

Colposcopy

This leaflet is for patients who are having a colposcopy assessment. It explains what a colposcopy is and what it involves. It also provides information about potential risks and side effects and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

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 detailed look at your cervix to assess if there are any abnormal changes in the cells of your cervix. Most women tolerate the procedure well and it takes approximately 5-15 minutes.

Why do I need a colposcopy?

The most common reason for having a colposcopy is because a cervical sample test has shown the presence of high-risk HPV (human papilloma virus) and / or abnormal cells. However, women may also be referred for a colposcopy if they have:

- Post-coital bleeding (bleeding after sexual intercourse).
- An unusual appearance of the cervix.
- Persistent inadequate smears (three or more).

What does it mean if my cervical sample detects abnormal cells?

Firstly, it is likely that there is nothing to worry about.

This means that some changes have been found in the cells of your cervix.

These are known as dyskaryosis and represent pre-cancerous changes on the cervix which can be treated.

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 it 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 cells to change and become pre-cancerous.

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.

What will happen at the colposcopy appointment?

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

- Your general health
- Previous operations
- Previous smears
- Pregnancies
- 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, lie on a gynaecological examination bed with stirrups and cover yourself with a sheet. A chaperone will be present.

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

the vagina. This is similar to when you had your smear test. A smear may then be taken and a special solution will be applied to your cervix. This solution helps to identify abnormal areas. This should not be painful but you may feel a slight stinging sensation of dabbing on your cervix.

The colposcopist will then closely examine your cervix visually. If they think it is necessary, they may take a biopsy. This is a small piece of tissue (approximately 3-4mm) taken with an instrument and it 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 cervical sample or biopsy taken, 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 a 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. Sometimes, taking a biopsy can cause transient faintness / dizziness which can last a few minutes.

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 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 cervical sample test result, helps the specialist to decide on future management. The medical term used to refer to cell changes confirmed by a biopsy is cervical intra-epithelial neoplasia (CIN). Abnormalities are graded on a scale of 1 (low grade change) to 3 (high grade) change. Depending on the scale 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 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 changes) are less likely to revert to normal and are more likely to persist. There is a higher risk that they may eventually turn into cancer and therefore treatment is often 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 cervix. To do this they will numb your cervix using a local anaesthetic injection, like 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 (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 anaesthetic.
- The colposcopist feels that treatment under local anaesthetic is inappropriate.

When the cervix has healed the discharge will stop. If the bleeding becomes excessive at any stage or the discharge becomes offensive (smells unpleasant), then either call:

- Your GP
- The colposcopy nurse specialist on 020 8725 0221.

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 associated with the presence of abnormal cells on the cervix and to the persistence of these abnormal changes, we strongly advise patients to give up smoking. For further help on this matter, please see your GP.

Additional Information

- 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 see 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 rebook for another day.

For appointments queries please ring 020 8725 1615 / 4653.

Useful sources of information

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

www.nhs.uk

[NHS cervical screening \(CSP\) programme - GOV.UK](http://www.gov.uk)

www.gov.uk

www.bsccp.co.uk

Asking for your consent

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

Contact us

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.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm
Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

NHS UK provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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