risk of developing abnormal cells.

You have had several screening tests where you did not get a result. It is likely there is nothing wrong, but a colposcopy will find out for sure.

The nurse or doctor who carried out your screening test thought your cervix did not look as healthy as it should.

Being offered a colposcopy does not mean you have cancer. Most women who have a colposcopy will not go on to develop cancer. Early treatment can prevent an abnormality from becoming cancer.

We strongly recommend that you keep your appointment. If you do not attend your appointment and then change your mind, you will have to wait to have another appointment. Should you fail to attend on two occasions you may be discharged from the service.

Are there any alternatives to colposcopy?

There are no alternatives. If you have an abnormal smear result and are advised to have a colposcopy, this is the only way that we can investigate this abnormality further.

How can I prepare for a colposcopy examination or treatment?

You do not need to do anything specific to prepare for your colposcopy examination. You do not need to bring anyone with you, but a lot of women like to bring someone so that they have someone to talk to in the waiting room and take them home after the procedure if they are feeling unwell. It is unlikely that you'll feel unwell, but it does occasionally happen.

It is very important that you eat and drink before you come to the clinic. **Do not fast.** It is also a good idea to read the information leaflets that we give/send to you.

We advise all patients to allow **two hours** in the department from their appointment time. We do not anticipate you being in the department for the whole two hours.

However we cannot foresee what may happen in any one clinic, and would rather you do not feel rushed after your appointment to get back to work, pick up your children, and so on. We recommend you pay for two hours parking.

If you are planning to go abroad soon after your appointment, please advise the Colposcopist on the day of your appointment. We will not perform a loop diathermy or cold coagulation treatment if you are due to travel abroad within two weeks of your appointment, this is because of the small risk of bleeding and other complications and your holiday insurance cover may be affected.

What happens during a colposcopy examination?

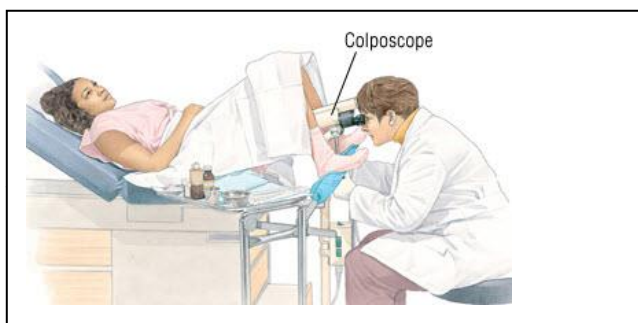
You will be seen in the colposcopy unit which is located in the Women's Outpatients Department in either Cumberland Infirmary or West Cumberland Hospital.

As North Cumbria University Hospitals (NCUH) is a teaching hospital organisation, a medical or nursing professional may wish to observe the clinic on the day that you are there. We will always ask for your consent (permission) before allowing any observations to take place. You can say no at any time, even if you have said yes before, and this will not affect your care in any way.

Before the examination, the colposcopist (the doctor or nurse performing the colposcopy) will ask you questions about your medical history. You will be asked to undress from the waist down (a loose skirt does not need to be removed) and given a sheet to wrap around you. A toilet will be available. The nurse who is looking after you and assisting the colposcopist will then help you to get into a comfortable position on the examination couch.

The colposcopy examination usually takes around 15 minutes.

During the examination a device called a speculum will be inserted into your vagina and opened to show your cervix (neck of your womb), similar to when you had your screening test. The colposcopist then uses a colposcope, which is a type of magnifying glass that allows them to look closely at the cervix. No part of the colposcope goes inside you. You will have the option to look at your cervix on a screen. A liquid is then applied to the cervix to show the colposcopist any abnormal areas. He/she may then take tiny samples of tissues (called biopsies) from your cervix. Some women say that the biopsy is painless, while others say that it is slightly uncomfortable and gives them crampy, period-like pains. This crampy pain often only lasts for a few minutes. Most women feel well enough to go back to home or back to work. You may get some discharge from the liquids used during colposcopy.



For the next few days you may experience light bleeding if you had a biopsy taken. This is normal and

usually stops after 3-5 days. It is best to use pads rather than tampons, avoid sex, lubricants and creams until the bleeding stops.

Colposcopy results.

If you have had samples taken (biopsies, swabs or smear tests) these are sent to the laboratory, where they will be checked. The colposcopist will write to you with the results within four weeks. You will be told in the letter whether you need to come back for treatment, or when we would like to see you again or whether we are discharging you back to the care of your GP.

If I need treatment, what will happen? (Applies to select & treat)

You will initially go through the same procedure as the colposcopy examination.

If you have a coil (IUCD or IUS) fitted, the Colposcopist may need to take it out at the time of your 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 before your colposcopy appointment.**

The most common treatment is a **loop diathermy (LLETZ)**. This type of treatment will have been recommended because we believe this is the best way to accurately diagnose and treat your cervical abnormality. It involves using a local anaesthetic to numb the cervix first and then taking a larger biopsy of the cervix to remove the abnormal area.

Cold coagulation, a heated probe is positioned on the abnormal areas of the cervix and these abnormalities are then destroyed by the heat. This would not be offered at a first appointment. We will have obtained a biopsy and you will have had this result prior to treatment.

Cryocautery, for cervical ectopy that is causing persistent vaginal discharge or post coital bleeding. We will have obtained a biopsy and you will have had this result prior to treatment.

What risks are associated with colposcopy/treatment to the cervix?

There are no risks associated with having a colposcopy examination itself, but the following risks are associated with treatment to the cervix.

Bleeding

I have my period. Can I still come to my appointment?

We would certainly encourage you to come for your first colposcopy appointment even if you have your period. We can still do your colposcopy examination at this time.

I've had an abnormal result. Can I still have sexual intercourse?

Yes, you can still have sexual intercourse while waiting for your colposcopy appointment. The abnormal cells cannot be passed on to your partner and having sex will not make the abnormality worse. However, it is very important that you do not get pregnant until you have been assessed. To ensure that you are not pregnant on the day of your appointment we ask that you **only** have **protected sexual intercourse** until you have been seen for your first appointment.

Will I have a follow up appointment?

Once we have the results back from any samples we have taken we will write to you. We will tell you if and when we need to see you again, or if we are discharging you back to the care of your GP.

Other treatments that we offer in Colposcopy are:-

Cryocautery is the freezing of the cervix by the application of a very cold disc to it, for the purpose of treating problematic ectopy. Cryocautery takes only a few minutes and usually only causes some cramping. This procedure on your cervix is to harden the soft cells that are causing you to bleed (possibly after you have sexual intercourse). You will have already had a colposcopy examination before this is performed.

Cold Coagulation

Despite what the name suggests, this uses a hot probe to burn away abnormal cells. Your colposcopist puts the probe onto your cervix. You shouldn't be able to feel the probe, but you might get a period type pain while you are being treated and for a short while afterwards.

Useful patient information for patients and visitors to our hospitals can be accessed by the following link-

<http://www.ncuh.nhs.uk>

What shall I do if I have problem or concern?

If you have any concerns please:

- contact or visit your GP
- contact the colposcopy clinic on tel. 01228 814220, 01228 814213
- call NHS 111
- go to A&E in the event of an emergency

- **Commonly asked questions.**
- **What if I am pregnant?**

- If you are pregnant and have had an abnormal result, we would still like to see you. Please bring your antenatal notes with you to your appointment. A colposcopic examination can safely be performed when you are pregnant, however, you should phone us for further advice
- Although we might still perform a colposcopy, it is not usual for us to undertake a treatment during pregnancy. We will also ask about dates of your last period. If there is a chance you may be pregnant, we may perform a pregnancy test.

- If you are pregnant when you are due to have the procedure to remove the abnormal cells, we will defer your treatment until after you have had your baby. Please let us know your expected date of delivery when you come to see us.
- The doctor or nurse looking after you may want to monitor the abnormal cells throughout your pregnancy. They will do this by asking you to come for another colposcopy while you are pregnant. This does not harm your baby. You will be asked to come back to the colposcopy unit 12 weeks after the birth of your baby so that we can have another look at your cervix. We may also perform the treatment at this time.

- **Giving my consent (permission)**

- We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with the colposcopy examination and/or treatment to your cervix under local anaesthetic, you will be asked to give consent. This means that you agreed to have the treatment and you understand what it involves.
- If you would like more information about our consent process, please speak to a member of staff caring for you.
- Following a small biopsy we would expect you to have some light bleeding for up to seven days.
- After a loop diathermy, it is normal to have some light bleeding and discharge for up to four weeks following the treatment to your cervix. Initially we would expect you to have a dark brown/red looking discharge (brown from the iodine used) with a few spots of blood. This may then become a very watery discharge.
- With the cold coagulation treatment we would expect you to have a watery discharge throughout, similar to a weeping burn. This may last for up to four weeks. If you are having cold coagulation treatment we will give you further information about this.
- We would not expect you to have heavy bleeding with either type of treatment.
- **Do not use tampons** during the four weeks after your treatment. Even if you get your menstrual period, please only use sanitary towels. This allows time for the cervix to heal and lessens the risk of infection.
- **Do not have sexual intercourse** for four weeks following the loop diathermy or cold coagulation. This is to allow time for your cervix to heal and to lesson the risk of bleeding and infection.
- If you have had a small diagnostic biopsy, you will be advised not to have sexual intercourse for approximately three days following the procedure.
- If you have had loop diathermy or cold coagulation treatment, we would recommend that you avoid swimming for two weeks following the procedure, or until the vaginal discharge has stopped.
- In the unlikely event that you have heavy bleeding (heavier than your normal period), or if you are passing blood clots, we advise that you contact your GP or attend your nearest Emergency Department (A&E). If you need further advice please contact the colposcopy unit, telephone 01228 814220, or 01228 814213.
- **Infection**

- If you have a vaginal discharge which has an offensive (bad) smell following a biopsy, loop diathermy or cold coagulation, it may indicate that you have an infection. Please go to your GP who may decide to prescribe antibiotics.
- **Premature Delivery**
- The loop diathermy treatment should not affect your ability to become pregnant. However, treatment may weaken the cervix and may slightly increase the risk of premature delivery and pre mature rupture of membranes. If you get pregnant at any time following a loop diathermy, please inform your GP and midwife that you have had treatment to your cervix.
- **Pain**
- Most women say that the colposcopy examination is not painful. If anything, women report slight discomfort, and this is usually related to the speculum that we have to use to keep the vaginal walls open. You may experience some pain if you have to have a biopsy – some women say that the biopsy is painless, while others say that it hurts slightly and gives them crampy, period-like pains. This crampy pain often only lasts for a few minutes.
- If you are having a treatment to your cervix, you should not feel any pain during the procedure due to the local anaesthetic. However, you are likely to feel some pressure on your cervix.
- Most women do not feel any discomfort after treatment, but you may experience a mild period-like pain. If this occurs, we advise that you take your normal pain relieving medication such as paracetamol.

Useful sources of information

The websites recommended below are run by cancer charities, but this does not mean that you have cancer. These websites are the ones we believe have the most detailed information, which we hope may help answer more of your questions.

w: www.cruk.org (Cancer Research UK) t: 0808 800 4040

w: www.macmillan.org.uk

w: www.jostrust.org.uk t: 0808 802 8000

w: www.cancerscreening.nhs.uk/cervical

Your comments and concerns

For advice, support or to raise a concern or complaint, contact our Patient Advice and Liaison Service (PALS).

t: 01228 814008 (CIC) e: palscic@ncuh.nhs.uk

t: 01946 523818 (WCH) e: palswch@ncuh.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch.

You can find more detailed information on cervical screening, including the sources of evidence used in writing this leaflet:

w: www.cancerscreening.nhs.uk/cervical - NHS Cervical Screening Programme

w: www.informedchoiceaboutcancerscreening.org – Informed choice about cancer screening

For information on getting to the hospital

Carlisle

<http://www.ncuh.nhs.uk/patients-and-visitors/getting-here/cumberland-infirmary.aspx>

Please note: women's outpatients has now moved to Lower Ground floor opposite pharmacy

Whitehaven

<http://www.ncuh.nhs.uk/patients-and-visitors/getting-here/west-cumberland-hospital-and-the-cumbrian-clinic.aspx>

Confidentiality

'The Trust's vision is to keep your information safe in our hands.'

We promise to use your information fairly and legally, and in-line with local and national policies. You have a right to understand how your information is used and you can request a copy of the information we hold about you at any time.

For further information contact the Subject Access Coordinators
SACCIC@ncuh.nhs.uk or SACWCH@ncuh.nhs.uk

Feedback

We appreciate and encourage feedback, which helps us to improve our services. If you have any comments, compliments or complaints to make about your care, please contact the PALS team (Patient Advice and Liaison Service) on 01228 814008 between 10.30 and 4.30 Monday to Friday or email PALSCIC@ncuh.nhs.uk.

If you would like this factsheet in another language or format, for example Braille, large print or audio the PALS team will be able to assist you (contact details above)

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