

Colposcopy

Information for patients

This information sheet answers some of the questions you may have about having a colposcopy. It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any other questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

Welcome to the gynaecology service at King's. The colposcopy unit is situated in Suite 8 of the Golden Jubilee Wing. The information in this leaflet is intended to be a general guide to the colposcopy service, so not all of the information will apply to you.

You will be given an opportunity to talk to the colposcopist (specialist doctor or nurse) before having your colposcopy examination. You can also get further information and clarification from your GP or practice nurse.

What is a colposcopy?

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

During this examination the colposcopist may also perform the following procedures to diagnose or treat problems:

- removal of cervical polyps
- treatment of ectropion (a harmless change in cervical cells but which can cause bleeding) using diathermy (heat)
- taking of cervical biopsies (very small samples of tissue)
- cervical smear
- removal of small part of cervix using LLETZ (large loop excision of the transformation zone)

Why do I need a colposcopy?

There are many reasons why you may have been referred to the colposcopy unit. You might have had an abnormal smear test, or have an unusual looking cervix, inadequate smears, bleeding with sexual intercourse or cervical polyps.

Does it mean that I have cancer?

Women who have regular cervical smears are very unlikely to get cervical cancer. A colposcopy is done to try and detect early abnormal changes of the cervix and to monitor these changes until they return to normal. If more moderate or severe changes are detected then we will advise you to have a LLETZ procedure to remove the area of the cervix with the abnormality in case it develops into cancer in the future.

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 you may be offered treatment.

In cases where the examination shows less evidence of an abnormality, the colposcopist may repeat the cervical smear and/or do a cervical biopsy before the decision is made to do a treatment at a future visit.

Consent

We must by law obtain your written or verbal consent to any procedures beforehand.

Staff will explain all the risks, benefits and alternatives before they ask you to consent. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.

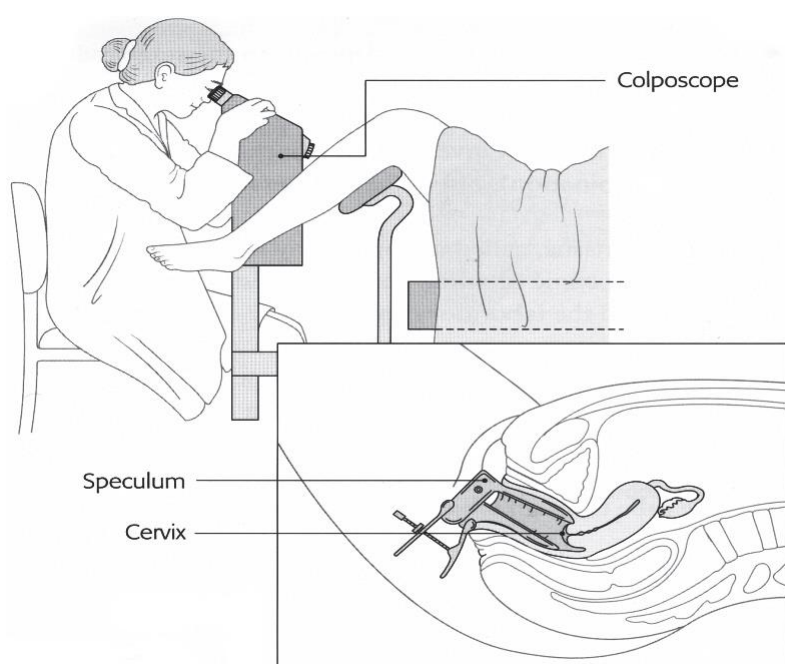
What happens before a colposcopy examination?

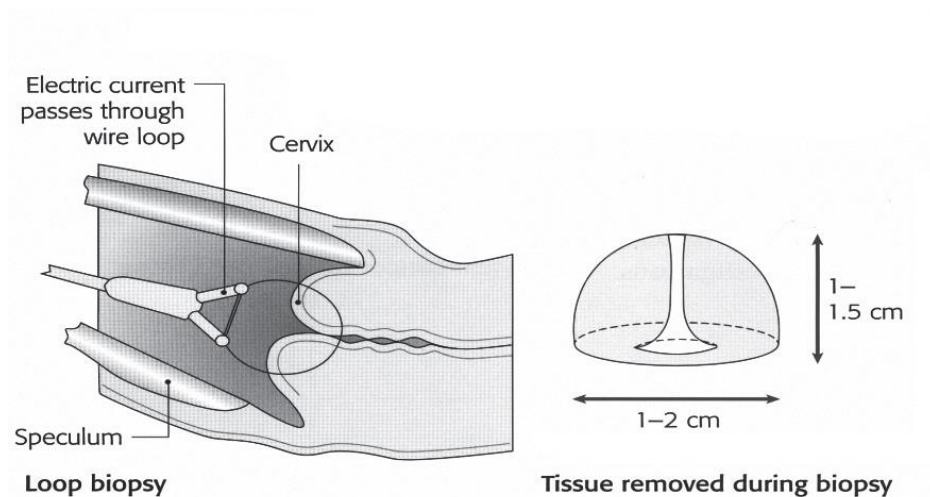
The colposcopist will ask you questions about your medical history and answer any questions you may have. The colposcopist will explain the risks, benefits and alternatives before proceeding with the colposcopy examination and before taking a cervical biopsy or doing a treatment (LLETZ or cautery to cervix). You will be asked if you are happy for the colposcopist to go ahead with the procedure.

What happens during the examination?

Once you are comfortable on the examination couch a colposcopist will gently insert an instrument into your vagina called a vaginal speculum (the same instrument used for a smear test). This holds open the vaginal walls and allows a good view of the cervix.

The colposcopist will look at the cervix through the colposcope (which does not touch you). There is a monitor (television screen) connected to the colposcope so you can watch the examination if you wish. We may take a picture(s) of your cervix to store in your colposcopy computer record. These may be used for training purposes but would not contain any of your identifying details. The stored pictures of your cervix may be of benefit if you are seen by a different colposcopist at a future appointment. Another smear may be taken before a liquid is put on the cervix to help find any abnormal area; this liquid may sting a little. The colposcopy examination usually takes about 15 to 20 minutes.





There is a small changing area where you can remove your lower garments; you will be given a sheet to cover yourself. Loose fitting skirts can be left on.

If I need treatment how will it be done?

Cervical biopsies

One or two biopsies may be taken from the cervix to be checked later in the laboratory. Many women say that having a biopsy taken is uncomfortable but not painful.

What will the biopsy show?

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 to 3 according to how many of the cells are affected:

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, depending on your doctor's opinion and your own personal choice.

CIN 2 means that up to two-thirds of the cells in the affected area are abnormal. Treatment will usually 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. Surgery and more extensive treatments are generally used to treat cervical cancer.

A human papilloma virus (HPV) test may be done at the same time as your smear test. The results of this test can help doctors decide if further tests or treatments are needed.

What is human papilloma virus (HPV)?

HPV is an extremely common virus, anybody who has ever been sexually active is at risk of contracting HPV. There are more than 80 human papilloma viruses, a few of which are associated with an increased risk of developing cervical cancer. Exactly how these few high-risk strains of HPV might cause cervical cancer is unknown.

Many women are infected with HPV at some point in their lives, but it is not yet possible to tell who will go on to develop abnormalities of the cervix. Most women will get rid of the virus naturally by the normal functioning of their immune system, without it causing any problems. Even those women who contract high risk HPV rarely go on to develop cervical cancer.

Cautery to cervix

Cervical ectropion (or erosion) is a harmless change where the thin layer of cells that normally line the inside of the cervical canal appears on the outside of the cervix. These cells are more fragile, causing vaginal discharge or bleeding, especially with sexual intercourse.

This is clearly seen on colposcopy examination and treatment by diathermy (heat) may be offered if it is causing you a problem. Cautery removes this layer of cells, allowing the cells normally on the outside to grow back.

Even with treatment the condition can return. 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.

Removal of cervical polyps

These look like skin tags and are common. In the majority of cases they are harmless but they can cause bleeding. A polyp tends to be at the end of a thin 'stalk' of skin. The polyp is grasped with special forceps and this stalk is twisted, usually coming away fairly easily. If it has a bigger stalk or there are many of them, then cautery may be used to control any bleeding.

Any polyp removed is sent to the laboratory to ensure that it contains no abnormal cells.

LLETZ

In the case of more moderate to severe changes we will treat the abnormality by removing a small area of the cervix. This treatment is called a LLETZ procedure (large loop excision of the transformation zone). This removes the area of abnormality and no further treatment will be required in most cases.

A LLETZ procedure is usually done in the colposcopy clinic and usually takes five to ten minutes. You will be given a local anaesthetic so you will be awake, but should not feel any pain. The local anaesthetic injection may sting a little, it may also cause your heart rate to increase slightly. If you experience either of these side effects of the local anaesthetic it will be for a brief period only and will not cause you any harm.

A small wire loop is used to excise (cut) the area of abnormality using an electric current. A sticky pad is placed on your thigh and you will be aware of a noise similar to a vacuum cleaner.

You may feel period-type pain or a slight burning sensation after the procedure, but this usually goes away by taking over-the-counter painkillers such as paracetamol (but not aspirin as it may cause bleeding). Any pain usually disappears within a day.

In rare cases the colposcopist may not be able to see the entire cervix clearly. This might be because he or she needs to get a better view (depending on the position of the uterus/cervix), or because there is a wide area to be removed. In this rare case you would be given a general anaesthetic to allow us to do the procedure more safely and effectively.

You can request to have the procedure done under general anaesthetic if you feel that you could not tolerate being awake while having it done.

You must also be aware that having a general anaesthetic carries its own risk. Your colposcopist will explain this to you.

LLETZ treatment under a general anaesthetic can be performed as a day case or as an inpatient. This depends on your general health and what home support you have.

What are the benefits of having a colposcopy examination?

Colposcopic treatments are generally preventative. In a small percentage of women the area of abnormality would become cancerous over the years if it were not removed. Mild abnormal changes might require treatment if they do not return to normal after one to two years, or if they progress to moderate or severe changes.

A LLETZ procedure not only removes the abnormal cells, but also gives a sample for the laboratory to check. In addition, if left untreated, conditions such as cervical polyps can get larger and continue to cause bleeding.

What are the risks?

LLETZ

- There is a very small risk of bleeding during and after the procedure.
- There is a very small risk of infection after the procedure.
- Whenever cautery is used during a colposcopy procedure there is a very small risk of a diathermy burn to the vagina or vulval/groin area.
- A LLETZ may also, very rarely, cause the opening of the cervix to become tightly closed (stenosed). This can cause painful periods but is very unlikely to cause fertility problems.
- There is a risk that a LLETZ procedure may weaken the cervix, and there is some evidence that, following this treatment, women may deliver their babies slightly earlier.

Cautery (diathermy) to cervix

- There is a very small risk of a diathermy burn to the vagina or vulval/groin area during the procedure.
- There is a very small risk of bleeding or infection after the procedure.

Cervical biopsy

- There is a very small risk of bleeding or infection after the procedure.

Are there any alternatives?

Colposcopy is part of the NHS Cervical Screening Programme (NHSCSP). King's colposcopy unit sets standards of care based on NHSCSP guidelines for practice.

LLETZ is the recommended effective method of treatment for cervical abnormalities that the colposcopist suspects on examination and/or if a cervical smear result is more than mild. If left untreated there is a possibility that the abnormality could develop into cancer. This transformation usually occurs over a long period of time.

The treatment of benign conditions such as a cervical ectropion is undertaken only when it is causing symptoms such as bleeding with intercourse over a prolonged period.

Although the vast majority of cervical polyps are benign, they can only be checked by the laboratory once they are removed. If they are left untreated they can grow larger and may cause bleeding. Larger or multiple polyps may have to be removed using diathermy.

Do I need to contact the colposcopy clinic before my appointment?

You will need to contact the clinic if:

- you need to change your appointment
- your period is due at the time of your appointment (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)
- 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)
- you are being treated for a vaginal infection
- you have concerns because of a past experience

What can and can't I do before the examination?

- If you have an intrauterine device or coil in place please do not have sexual intercourse for one week before your appointment, or use condoms. It may be necessary to remove your coil if you need treatment to your cervix, although not everyone needs treatment.
- You will be asked when your last period started so please keep a record of this date.
- Please do not have sexual intercourse for 24 hours before your appointment.
- If you have any bleeding problems, a heart condition, allergies or you are on medication, please bring this information and your tablets/inhalers with you.
- You are welcome to bring your partner or a friend with you.
- You may be more comfortable wearing a loose-fitting skirt.
- If you have previously had a colposcopy performed elsewhere, please bring any information you have regarding this with you.
- There is no need to fast – please eat and drink normally.

When will I get the results of my tests?

Sometimes your results are discussed in our multi-disciplinary meetings, which are attended by colposcopists, nurses and histopathologists. The aim is to review your slides and biopsies and decide the best treatment for you.

You should receive the results by post six to eight weeks after your first visit. You will be informed if you need treatment and given a date to return, usually within three months.

If you have mild changes you will be given a date to return in twelve months to have another colposcopy. If the colposcopy examination and the test results show no abnormality you may be discharged back to your GP.

You will be advised about your cervical smear follow-up and this will depend on your current results and your cervical smear history.

What care do I need to take afterwards?

Biopsy and/or removal of cervical polyps

- You should not have sexual intercourse or use tampons for two to three days. This is to reduce the risk of infection. You may experience some pain or bleeding but it usually goes away within a day. If the bleeding or the pain does not go away after a few days, you need to contact your GP. You may notice a slight silvery colour to your vaginal discharge if silver nitrate sticks are used to cauterise any bleeding.
- There is a very small risk that the biopsy/polyp site may become infected. If you develop a smelly discharge or high temperature you must contact your GP immediately.

LLETZ and/or cautery

- You will be able to go home the same day after treatment under local anaesthetic and should be able to resume regular activities the next day.
- You must not drive home. A small number of women will feel faint and weak following treatment. However, this is short lived and improves quickly after the examination is over.
- Do not have sexual intercourse for four weeks to give the cervix a chance to heal.
- Do not use tampons for four weeks. The amount of bleeding following these treatments varies from very little to about the same as for a period and gradually reduces to a brown watery discharge that may persist for a few weeks.
- Do not go swimming until the bleeding has stopped.
- If you notice a smelly vaginal discharge and/or lower abdominal pain you must contact your GP immediately to check whether you have an infection.
- If you are bleeding heavily, that is if you are using more than one pad per hour or bleeding heavier than a period, go directly to your nearest Emergency Department (Casualty).

Who do I contact for queries or advice?

If you do not receive your colposcopy results or a follow-up appointment within six to eight weeks please telephone the colposcopy office directly on **020 3299 3915** during office hours (9am to 5pm). You will also need to contact this number if you change your address or your GP.

If you have any queries about your colposcopy visit, treatment or results please contact the colposcopy nurses by sending a text to **07528 977407** leaving your name and a brief message describing your query. A nurse will call you back as soon as possible from the hospital phone which will appear as an unknown number. Please be aware this phone will only accept text messages.

The colposcopy co-ordinator can also be contacted on **020 3299 3651** or via email **kch-tr.colposcopy@nhs.net**.

If you have a procedure or treatment done in the colposcopy unit and you have a concern outside of office hours you can contact:

- Your GP
- Women's Surgical Unit on **020 3299 5934** (direct line)

External organisations:

- NHS cervical screening (CSP) programme: detailed information www.cancerscreening.nhs.uk
- British Society for Colposcopy and Cervical Pathology www.bsccp.org.uk

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleden Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: 020 3299 3601

Email: kch-tr.palsdh@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.