



The Dudley Group
NHS Foundation Trust

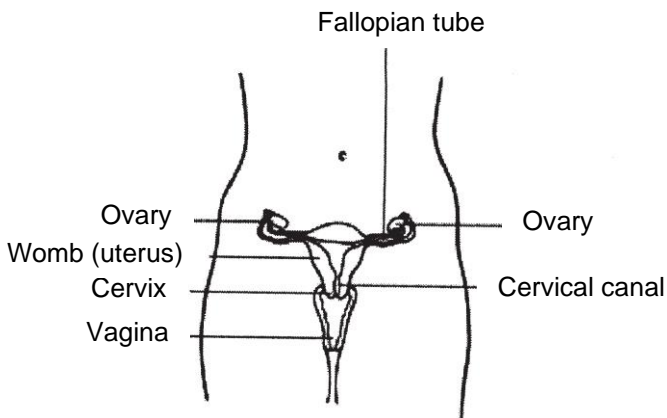
Colposcopy

Cancer Screening Programmes

Patient 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. 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. When this happens again and again, it is best to have a colposcopy to check that your cervix is healthy.

2. Your cervical screening 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** 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 human papillomavirus (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 effective in most cases.

3. If you have had colposcopy treatment in the past. If a test to detect HPV has been carried out on your cervical screening sample taken during your follow-up check and shows the presence of HPV or moderate or severe dyskaryosis, you will be asked to come back to colposcopy clinic for an assessment of your cervix.

4. 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.
- 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 that you can remove the jewellery before you come for your appointment.
- After the examination, you may have some discharge from your vagina. We will provide sanitary pads, but you are more than welcome to bring panty liners with you if you prefer.

- 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 will warm and lubricate a speculum (a special instrument) and place 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 three-dimensional (3D) view of the cervix. **The colposcope does not enter the vagina.**

The colposcopist will put a liquid onto the cervix with a cotton bud - this may be cold and will 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. This is 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 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 the 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 and cold coagulation or cryocautery.** The option of no treatment will also be discussed during your appointment.

Types of treatment

Loop diathermy

This treatment uses an electric current to remove abnormal tissue from your cervix. A local anaesthetic (similar to what 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 you will be asked to rest for a short time before leaving.

Cryocautery

Cryocautery is a procedure which destroys the tissue on the cervix by freezing it with nitrous oxide. It is usually performed to reduce the symptoms of excessive discharge or bleeding after having sex, but it can also be used to treat low-grade changes to the cervix. The colposcopist will place a small probe on the cervix for two minutes, freezing the abnormal tissue. You should not feel any discomfort during the procedure. You may experience a watery discharge for two to four weeks after the treatment as the cervix heals.

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 (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, you may experience discomfort like period pain for the next few hours. You should take your normal painkillers to ease the pain, but do not take more than the recommended dose.
- It is normal to have some bloodstained discharge after treatment. If you do have bloodstained discharge from the treatment, do not use tampons. Instead, use sanitary pads or panty liners. You should not use tampons until four 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 for at least two weeks or until the discharge has stopped because of the risk of infection.
- If you have any questions after your treatment, please contact the colposcopy clinic on 01384 244584.
- 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.

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 it may mean that 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 they 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 whether 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, if 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.

More information

If you have any more questions about your referral or treatment, please phone our clinic on **01384 244542**.

Contact name: Sharon Turner

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:

www.cancerscreening.nhs.uk/cervical

You can find more information about colposcopy at the British Society for Colposcopy and Cervical Pathology website:

www.bsccp.org.uk/

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

The colposcopy clinic: 01384 244584

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/oncology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta brosură poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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