



PATIENT INFORMATION LEAFLET

CERVICAL ECTOPY

WHAT IS A CERVICAL ECTOPY?

A cervical ectopy is a red, velvet like and often raw looking area with a graze type appearance on the outer surface of the cervix. It is also known as an erosion or ectropion. This is a benign (non-cancerous) condition and does not lead to cervical cancer.



Normal cervix



Small ectopy



Large ectopy

WHAT CAUSES CERVICAL ECTOPY?

The most common cause of a Cervical Ectopy is normal hormonal changes. Women who are taking oral contraceptives often have cervical ectopy. This is thought to be a response to high levels of oestrogen in the body. The cells which line the inner surface of the cervix often travel and sit on the exterior surface of the cervix. This can be seen when examination with a speculum is performed.

SYMPTOMS

Unexpected vaginal bleeding, spotting or blood streaked discharge, often during or following sexual intercourse is common if you have a cervical ectopy. This is because the raw area can be irritated by penetrative intercourse. Bleeding may not happen every time and commonly occurs up to 12 hours following intercourse.

Bleeding can also occur if a vaginal infection such as thrush or bacterial vaginosis is present as these common conditions irritate the area. Some women have no symptoms at all and are only diagnosed with an ectopy on routine examinations such as smear tests.

WHAT IF I AM PREGNANT?

Cervical ectopy is very common during pregnancy. Pregnant women are more likely to experience symptoms due to hormonal changes and high levels of oestrogen in their body. Although these changes are common, any unusual discharge or bleeding in pregnancy should be investigated by your GP, midwife or early pregnancy unit to ensure there is no other cause of the bleeding.

WHAT FOLLOW UP WILL I NEED?

Treatment is not usually necessary, and symptoms will resolve by themselves. If you are pregnant, the ectopy will usually disappear by itself within 3-6 months following the birth of your baby. Sometimes an ectopy can cause recurrent vaginal infections or abnormal bleeding between periods. If this is troublesome, you may be referred for treatment to cauterise or freeze the cells to alleviate these symptoms.

It is important that if you are invited for routine cervical screening you should attend. This helps to assess your cervix regularly and check for any abnormal cells or changes that may need further treatment.

It is important to contact the unit or your GP if you have continuous bleeding, heavy bleeding, are passing clots, have abdominal pain or an offensive vaginal discharge.

If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns.

CONTACT DETAILS



Emergency Gynaecology Unit (EGU)

(0161) 291 2561 (24 hours)

The EGU is located at Wythenshawe Hospital (enter via entrance 15)

The department operates a telephone triage service you must call and speak with a specially trained nurse before attending to plan your care

There are no emergency gynaecology services at Saint Mary's Hospital, Oxford Road



Gynaecology Assessment Unit (GAU/G2)

(0161) 720 2010 GAU Reception / (0161) 604 5130 GAU Nurses

Monday to Friday - 07.30 - 20.30

Saturday & Sunday - 08:30 – 16:30

GAU is located at North Manchester Hospital (Ward G2, via Entrance 1 / main entrance).

To be seen in GAU a referral from your GP, Midwife, A&E or other health care professional is required. GAU is not a self-referral unit.



<https://mft.nhs.uk/saint-marys/services/gynaecology/emergency-gynaecology/>