

Information for Patients

About your Colposcopy

What is colposcopy?

Colposcopy is an examination which allows the colposcopist (the doctor or nurse who performs the colposcopy examination) to look at your cervix (neck of the womb) in more detail. It is a diagnostic test, which is more accurate than a smear test. It also allows the colposcopist to see if there are any abnormal areas on your cervix and to grade the abnormality and so decide whether or not you need treatment.

The instrument used for colposcopy is called a colposcope and it looks like a pair of binoculars on a stand with a light attached. It magnifies the cervix so that the colposcopist can see the cervix in detail. It does not go inside you. For most individuals this is a painless examination, but some may find it slightly uncomfortable. The examination is very similar to having a cervical screening test, but takes a little longer.

If necessary, treatment to remove abnormal areas may be performed at your first visit, but this will be discussed with you at your appointment.

Why do I need a colposcopy?

In the majority of cases, you have been asked to come for a further examination because your cervical screening test has shown that you have come into contact with the Human Papilloma Virus, which may in turn cause abnormal cells on your cervix. This is not unusual, about one in 12 cervical screenings is abnormal. These abnormal cells **are not** cancer, but if left, **may** develop into this in the future. These changes take many years to develop, therefore if you have regular smear tests any abnormality can be detected at an early stage and treated. The cervical screening test and colposcopy examination are performed to help prevent these changes progressing. Most abnormal cells will return to normal by themselves, but if required, treatment can be undertaken; the colposcopy examination will determine this. It is important to remember that it is **extremely rare** indeed for these abnormalities to be cancer. You should have received your results directly from the screening programme.

You may also have been asked to attend because you have seen your GP regarding unusual symptoms such as bleeding after sex or in between your periods; or your GP is concerned about the appearance or your cervix.

What causes the abnormality?

The Human Papilloma Virus (HPV) is responsible for the development of abnormal cells on the cervix. There are around 100 different types of HPV and approximately 30 can be transmitted through intimate sexual contact to the genital tract.

Most people will come into contact with the virus at some point in their life as it is very common. Most HPV infections clear themselves through your body's immunity but a small proportion persist and can lead to the development of abnormal cells on the cervix.

Smoking is an important co-factor in the persistence of abnormality on the cervix. Smoking lowers the immune system making it less likely that the human papilloma virus will disappear from the body on its own. It is advisable to try to stop smoking to cut down the number of cigarettes you smoke.

What preparation is required?

No formal preparation is required. However, we suggest that you bring a sanitary pad with you as you may bleed very lightly following the procedure. It may be helpful for you to take a mild pain relieving medication (similar to what you might take for period pain) one hour before the examination to help prevent/ reduce any crampy pain that may occur following the procedure. If you will be on a period on the day of your examination, please telephone the office to arrange another appointment. If you have any queries regarding the examination please contact the office and one of the nursing staff will be happy to help you.

Your appointment

- You should not attend if you are having a period, so please phone the department for another appointment date.
- You should tell the colposcopist if you have any allergies or are taking any medications.
- It would be helpful if you could bring a sanitary towel with you.
- It is very important that you let us know if you cannot attend so that your appointment can be given to someone else.
- If you would like to find out more about colposcopy, we will be happy to give you more information or recommend leaflets/ books.
- If you have any queries please telephone the number at the end of this information sheet and we will be pleased to help you.

What happens during the examination?

The examination takes approximately 10 - 15 minutes, although you should allow longer for the whole visit. You will be seen by either a doctor or specialist nurse trained in colposcopy. Firstly the colposcopist will talk to you and ask some questions about your medical history.

You will then be asked to undress from the waist downwards in a private cubicle (a skirt need not be removed). You will then lie on a special couch which has padded supports on which to rest your legs. The colposcopist will gently insert a speculum into your vagina (just like when you have a smear taken); this is to hold the vaginal walls apart so that the cervix can be seen properly.

The colposcopist will then dab different solutions on to your cervix, which will help to visualise any abnormalities. If any abnormal areas are identified a small sample of tissue (a biopsy) may be taken and sent for a further check in the laboratory. The biopsy is about the size of a pin head. It may be a little uncomfortable but should not be painful. If you want to you will be able to watch the procedure and see your own cervix on a monitor.

After the examination you will be able to dress before speaking to the colposcopist about your examination and they will be able to answer any questions.

What will the examination show?

Colposcopy defines the size and extent of the abnormal areas on the cervix. The technical term used to refer to cell changes, which will be confirmed by the biopsy, is cervical intra-epithelial neoplasia (CIN). This is graded on a scale of 1 to 3 according to the depth of the abnormal changes in the covering layer of the skin of the cervix which is affected. CIN 1 will often revert back to normal without any treatment, so you may just need check-ups more often instead of treatment. CIN is a pre-cancerous condition; very rarely a biopsy will show cell changes that have already developed into cancer. Following the examination, the colposcopist will discuss the findings with you.

What happens after the examination?

Any samples that have been taken will be sent to the laboratory. A results letter will be sent to you as well as to your GP usually within 6 weeks. An appointment will be enclosed if you require treatment or a further examination. After the examination you should feel well enough to continue with your usual routine. If a biopsy has been taken you will need to wear a pad for a day or two and we recommend that you avoid sexual intercourse, the use of tampons/menstrual cups and baths until any light bleeding has stopped. You may experience some abdominal, crampy pain after the examination and it might help to take a mild pain relieving medication, if you have not already done so beforehand.

What kind of treatment is available?

Treatment can be offered on the same day if this is best for you, after discussion with your Colposcopist. Usually, treatment on the same day is offered when the smear test has shown some changes called high grade changes. The methods of treatment used in this clinic are loop diathermy, laser treatment, cold coagulation and cryocautery. The clinician will suggest the most suitable treatment (if this is necessary) and this will be discussed with you. Further leaflets are available about treatments.

Your feelings

For many individuals, their first reaction following an abnormal smear is one of fear and many will be concerned that they have cancer. As pointed out, the majority of us who have early changes in the cells of the cervix **do not** have cancer. We often do not like to mention that we have had an abnormal smear, but if you talk to friends or family you will know someone else who has. If you would like to discuss your feelings with someone at the clinic about your smear, colposcopy or any anxiety you may have, please ring and ask to speak to one of the nursing staff who will be happy to answer any questions.

What about pregnancy?

Colposcopy can be performed safely during pregnancy and it will not affect your ability to become pregnant in the future. Treatment, however, if required, is usually postponed until after your baby is born.

What about sex?

Intercourse does not make the abnormality worse and you cannot pass on abnormal cells to your partner.

Contact details

To cancel/change appointments

(0161) 276 6365 (8.30 am - 3.00 pm)

Secretaries

(0161) 701 6922/276 6387 (8.30 am - 5.00 pm)

Nurse Colposcopists

(0161) 276 5485 (8.00 am - 5.00 pm)

Emergency Gynaecology Unit located at Wythenshawe Hospital

(0161) 291 2561

Useful resources

Jo's Trust

<https://www.jostrust.org.uk>

NHS Choices

<https://www.nhs.co.uk>

Cancer Research UK

<https://www.cancerresearchuk.org/4-about-cancer>