

This information is for patients who are having a colposcopy. It explains what a colposcopy is and what it involves. It also tells you about any risks or side effects.

What is colposcopy?

Colposcopy is an examination of the cervix (neck of the womb) using magnifying binoculars called a colposcope. It allows the specialist (colposcopist) to have a closer look at your cervix to assess if there are any abnormal changes in the cells of your cervix. For most women the examination is painless, taking approximately five to ten minutes.

Why do I need a colposcopy?

The most common reason for having a colposcopy is because a cervical smear test has shown the presence of abnormal cells. However, women may also be referred for a colposcopy if they have:

- post-coital bleeding (bleeding after sexual intercourse)
- inter-menstrual bleeding (bleeding in between menstrual periods)
- an unusual appearance of the cervix
- persistent inadequate smears (three or more).

What does it mean if my smear test shows abnormal cells?

This means that some changes have been found in the cells of your cervix. Approximately one in twelve smear tests detect abnormal cells. These are known as **dyskaryosis** and act as an early warning that cancer **may** develop in the future.

- There is no specific preparation you need to carry out for colposcopy
- It is perfectly safe to have intercourse prior to the appointment.
- It is important to eat something prior to your appointment. Not eating may make you feel faint during or after the examination.

Keeping to your appointment time

If you cannot attend your appointment for any reason, please let us know as soon as possible. This will allow us to offer it to another patient and reschedule your visit.

Please attend your appointment on time. If you arrive more than 10 minutes late, it is likely to result in you not being seen that day and having to re-book for another day. For appointments, please ring **020 8725 4653** (new patients) or **020 8725 1745** (follow-up patients).

Any questions?

If you have any questions, please contact your GP or the colposcopy nurse specialists at St. George's Hospital on **020 8725 0221**. Please also call (or ask someone who speaks English to call) if you have difficulty understanding or reading this information.

If you would like more information, you might find it useful to look at the following websites:

www.nhs.uk
www.bsccp.org.uk
www.jostrust.org.uk
www.cancerscreening.nhs.uk

cervix. To do this they will numb your cervix using a local anaesthetic injection, similar to that given at the dentist. Once your cervix is numb the colposcopist will remove the affected area using a small loop-shaped instrument. This treatment is called a LLETZ (large loop excision of the transformation zone). This procedure is normally carried out in the outpatient clinic. However, arrangements may be made to admit you to the Day Surgery Unit (DSU) if:

- you are not happy to have the treatment under local anesthetic
- the colposcopist feels that treatment under local anesthetic is inappropriate.

If the procedure is carried out in the DSU it will be performed under a short general anaesthetic, approximately four to six weeks later.

What can I do to help my cervix?

Research has shown that cigarette smoking is strongly linked to the presence of abnormal cells on the cervix and to the persistence of these abnormal changes. We strongly advise women to give up smoking. For further help on this matter, please telephone Quit Line on **0800 1690169**.

Additional information

- Treatment can still be carried out if you are menstruating. If you are bleeding however, there is a possibility that the smear sample results could return as inadequate and therefore may need to be repeated. If you would rather not have a colposcopy appointment during your menstruation, please contact the appointments line on **020 8725 4653**.

It is important to remember that these changes are **not cancer**. They are **pre-cancerous changes, that, if left untreated or unmonitored over several years, may develop into cancer**. This, however, is very rare.

What causes the abnormal cells?

The abnormal cells are caused by a very common virus called Human Papilloma Virus (HPV). The virus is spread via sexual contact and in fact, is detected in up to 90% of women within five years of becoming sexually active. Most women clear the virus naturally, but if it persists, it can eventually cause the abnormal cells.

What will happen at the colposcopy appointment?

Before the examination, you will be asked some questions about:

- your general health
- previous operations
- medications
- allergies
- contraception
- periods (it is important to know the first day of your last period).

You will be asked to undress the lower half of your body only, lay on a special couch and cover yourself with a sheet. Once you are on the couch a nurse will come into the room to assist both you and the colposcopist.

The colposcopist will start by placing a speculum (an instrument that holds the vagina open to allow access

to the cervix) into the vagina. This will be similar to when you had your smear test. A smear may then be taken, followed by the application of a special solution to your cervix. This solution helps to identify abnormal areas. This should not be painful, but you may feel the sensation of the colposcopist dabbing something on your cervix.

Using the colposcope, the colposcopist will then closely examine your cervix. If they think it is necessary, they may take a biopsy. This is a small piece of tissue (approximately 3 – 4mm) taken with a special instrument and feels like a pinch.

Following the examination the colposcopist will explain the findings and any follow-up or treatment that you may need. If you have had a smear or biopsy, you and your GP will be sent the results within four to eight weeks. If you have not heard anything after eight weeks please call the results line on **020 8725 1615**.

How will I feel afterwards?

After the procedure you should feel well enough to continue your normal routine. If you have had a biopsy taken you may have light blood-stained discharge for three to six days. We advise that you refrain from intercourse, tampons and swimming for three to six days, to allow the area to heal. We suggest you bring a sanitary pad with you for use after the procedure.

Are there any risks?

After the colposcopy, we will give you some advice on how to help your cervix recover (dos and don'ts). Providing you follow these instructions, there is minimal risk of infection and bleeding from the biopsy site.

A colposcopy examination is safe during pregnancy and should not affect the pregnancy, delivery of the baby or future fertility. However, if you are pregnant and need treatment, this is usually done after delivery. Pregnancy does not affect the speed of cell change on the cervix, and it is therefore safe to wait for until the baby is delivered.

What will the examination show?

Colposcopy defines the type and degree of any abnormality on the cervix. This, along with a biopsy or smear result, helps the specialist decide on your future treatment. The medical term used to refer to cell changes confirmed by a biopsy is **cervical intra-epithelial neoplasia (CIN)**. Doctors have made distinctions between the various stages of change, on a scale of 1 to 3. Depending on the scale of your change, identified by the colposcopist and/or biopsy, treatment to your cervix may or may not be required. The general rule is:

- **Areas of CIN 1** (mild change / low grade change) are simply monitored, as the cells often revert back to normal of their own accord. In this case you will be asked to come to see a colposcopist every six to twelve months for monitoring.
- **Areas of CIN 2 or 3** (high grade change) are less likely to revert back to normal and are more likely to persist. There is a higher risk that they may eventually turn into cancer and, therefore, treatment is recommended.

What if I need treatment?

If treatment is required we will ask you to come back to for a further appointment. During this appointment the colposcopist will need to remove the affected area of your