

Colposcopy



Information for patients

This leaflet explains colposcopy, what it involves and why you need this examination. It also describes some of the treatments you may have and where to come for your colposcopy. This is a general guide to our colposcopy service, so not all of the information will apply to you. If you have any questions or concerns, please talk to the doctors or nurses caring for you.

Colposcopy is part of the NHS Cervical Screening Programme (NHSCSP). King's College Hospital NHS Foundation Trust's Colposcopy Units set standards of care based on NHSCSP guidelines for practice.

Where will I have my colposcopy?

You will have it at one of the Trust's two Colposcopy Units:

- King's College Hospital, Denmark Hill – Golden Jubilee Wing, 3rd floor, Suite 8, Waiting Area B
- Orpington Hospital – Ground Floor

Your appointment letter will tell you which of our hospitals to come to.

Where do I check in for my appointment?

Please go to the main reception to check in and confirm that your personal details are correct. Let us know about any updates or changes. You can also use a self check-in kiosk outside the suite.

Once you have checked in, please stay in the waiting area until you are called for your colposcopy. Please confirm with a member of our team that you have successfully checked in.

Do I need to contact the Colposcopy Clinic before my appointment?

Contact the clinic if:

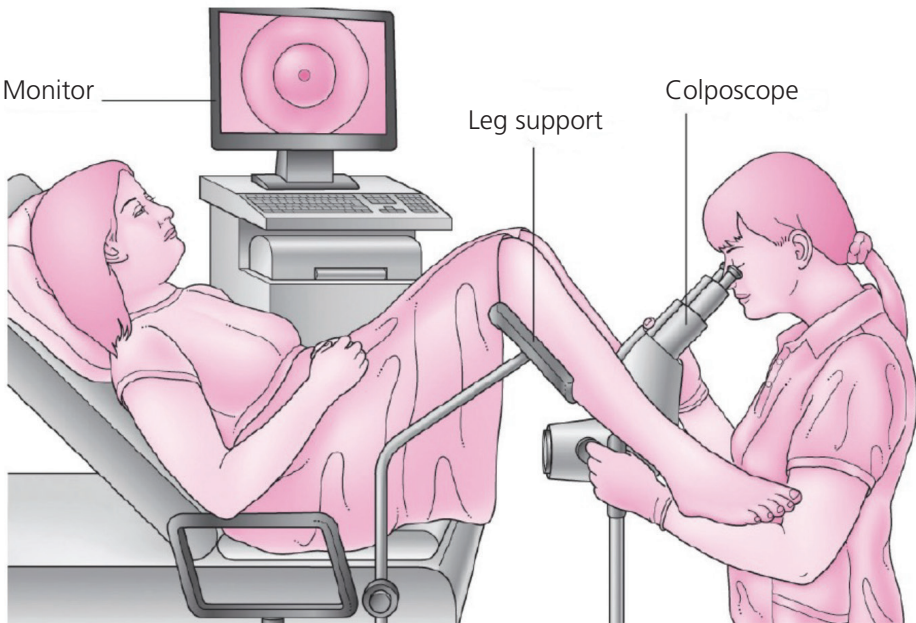
- You need to change or cancel your appointment.
- You are going to be late for your appointment. Please let us know you are going to be late at least one hour before your appointment. If you arrive more than 15 minutes after your appointment time, we may not be able to see you that day. We may give you a new appointment or refer you back to your GP.
- Your period is due at the time of your appointment. You can usually come for your appointment if you have your period. If you take the combined oral contraceptive pill and prefer not to have a period for this appointment, you could take packs back-to-back without a break.



- You are pregnant. It is safe to have a colposcopy when you are pregnant and you usually have one at the end of every trimester, if needed. You rarely need a biopsy or treatments during pregnancy.
- You have concerns because of a past experience.
- You need reasonable adjustments to be made and additional support.

See page 14 for our contact details.

What is a colposcopy?



(image © Jo's Cervical Cancer Trust - this charity has disbanded)

It involves a specialist doctor or nurse called a colposcopist using a special microscope (colposcope) with a small camera at its tip to see your cervix (neck of your womb). It sends pictures of your cervix to a monitor so it can be seen in detail.



Why do I need a colposcopy?

You can be referred for this examination for any of the following reasons:

- You have had abnormal cervical smear results (see page 4).
- You have a cervix that looks abnormal (see page 4).
- You have a harmless change in the cells of your cervix which can cause bleeding called ectropion.
- You find it difficult to have a cervical smear at you GP practice
- You have been seen in a private colposcopy clinic and want to transfer your care to the NHS.

What procedures does the Colposcopy Clinic carry out?

- Cervical and/or vaginal vault cytology, where we take samples of cells.
- Cervical and vaginal biopsies, where we take very small samples of tissue.
- Removal of cervical polyps too large to be removed with polyp forceps.
- Removal of a small part of your cervix using a procedure called Large Loop Excision of the Transformation Zone (LLETZ).
- Treatment of ectropion using silver nitrate medication or diathermy.

I have an abnormal smear result from my cervical screening test – what does 'abnormal' mean?

- **Cervical screening** detects early changes in cells, often before any problems develop.
- **Abnormal results** are common, with 1 in 20 women showing some abnormality.
- **Most abnormalities are not cancer.** They usually show minor cell changes that could lead to cervical cancer over time.



- **Borderline or mild dyskaryosis** (small cell changes) often return to normal on their own, so you do not need treatment.
- **Moderate or severe dyskaryosis** may not improve by itself and you usually need treatment.

Contact your GP after you have received your smear test result if you would like more information.

What causes an abnormal result?

- **Human Papilloma Virus (HPV)** is often linked to changes in cervical cells and you acquire it through sexual intercourse.
- There are **more than 200 types of HPV**, with certain ones associated with most cases of cervical cancer.
- Most HPV types are low risk and do not cause changes which can lead to cancer. The HPV types which can cause changes linked with cervical and cervical pre-cancer are called **high risk**. It is these which the laboratory tests for.
- Most women get HPV at some point, but **most infections clear on their own** without treatment, and even high-risk types rarely lead to cancer.
- **HPV usually has no symptoms**, meaning it can go unnoticed for years.
- There is no cure for HPV, but **smoking** weakens the immune system, making it harder to clear the virus.
- **Most screening programmes** test first for the presence of high-risk HPV. This helps work out the best management plan.

Does it mean that I have cancer?

- **Regular cervical smears** significantly reduce your risk of cervical cancer.
- If we find **moderate or severe changes**, we may recommend you have a **LLETZ procedure** to remove the affected area **and prevent cancer from developing in future**.

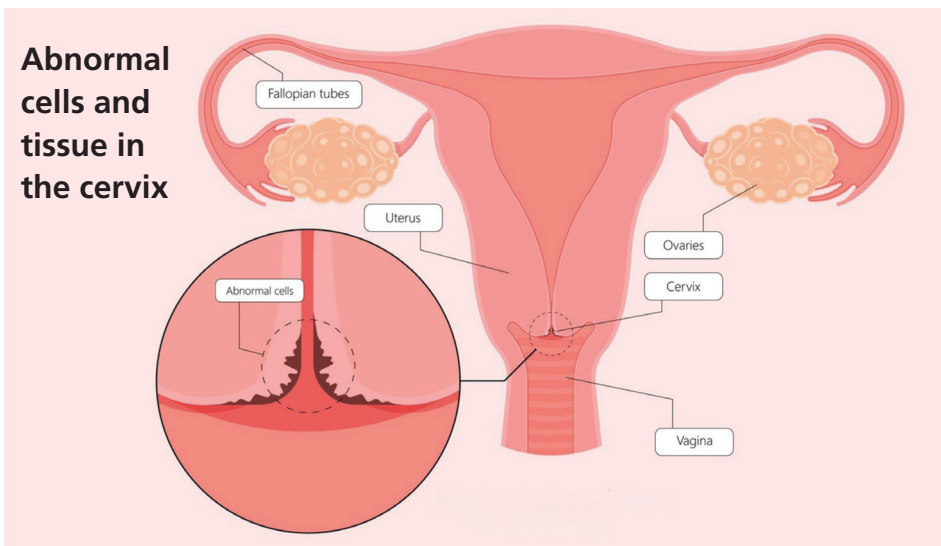


How I do I prepare for my colposcopy?

- Please avoid sexual intercourse for **one week** or use a **barrier method of contraception** before your appointment.
- Make a note of the start date of your last period and bring this information with you.
- Bring with you information about any:
 - o bleeding problems (menstrual issues, period concerns)
 - o heart conditions
 - o allergies
 - o medications your are taking, including tablets/inhalers
 - o previous colposcopy.
- You can bring a partner or friend for support.
- Wear a loose-fitting skirt to help you feel more comfortable.
- You do not need to fast – you can eat and drink as usual.

What happens when I come in for my colposcopy?

When you come to the examination room, you will be introduced to the team seeing you that day. We are a teaching hospital so there may be a trainee present. You will be able to talk to the colposcopist beforehand.



What happens during the colposcopy?

- The colposcopist will gently insert a **speculum** into your vagina to open it and get a clear view of your cervix.
- They may do a **smear test** or take **infection swabs**, then put a **medical vinegar and iodine solution on your cervix** to detect abnormal cells. Iodine stains your cervix brown and may cause a yellow stain on your underwear, so we recommend you wear a panty liner.
- The colposcope sends images of your **cervix** to a monitor and **these** are saved in your medical records.
- There are two groups of cells on the cervix – outer cells called ectocervical or squamous, and inner cells called glandular/ columnar or endocervical.
- Abnormalities can occur in both groups of cells but are much more common in the outer or squamous cells (called dyskaryosis on smear tests and CIN on a tissue biopsy). If the glandular cells are abnormal, this is called cervical glandular intraepithelial neoplasia (CGIN).
- We may also check your **vagina** if we do not find abnormalities on your cervix.

How long will the colposcopy take?

It usually takes 15–20 minutes.

Will I be treated on my first visit?

This depends on the smear results and what the colposcopy shows.

- If the colposcopist finds moderate to severe abnormalities (including glandular changes), they may offer you treatment straight away (see page 10, LLETZ).
- If abnormalities are not clear, they may do another smear or biopsy before deciding to treat you at a later date.

Please note: if you have a coil (IUD) we may need to take it out if you need treatment, although this is not always the case. If we do take out your coil, please use a use barrier contraception at least a week before treatment.

What procedures or treatments will I have?

Cervical biopsy

Biopsies may be taken from your cervix and checked in the laboratory. Only a tiny sample of tissue, smaller than a grain of rice, is usually taken. **Silver nitrate** is applied to stop any bleeding from the biopsy site. You may have **mild cramping**, similar to period pains. Take over-the-counter pain relief, if needed.

What will the biopsy show?

It may show any changes in the cells and tissue of your cervix, including:

- **Cervical intra-epithelial neoplasia (CIN):** This describes abnormal cell changes, graded 1 to 3, based on how many cells are involved:
 - o **CIN 1:** Affects up to one-third of cells; may return to normal or may need treatment, based on doctor's the colposcopist's advice and your personal choice.
 - o **CIN 2:** Affects up to two-thirds of cells; treatment or close follow-up may be considered.
 - o **CIN 3:** Affects all cells; treatment is necessary.
- **Cervical Glandular intra-epithelial neoplasia (CGIN):** This is rarely found. If the smear test confirms this, you will need LLETZ treatment.
- **Cancer** is rarely found in biopsies. If it is, you will need surgery or more extensive treatments.



Your results may be discussed by a **multidisciplinary team (MDT)** of specialists to decide the best treatment.

Removal of cervical polyps

Cervical polyps are common. They often look like skin tags and are usually harmless but can cause bleeding. The polyp is grasped with forceps and its **stalk** is twisted to remove it. Larger or multiple polyps may require **cautery** (burning of the tissue to stop /control bleeding) procedure to control bleeding. The polyp is sent to the laboratory for testing to check for abnormal cells.

What care do I need to take after a biopsy and/or removal of cervical polyps?

- Avoid **sexual intercourse**, use of **tampons**, **swimming** or **soaking in a bath** for between three and four days to up to a week to reduce the risk of infection.
- You may have **pain or bleeding**, which usually eases within a day. If they do not, contact your GP.
- If you notice a **smelly discharge** or develop a **high temperature**, contact your GP immediately as you may have an infection. There is a very small risk that the biopsy/polyp site may become infected.

Cervical cautery for cervical ectropion

Cervical ectropion is a harmless condition where your inner cervical cells appear on the outside. They often cause bleeding or discharge, especially after intercourse.

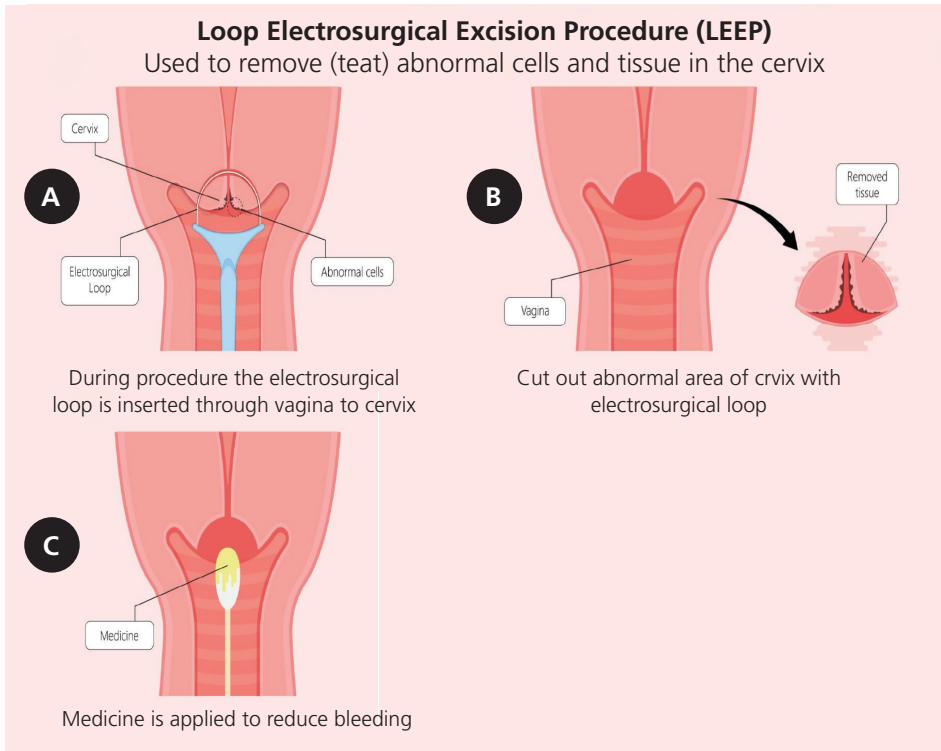
- Treatment may involve **silver nitrate** or **diathermy (heat)** to remove the cells, allowing normal cells to grow back. The condition can return, especially in women on birth control, if you use contraception, but it usually improves on its own and is rare after menopause.



What are the risks of diathermy?

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

Large Loop Excision of Transformation Zone (LLETZ) / Loop Electrosurgical Excision



If you have moderate to severe cell changes we will treat these by removing a small area of your cervix using a treatment called **LLETZ**.

You usually have this treatment in the **Colposcopy Clinic**. **You will be given a local anaesthetic** to numb your cervix, so you will be awake but should not feel any pain, though you may feel some pressure or heat during the treatment.



A small wire loop is used to remove the abnormal tissue with an electric current. You may hear a noise like a **vacuum** while this is happening.

Rarely, if we cannot get a full view of your cervix, you may need a **general anaesthetic** to be done in Day surgery if you would prefer one, but this has its own risks. You may need to stay in hospital overnight depending on your health and the support you have at home.

You will have some bleeding caused by LLETZ, which will gradually ease and become a watery brown discharge over the next four – six weeks.

How long does LLETZ take?

It usually takes 5 – 10 minutes.

What are the risks of LLETZ?

- **Small risk of heavy bleeding** during and after the procedure.
- **Small risk of infection** after the procedure.
- **Risk of diathermy burn** to your vagina or vulva when cautery is used.
- **Rare risk of cervical stenosis** (tightening of the cervix), causing painful periods, but this is unlikely to affect your fertility.
- Small risk of **late miscarriage or premature delivery** in subsequent pregnancies. This depends upon the dimensions of the LLETZ biopsy, the type of abnormal cells found and the number of times you have the LLETZ procedure.
- Small risk of needing to have the procedure again because all of the abnormal cells were not removed.

What care do I need to take after LLETZ and/or cauterisation?

- You can go home **the same day** after treatment with a **local anaesthetic**.
- **Do not drive** home as you may feel faint or weak for a while afterwards.
- Gradually return to normal activities but avoid **strenuous exercise** or heavy lifting for **at least two weeks** to prevent more bleeding.
- **Avoid flying** for **four – six weeks** in case you need immediate care.
- **Avoid sexual intercourse** for **four – six weeks** to allow your cervix to heal.
- **Do not use tampons for four – six weeks.**
- You usually have pain, similar to period cramps, for no longer than a day after your procedure and you can ease it by taking over-the-counter painkillers such as paracetamol. Do not use aspirin, as this can increase the risk of bleeding.
- You are likely to have **some spotting or mild bleeding** but not more than your usual period for **four – six weeks**.
- **Do not swim or soak in a bath** until the bleeding stops, usually after about **four – six weeks**.
- If you have a **smelly discharge** or **lower abdominal pain**, contact your GP immediately in case you have an infection.
- Your first period might be heavier, lighter or come at a different time. This usually settles as your cycle gets back to normal.
- If you have **heavy bleeding** (more than one pad per hour), go to your nearest **Emergency Department (ED/A&E)**.

When will I get the results of my tests?

- You will receive your results via **MyChart** and post, usually **six – eight weeks** after your colposcopy.



- If you need more treatment, we will arrange another appointment for you.
- If we find no abnormalities, we may **discharge you back to your GP**. Whether or not you need follow-up smear tests will depend on your colposcopy results and history.

What if I do not want treatment at the moment?

We may be able to offer you conservative management, where we monitor your condition to check for any changes. All cases will be discussed by the **MDT** to approve conservative management.

We can offer you this option if:

- the colposcopy showed that you do not have CIN3 and an invasive lesion
- you have a CIN2 lesion that takes up no more than two quadrants of your cervix
- the laboratory has confirmed that you have CIN2 on the surface (epithelium) of your cervix which does not involve **endocervical glands** and this has been reviewed at a MDT meeting
- you agree to regular **six-monthly follow-up** colposcopies, including repeat cervical sampling and repeat biopsy (if you have a more severe CIN3 lesion)
- you understand that it can take at least 24 months for CIN2 to clear up. We must offer you treatment if the CIN2 has not cleared up within 24 months.
- you wish to complete your family and are planning for a pregnancy / multiple pregnancies.

What happens in a multidisciplinary team (MDT) meeting?

In order to recommend the appropriate management plan for you, your case will be discussed in our Multidisciplinary Meeting where your smear, biopsy and colposcopy results will be reviewed from the



initial reports. You will either be offered conservative management, a LLETZ treatment, or will be discharged from the clinic. Each case is examined in detail, also taking into account other considerations and patient preferences.

Who can I contact with queries or concerns?

Appointments

King's College Hospital

Denmark Hill, colposcopy office:

Tel: **020 3299 3915 / 3651/ 2886 / 2864**,

Monday to Friday, 9am – 5pm

Email: kch-tr.colposcopy@nhs.net

Orpington Hospital

Tel: **01689 864029**, Monday to Friday, 8.30am – 4.30pm

Non-urgent clinical queries

Denmark Hill only: email the **colposcopy nurse specialists** at kch-tr.dh-colposcopy-nurses@nhs.net with your name, hospital number and query. One of our nurses will respond within the week.

MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on **020 3299 4618** or email **kings.mychart@nhs.net**. Visit **www.kch.nhs.uk/mychart** to find out more.

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the 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' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit **www.kch.nhs.uk**

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. They can also pass on praise or thanks to our teams.

Tel: **020 3299 4618**

Email: **kings.pals@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email kings.access@nhs.net

More information

- **Colposcopy – BS CCP**

www.bsccp.org.uk/women

- **NHS cervical screening results**

www.nhs.uk/conditions/cervical-screening/your-results/

- **GOV.UK – Cervical screening: helping you decide**
<https://www.gov.uk/government/publications/cervical-screening-description-in-brief/cervical-screening-helping-you-decide--2>
- **NHS cervical screening leaflets and booklets**
<https://www.gov.uk/government/publications/cervical-screening-colposcopy>
- **Cervical Cancer – The Eve Appeal Charity**
<https://eveappeal.org.uk/information-and-advice/gynaecological-cancers/cervical-cancer/>
- **GOV.UK – Extended Screening Interval Clinical Pathway protocol**
<https://www.gov.uk/government/publications/extended-screening-interval-clinical-pathway-protocol/extended-screening-interval-clinical-pathway-protocol>

Colposcopy Patient Satisfaction Survey

Improving the quality of patient care is our main priority. That means listening to and acting on your concerns. Please help us improve our services by completing this short questionnaire about your patient experience – it will only take a few minutes of your time. Your answers will be confidential.

iWantGreatCare Patient Survey

Please scan the QR code to open the link and enter **Colposcopy (King's College Hospital or Orpington)** in the service box.

