

# The Colposcopy Service

Department of Gynaecology  
Information for patients

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## Introduction

Welcome to the University Hospitals of Leicester Colposcopy Service. The Colposcopy unit is based within the Gynaecology Services Unit at the Leicester General Hospital.

You may bring someone with you to your appointments. If you do need to bring young children with you then please ensure that there is a suitable adult to supervise them whilst you are being examined.

The information in this leaflet is intended to be a general guide to the colposcopy service, so please be aware that not all of the information will apply to you. You will be given an opportunity to talk to the colposcopist (specialist doctor or nurse) and ask any questions before having your colposcopy examination. In addition, you can get further information and clarification from your GP or practice nurse.

## Missed appointments

Every year, thousands of patients do not attend their hospital appointments; each missed appointment costs the NHS money, delays treatment and increases waiting times for all patients.

If you are unable to attend your appointment for any reason, please contact the colposcopy clinic co-ordinator office on :

Leicester General Hospital

0116 258 4821

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## The NHS Cervical Screening Programme (NHSCSP)

The screening programme aims to pick up abnormal changes in the cells in the cervix long before they have a chance to become cancer. It is a very successful programme which research suggests saves at least 4500 lives a year (reference: Cancer Research UK).

### HPV primary screening (Human Papilloma Virus)

Your cervical screening sample (smear test) will now initially be screened for high risk HPV and if you are positive for the virus and it is detected in your sample this will then be looked at further to assess for any abnormal cells.

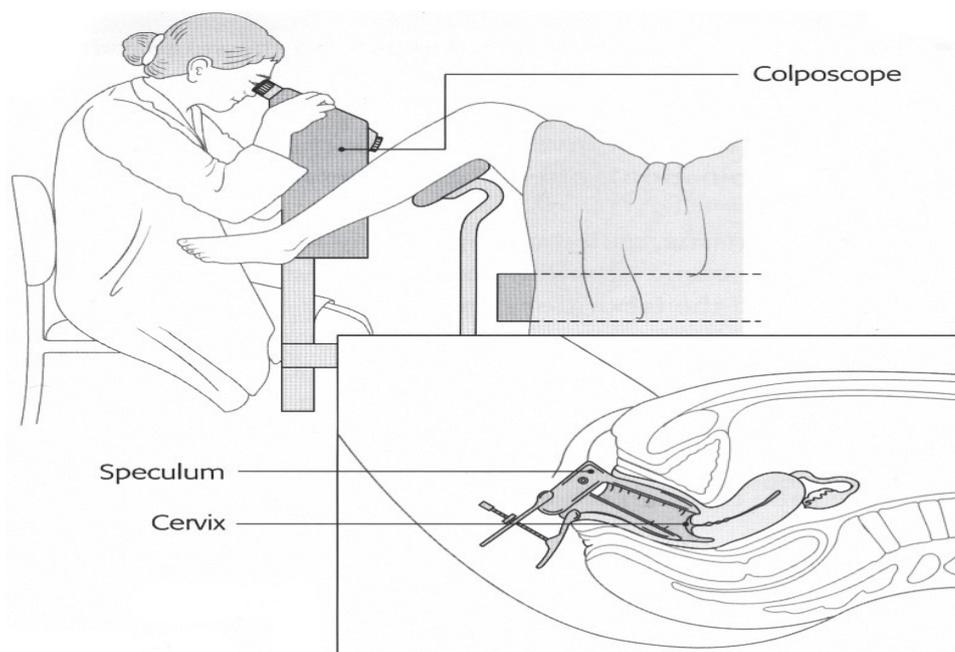
### What is human papilloma virus? (HPV)

HPV is an extremely common virus which you could have picked up years before. Anybody who has ever had sexual contact or ever been sexually active is at risk of contracting HPV. It is very common and at least eight out of ten women have the virus at some time. In time, HPV is usually cleared (without treatment ) by the body's immune system. In some women HPV infection can cause changes to the cells on the cervix causing smear abnormalities and if left these abnormalities can become severe and may develop into cancer.

### What is a colposcopy?

A colposcopy is an examination of the cervix (neck of the womb) using a special microscope (a colposcope), which allows the colposcopist to look more closely at your cervix than during a smear test.

The colposcope does not enter the vagina, all that goes inside is the speculum (the same as when you had your cervical screening test –smear)



## Why do I need a colposcopy?

There are many reasons why you may have been referred to the colposcopy unit. These include:

- an abnormal screening test
- an unusual looking cervix
- inadequate smears
- cervical polyps.
- bleeding after intercourse

## What does an abnormal screening test mean?

For many women, their abnormal result will show high risk HPV detected with borderline changes or low grade dyskaryosis. These are small, low-grade pre-cancerous 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.

For some women, their result will show high risk HPV detected with moderate or severe dyskaryosis. These changes are **not cancer**, but are pre-cancerous. 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, your colposcopist will usually advise you to have treatment as an out-patient (see pages 5-8 for more information). This is very effective in most cases and will usually be offered on the day of your colposcopy.

## Before your colposcopy

You must contact the clinic if:

- you need to change your appointment
- you are pregnant; colposcopy examination is safe in pregnancy and is usually done at 12 and 32 weeks: biopsy or treatments are rarely necessary in pregnancy.
- your period is due at the time of your appointment. However, it is usually possible to attend even if you have a period. If you are taking the combined oral contraceptive pill you could take packs back-to-back without a break, to avoid having a period.

We would not normally perform a colposcopy whilst a woman is bleeding heavily because the view of the cervix is not clear. Most colposcopists will perform a colposcopy if the bleeding is light.

## Preparing for your colposcopy

- We would advise you to eat and drink prior to your appointment.
- Bring a list of any medication you are taking and tell the colposcopist performing the colposcopy your medical history and any allergies you may have.
- Please also make a note of when you had your last period.
- Remove any jewellery you wear below the waist (such as belly button or vaginal piercings). This is essential if you require treatment during your colposcopy.

- 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.
- 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?

We will aim to see you as close to your appointment time as possible, but please be patient if we are running a bit late.

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 ask you about your medical history and explain the procedure to you. Following this, the colposcopist will carry out the examination. The length of your appointment will be dependent on whether any procedures are necessary but it is usually no longer than 20 to 30 minutes.

There are several possible outcomes from your colposcopy appointment.

Your colposcopist:

- might see **no problem**. If this happens, you will be advised to have a repeat cervical screening test. You will be advised when this will need to be done: it might be any time between 12 months and 3 years depending on your particular problem.
- might see some very **minor changes** and will take some **punch biopsies**. These are tiny pinches of skin from the cervix (neck of the womb). There is further information about punch biopsies on page 5 of this booklet.
- might see some **abnormal tissue** and advise you to have a treatment called **large loop excision of the transformation zone (LLETZ)**. This can be done straightaway or on another day: it is up to you. There is further information about LLETZ on pages 5-7 of this booklet.
- might see some **abnormal tissue** and advise you to have a treatment under general anaesthetic (whilst you are asleep). This does not mean that the problem is more serious: the area might be more difficult to get at, or it may be deeper into the cervix, requiring a bigger biopsy called a cone biopsy. If you need this treatment, we aim to arrange this as day case within 8 weeks of your colposcopy.
- might diagnose **cervical ectropion**. This is a harmless change where the thin layer of cells that normally line the inside of the cervical canal are present on the outside of the cervix. There is further information about cervical ectropion on page 8 of this booklet.
- might see **cervical polyps**. These look like skin tags and are common. They are usually harmless but can cause bleeding. A polyp is usually at the end of a thin “stalk” of skin. Your colposcopist can remove polyps and send them to the laboratory to be examined under a microscope.

## Information about some of the procedures

### Punch biopsies

You may sometimes experience a sharp pain when the biopsy is being done, but this usually goes away within a few minutes. Following the punch biopsy a small amount of silver nitrate is then used to seal the area.

Punch biopsies have no harmful effects, but for 7 days after the biopsy you must **not**:

- have sexual intercourse,
- use tampons
- soak for a long time in the bath
- go swimming
- take part in strenuous exercise.

After this procedure, you may have a light to moderate blood loss from your vagina for up to a week. 1 in 20 women experience some pain, which lasts on average for two days. Taking over-the-counter pain killers such as paracetamol will help with this.

When the biopsy results are ready (this is usually approx. 4-6 weeks) your colposcopist will write to you and your GP with the results and advise on what to do next.

### What are the possible results of the biopsy?

The medical term used to describe cell changes confirmed by a biopsy is cervical intra-epithelial neoplasia (CIN). The degrees of change are described on a scale of 1 - 3:

**CIN 1** means that only a third of the cells in the affected area are abnormal. These may be left to return to normal or may be treated if they persist for 2 years.

**CIN 2** means that up to two-thirds of the cells in the affected area are abnormal. Treatment will often be needed to return the cells to normal.

**CIN 3** means that all the cells in the affected area are abnormal. Treatment will be needed to return the cells to normal. Only very rarely will a biopsy show cell changes that have already developed into cancer.

### LLETZ treatment

#### Will I be treated on my first visit?

In most cases, a decision to do a treatment on your first colposcopy visit depends on your smear result and the findings of the colposcopy examination. If there is strong evidence of an area of moderate to severe abnormality at your first colposcopy examination along with high grade dyskaryosis on your cervical screening test result then you are likely to be offered treatment on the day. If the examination shows less evidence of an abnormality, the colposcopist may do a cervical biopsy (pinch of skin) before the decision is made to do a treatment at a future visit.

## How will you do the LLETZ treatment?

The colposcopist will give a fast-acting local anaesthetic into your cervix, this local anaesthetic commonly makes your heart race and legs wobble, this is a normal reaction and only lasts for a short period of time.

Once this injection has taken effect, the colposcopist uses an electrical wire loop, which scoops out the abnormal tissue and seals the raw area at the same time. We then use a heated ball pen (diathermy) to ensure the area is thoroughly sealed, we may also use other solutions to seal the area (Monsel's). To ensure the electric current has a safe return path (and that it does not injure you) a sticky pad is placed on your thigh before treatment. A suction device is attached to the speculum, which helps to remove the smoke during the procedure. This may sound alarming, but the procedure is very safe and usually takes about 15 minutes.

## What if I have a coil (intra-uterine contraceptive device)?

Often the colposcopist is able to perform a LLETZ by pushing the coil threads out of the way so that the coil does not have to be removed. Occasionally, this may cause the threads to be cut, which may make them difficult to find when the coil needs to be changed. So sometimes the coil has to be removed before a LLETZ is performed. It can then be replaced six weeks later. We will ask what your preference is prior to the treatment.

We advise all women with coils who are due for LLETZ to **not** have sexual intercourse or to use barrier contraception (such as condoms) - for at least 7 days before the treatment, in case the coil has to be removed.

## Is the treatment painful?

LLETZ can be slightly uncomfortable because your cervix has been injected with a local anaesthetic, but once the local anaesthetic has been given the LLETZ is usually painless. Some women experience period-type pains for a day or so following the procedure. If you experience this, please take your usual over-the-counter painkiller.

## Does the treatment have any side effects?

LLETZ treatment is generally very safe but, as with all procedures, there can be complications. Around 85 in 100 people experience bleeding after LLETZ which can last between 2 days up to 4 weeks, this is usually like a period but can sometimes be heavier. Around 2 in 3 people report a change to their discharge which can last up to 4 weeks. Most women have pain for an average of two days after this procedure, but it can last for longer. There is a small risk of infection, bleeding is more likely after treatment if you get an infection in the raw area on your cervix. The raw area takes up to four weeks to heal.

## To keep the risk of infection as low as possible, we recommend that you:

- do not have sexual intercourse for 4 weeks
- do not use tampons for 4 weeks
- do not go swimming for 2-4 weeks
- Avoid heavy lifting and strenuous exercise for 4 weeks to reduce the risk of bleeding

Some women may notice a change in the timing and length of their periods after their colposcopy.

There is also a small risk that, as the cervix heals, the channel into the womb narrows, which makes it difficult for the blood to escape when you have a period. The medical term for this is stenosis.

Following treatment you may drive as usual and resume normal activities including light exercise.

Damage to other tissues is very rare.

Please note that some travel insurance companies will not provide you with health insurance initially following this procedure. You may wish to rearrange your colposcopy treatment.

After the treatment we recommend that you take it easy for the rest of the day. You can go to work the following day as long as it does not involve heavy lifting or strenuous activity.

If you do get an infection, there will be a smelly discharge, this may be yellow or greenish, or heavy bleeding (heavier than a normal period). You should contact your GP as you may need antibiotics. In very rare cases, when the bleeding is severe, the woman will have to be admitted to hospital. Bleeding can also occur a couple of weeks after treatment. This is due to bacteria that live in the vagina causing the blood vessels to open up. Should you have any severe bleeding following the LLETZ treatment we provide you with an information leaflet with a 24 hour emergency contact number for the Gynaecology Assessment Unit (GAU) based at the Leicester Royal Infirmary (LRI).

### **LLETZ and pregnancy**

Research suggests that a standard size LLETZ, less than 10mm deep, is not associated with any increase in the incidence of preterm labour and preterm rupture of membranes. Some research suggests there may be a small increase in miscarriage before 20 weeks and pre-term labour if the LLETZ is more than this. Sometimes a deeper excision (LLETZ) is necessary depending on the abnormal area. This evidence remains small and controversial.

### **When and how do I get my results?**

The tissue removed in the biopsy is sent to the laboratory for examination. We do not give results over the telephone, but we will send a letter to you and your GP with the results usually within 4 to 6 weeks of the appointment. Please contact the colposcopy unit regarding your results if you have not heard from us within 8 weeks. Sometimes, more treatment is needed, and we may ask you to return to the colposcopy clinic to talk through your choices.

### **What happens next?**

For most women (95 out of 100) all that happens is that you have a follow-up cervical screening test in six months. You will then be advised how often you need tests in the future depending on the result of this.

For a few women, the problem comes back, and you have to have a second treatment. For about three in every 10,000 women treated, cervical cancer can still develop. This is why it is important to have follow-up cervical screening.

## What is cervical ectropion?

A cervical ectropion causes vaginal discharge or bleeding, especially with sexual intercourse. It is particularly common in women who take the contraceptive pill and is rare in women after the menopause. In most cases, cervical ectropion goes away on its own. Only women with symptoms need to consider treatment.

Treatment by local destruction of the tissue includes cauterisation, cryosurgery (freezing), diathermy (heat destruction) (not currently undertaken at UHL hospitals) or laser treatment. The areas of destroyed tissue are replaced in time by a layer of normal squamous (flat) cells.

However, even with treatment, the condition can return.

## Useful contacts

If you have any more questions about your referral or treatment, phone us using the following numbers:

### Colposcopy secretaries

0116 258 4167

0116 258 5068

You may also contact your family doctor who will be happy to help you.

You can find more information on cervical screening at: [www.gov.uk/topic/population-screening-programmes/cervical](http://www.gov.uk/topic/population-screening-programmes/cervical)

You can find more information about colposcopy at the British Society for Colposcopy and Cervical Pathology website at: [www.bsccp.org.uk](http://www.bsccp.org.uk)

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।  
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)