

Having a colposcopy examination after having an abnormal cervical cytology (smear test) result

This leaflet aims to answer your questions about having a colposcopy following an abnormal cervical cytology result. 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 speak to a doctor or nurse caring for you.

What is an abnormal cervical cytology result and what does it mean?

An abnormal cervical cytology result is not uncommon. About one in ten women have a test result which shows some abnormality.

An abnormal result means that changes have occurred in the sample of cells that were taken from your cervix (neck of the womb) during the test. 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 is cervical intraepithelial neoplasia (CIN), dyskaryosis and dysplasia.

In many cases the changes shown on your cervical cytology test will return to normal on their own. Some of the changes that occur may, in time, develop into cancer. It is very important that you attend your appointments for further investigation and treatment (if necessary). Treatment is very simple and is over 90 per cent effective.

It is very rare for an abnormal result to mean that you have cancer, as it usually takes several years for cervical cancer to develop. It is uncommon, particularly in women who attend their regular cervical screening, for an abnormal result to show that cancer has already developed.

We cannot give you a precise answer as to why you have had an abnormal result. There are factors which may be linked to the development of an abnormality. These include certain types of the human papilloma virus (HPV). This is transmitted during sexual intercourse and skin-to-skin contact of the genital area and often shows no symptoms. It is possible that you may have had the virus for some time without knowing about it. We also know that smoking affects the cells on the cervix.

Why should I have a colposcopy?

You should come to your appointment because it is very important for us to look at your cervix and to find out if there is an abnormality there. Early diagnosis can help prevent an abnormality from becoming cancer.

If you are worried about coming to your appointment, please phone us, **t:** 020 7188 3691 and speak to one of the nurses who will be able to reassure you.

You must make sure that you keep your appointment. If you do not attend your appointment, and then change your mind, you will have to wait for another appointment, which could take up to **eight weeks**.

Are there any alternatives to colposcopy?

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

What happens during a colposcopy examination?

You will be seen in the colposcopy unit which is located in the gynaecology outpatients department.

Before the examination, the colposcopist (the doctor performing the colposcopy) will ask you questions about your medical history. After the consultation with the colposcopist, you will be taken to the examination area where you will be asked to undress from the waist down (a loose skirt does not need to be removed). 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 to 20 minutes.

During the examination an instrument called a speculum will be inserted into your vagina to hold back the vaginal walls and to show your cervix for the clinician to examine. The speculum is the same instrument that is inserted when you have a cervical cytology 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. The colposcopist **may** then take another cervical cytology test.

A liquid is then applied to the cervix to show the colposcopist any abnormal looking areas. They may then take one or two tiny samples of tissue (called biopsies) from your cervix. 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.

Sometimes treatment may be performed at the same time as your first colposcopy examination. This will only be done with your consent and if the colposcopist thinks it is necessary. Not everyone who comes to the colposcopy clinic following an abnormal test will need treatment.

After the examination, the speculum will be taken out and you will be asked to stay on the examination couch for a few minutes. The assisting nurse will then tell you when you can get up and get dressed. Once you are dressed, you will go back to see the colposcopist who will talk to you about the examination.

You will then be able to go home/back to work. If you have had treatment, we advise that you go home and rest for the remainder of the day.

If you have had samples taken (biopsies, swabs or cervical cytology tests) these are sent to the laboratory, where they will be checked. A report will then be sent back to the colposcopist and they will write to you with the results within four weeks. You will be told if you need to come back for treatment, when we want to see you again, or if we are discharging you back to your GP.

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.

What if I am pregnant?

If you are pregnant and have had an abnormal result, we would still like to see you, but we may wait until you are more than 12 weeks pregnant. Please bring your antenatal notes with you to your appointment. A colposcopic examination can safely be performed when you are pregnant.

Although we might still perform a colposcopy, it is not usual for us to undertake a treatment to your cervix if you are pregnant. In order to ensure that you are not pregnant on the day of your planned surgery we ask that you have only protected sexual intercourse before your operation date. We will also ask you about dates of your last period. If there is any chance you are 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 sign consent. This states that you agree 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.

If I need treatment, what will happen?

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

If you have a coil (IUCD) fitted, the colposcopist will 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.**

If you are treated in the colposcopy clinic, 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 get a more accurate diagnosis of the stage of your cervical abnormality. It involves taking a larger biopsy of the cervix. A loop diathermy is performed under local anaesthetic (where a medication is used to numb the cervix). The area of abnormality is removed using a thin loop of electrified wire, which also helps to stop any bleeding caused by the removal of the tissue. The area is then cauterised (sealed using a hot implement) to prevent further bleeding. The whole procedure normally takes approximately 15 minutes.

The biopsy is then sent to the laboratory and a report is produced and sent to the colposcopist, who will then write to you with the result within four weeks.

Occasionally, and in some circumstances, another type of treatment, called cold coagulation (a type of heat treatment), is used. This procedure is also performed under local anaesthetic. During cold coagulation, a heated probe is positioned on the abnormal areas of the cervix and these abnormalities are then destroyed by the heat. You will not get a written result from this procedure because there is no sample to send to the laboratory, however, if we have taken a biopsy before performing the cold coagulation, you will get this result in writing.

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

Following a small biopsy (not the loop diathermy) 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 mucky 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 lessen the risk of bleeding and infection.

If you have had a small biopsy, you will be advised not to have sexual intercourse for up to seven days following the procedure.

If you have had loop diathermy or cold coagulation treatment, we recommend that you avoid swimming for four weeks following the procedure, or at least until the vaginal discharge has stopped.

In the unlikely event that you have heavy bleeding that is heavier than your normal period, or if you are passing blood clots, we advise that you attend your nearest Emergency Department (A&E).

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 prescribe you 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. 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 the treatment, but you may experience a mild period-like pain. If this occurs, we advise that you take your normal pain relieving medication.

Stenosis (narrowing) of the cervical os (the small opening of the cervix)

Following loop diathermy to your cervix, there is a risk that the cervical os may close over. You can help prevent this by allowing your period to come as normal following the procedure. If you take a 21 day contraceptive pill this means that you should not run two packs together – you should make sure you leave a week (the normal seven day break) between finishing one pack and starting another.

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. So if your appointment is at 2pm please arrive on time and ensure that you allow until at least 4pm. 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.

If you are planning on going 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 as we would normally suggest that you do not travel abroad for at least two weeks following the treatment. This is because of the risk of bleeding and other complications.

What happens after a colposcopy examination or if I have treatment?

If you just have a colposcopy examination (including diagnostic biopsies) you should be able to go back to work that day.

If you have treatment, we will ask you to stay in the department for at least 20 minutes following the procedure. During this time a nurse will check on you and will go through the instruction leaflet and answer any questions you may have. We advise you to go home and rest following a treatment. You should be able to go back to work the following day.

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.

What shall I do if I have a problem or concern?

If you have any concerns, please:

- contact or visit your GP
- call NHS 111 and speak to a specially trained nurse
- go to your nearest Emergency Department (A&E) or call 999 in the event of an emergency.

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.cancerhelp.org.uk

w: www.macmillan.org.uk

w: www.jostrust.org.uk

w: www.cancerscreening.nhs.uk/cervical