



Northumbria Healthcare
NHS Foundation Trust

Information for patients on Colposcopy

Issued by Obstetrics and Gynaecology

Introduction

This leaflet explains why you have been referred for colposcopy examination. It tells you about the purpose, risks and benefits of the examination. The leaflet also describes what you can expect when you come for the examination.

You have been invited to attend the Colposcopy Clinic.

There are four common reasons for this:

- Your recent cervical sample (smear) test showed some abnormal cells.
- You have had a number of inadequate cervical sample (smear) results.
- The doctor who examined you would like a more detailed examination of your cervix.
- You have reported some abnormal bleeding.

Benefit of Colposcopy examination

The benefit of having a colposcopy examination is to identify any abnormalities which may be present on your cervix.

Does this mean that you have cancer?

No. About 1 in 20 cervical samples (smears) contain abnormal cells from the cervix (the neck of the womb). These changes are called dyskaryosis. They act as an early warning sign that cancer of the cervix might develop in the future if you are not investigated and, if necessary, treated.

Dyskaryosis is graded mild, moderate or severe depending on the extent of changes to the cells.

Alternative options

There is no alternative to a colposcopy examination. This is the only way your cervix can be examined.

Risks

There is minimal risk involved in having a colposcopy examination. It is very similar to having a cervical sample (smear) taken. Some patients may feel a slight stinging sensation when the dye (acetic acid) is applied to the cervix.

What is Colposcopy?

Colposcopy is a simple, painless examination of your cervix, which takes about 15 minutes. Firstly, the Colposcopist (the person performing the examination) will ask you some questions regarding your periods, any abnormal bleeding, use of contraception and so on. Your answers may be entered directly onto a computer. You will then be shown into a room where you can take off your underwear and use the toilet if you need to.

You will be asked to lie on a special couch with leg supports, as this makes the examination easier. The Colposcopist will insert a speculum in your vagina, just like when your cervical sample (smear) was taken. The cervix will then be inspected through the colposcope, which is a specially designed microscope. A weak solution of acetic acid (vinegar) will be sprayed onto the cervix to make any abnormal areas stand out.

It is unlikely to hurt, although you may feel some stinging when the acetic acid is first used.

It is likely that you will have a biopsy taken during your first visit. There are 2 types of biopsy that can be taken:

Punch Biopsy

A punch biopsy is a tiny skin sample taken from the surface of your cervix. You may feel a slight stinging or nipping sensation but it should not be too painful.

Benefit

This will provide a sample that can be examined under a microscope in the laboratory. It will identify the degree of abnormality, which will enable us to discuss the most appropriate management option.

Risks

It is usual to experience a blood stained watery discharge for 3-4 days after a punch biopsy. We recommend that you refrain from sexual intercourse, whilst you have a discharge to allow the biopsy site to heal and to reduce the risk of infection.

Loop biopsy

A loop biopsy is a larger sample of tissue taken from the neck of the womb. It is usually performed in the clinic, after an injection of a local anaesthetic into the cervix.

Benefit

The larger biopsy will not only provide a sample for diagnosis, but can often remove the abnormal cells completely. This procedure maybe offered to some women at their first visit, especially if their initial cervical sample (smear) was suggesting a moderate or severe abnormality.

Risks

Risks and complications after a loop biopsy are rare, but can occur.

Infection

If an infection is present your vaginal discharge may become offensive (a bad smell) or heavy, and may or may not be associated with abdominal pain or a high temperature.

Haemorrhage

Haemorrhage or very heavy bleeding may also occur. This can happen within 24 hours or about 10-14 days after the Loop Biopsy is performed.

Both infection and haemorrhage are very easily treated, so if you have any concerns you should contact the Colposcopy Clinic where you had your treatment for advice.

Rare Complications

There exists, two very rare complications following a loop biopsy of the cervix.

Cervical Incompetence

The cervix (neck of the womb/birth canal) is approximately 3 centimetres in length. Following a loop biopsy the cervix will heal, but it does not grow again. Therefore the cervix will be slightly shorter.

Cervical Incompetence means the cervix is weakened by the surgery, and occasionally has been believed to be the cause of preterm labour. However there is no evidence to suggest the procedure has any affect on your fertility status.

Cervical Stenosis

Cervical stenosis means that the opening to the birth canal has become blocked during the healing process. This tends to happen more frequently in the older woman and if it is causing problems it is very easily corrected.

Who will be present?

Normally, only the Colposcopist and a nurse are present. The Colposcopist is a doctor, or a nurse who has undergone specialist training in the procedure. Occasionally a Colposcopist in training will be present, and may perform your examination under the supervision of an experienced Colposcopist. In addition, a doctor in training, a medical student or a nursing student may be present.

Only one of these will be present at any one time. Your help and co-operation in the training of these doctors and nurses of the future would be greatly appreciated. However, if you do not wish to take part in this training, please inform the clinic nurse.

You are welcome to bring someone with you to the clinic, and if you wish, they can be present during the examination, however, the clinic has lots of equipment, and we would be grateful if children were not present.

Things to consider

You may feel more comfortable if you wear a skirt to your appointment, because you can pull this over your hips rather than take it off.

Some women notice a slight discharge after the examination, you may wish to bring a sanitary towel with you just in case.

ALWAYS tell us if you are or might be pregnant. The examination will not harm your baby, and biopsy and treatment can usually be delayed until after your baby is born.

What happens after the examination?

Once you are dressed, the Colposcopist will discuss what has been seen. However, we usually wait for the results of any biopsies before deciding whether you require treatment.

When these are available (usually about 4 weeks later) we will write to you and your doctor informing you of the result.

The biopsy result will tell us the extent of the changes in your cervix. Technically, the changes are called cervical intra epithelial neoplasia or CIN. This is graded from 1 (mild) to 3 (severe). Very rarely, the biopsy result will show changes that have already developed into cancer.

Treatment Options

Mild abnormalities/CIN 1

It is known that these mild changes can and often do get better on their own without intervention. Your recent cervical sample (smear) and HPV test was reported as positive for this minor abnormality and infection.

Once you have been examined in the colposcopy clinic it will be decided if it is safe to monitor this mild condition with a further cervical sample (smear) and HPV test in twelve months' time.

Mild abnormalities that do not get better can be treated by performing a loop biopsy.

Moderate, Severe abnormalities / CIN 2&3

The NHS cervical screening programme recommends that women with moderate or severe abnormalities are offered treatment in the form of a loop biopsy.

This is a heated wire loop that is used to remove the abnormal area; following this a small heated ball is used to stop the cut surface of your cervix bleeding.

In special circumstances this is occasionally done under a general anaesthetic in an operating theatre, as a day case patient on the ward. However it is usually done in the colposcopy clinic after an injection of local anaesthetic into the cervix. With a local anaesthetic, you will have the feeling of something touching your cervix, but it will not hurt.

In cases where cancer has already developed, more extensive surgery or other forms of treatment may be offered.

Treatment at the first visit

Some women will be offered treatment using the loop biopsy during their first visit to the clinic, especially if their initial cervical sample (smear) was graded as moderate or severe dyskaryosis. If this is offered to you, you can still choose to have a diagnostic biopsy performed first, and come back another day for treatment.

Will I need a follow up appointment?

No. Your next cervical sample (smear) and HPV test will be done at your GP surgery.

Useful contacts

Please contact the Nurse Colposcopist or the Colposcopy Secretary where you receive your treatment:

North Tyneside General Hospital (0191) 293 2501

**Wansbeck and Hexham General Hospitals
and Berwick Infirmary** (01670) 564145

Sources of information

www.cancerscreening.nhs.uk

www.bsccp.org.uk

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

PIN 189/V7

Review date: November 2021

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