The Colposcopy Clinic

Introduction
This leaflet has been produced to answer some of the more commonly asked questions about your planned visit to the Colposcopy Clinic.

You have been asked to attend the clinic for a colposcopy examination. This may be for a number of reasons. Your appointment letter will tell you why you have been referred to us.

Why am I attending the Colposcopy Clinic?
The most common reasons for attending the Colposcopy Clinic are:

Abnormal smear result
This is common, 1 in 20 tests are abnormal and usually means small changes have been found in the cells on your cervix. A change in cells are called dyskaryosis and act as early warning signs that cancer of the cervix might develop in the future.

Inadequate smear
The laboratory has been unable to test your smear test, either because there are not enough cells to see, or because they are hidden by blood or debris. You will only be referred to the clinic when you have had 3 inadequate smears in a row.

Referral by your doctor
Your GP or other doctor has referred you because of symptoms you have been having, or because they are concerned about the appearance of your cervix.

When the laboratory reports an abnormal or inadequate smear, they will inform the Colposcopy Clinic at the same time as your GP in order to avoid any delay in you being seen.

We offer Colposcopy Clinic appointments across Gloucestershire in Cheltenham General Hospital, Gloucestershire Royal Hospital, Stroud Hospital and Cirencester Hospital.
The smear test

The cervical smear test that you had recently is a method of examining cells from the cervix in order to detect abnormalities that might become cancerous in the future. The results of this test allow changes in the cells of the cervix to be monitored and, if necessary, treated to prevent them developing into a cancer. Cervical screening is not a test for cancer. It is a screening test to detect abnormalities (pre-cancer) at an early stage.

Very few people with an abnormal smear have cancer as it usually takes an average of 12 to 15 years to develop.

Regular cervical screening provides a high degree of protection against developing cervical cancer.

The cervical screening programme saves the lives of 4,500 women in the United Kingdom every year.

Not going for cervical screening is one of the biggest risk factors for developing cervical cancer.

Where is the cervix?

The womb (uterus) is a pear shaped organ situated at the upper end of the vagina. The cervix or neck of the womb is the narrow end of the pear shape, which projects into the upper end of the vagina.
The cervix can be felt when a vaginal examination is performed and can be seen when an instrument (a speculum) is inserted in the vagina to hold the vaginal walls apart.

**What causes an abnormal smear?**

Abnormalities in the cells of the cervix are generally caused by certain types of Human Papilloma Virus (HPV). This virus is common and the majority of sexually active men and women will come into contact with HPV at some point in their life. HPV is considered to be a normal consequence of having sex. HPV infection can stay in the body without causing any problems for many years and can be cleared by the immune system. Often, the HPV infection does not last long. It is only when it remains, in a small number of women that this may cause pre-cancerous cells to develop. We know that smoking can affect the body’s immune system and stop it from clearing the HPV. Please ask for a copy of the leaflet GHPI0787 HPV information.

**My smear test shows I have HPV**

From April 2012, the NHS Cervical Screening Programme (NHSCSP) introduced HPV testing on smear tests samples from women whose result was reported as borderline changes or mild dyskaryosis. This is called HPV triage.

The HPV test identifies which women may need further tests. If HPV is detected, these women will be referred for colposcopy. If no HPV is detected, then these women will be returned to routine screening every 3 to 5 years, depending on their age. If a woman does not have HPV, even if her smear test shows low grade changes, then the risk of cancer being present is very small.

The presence of abnormal cells and HPV means that a woman has a slightly increased chance of developing abnormalities, and therefore will need further tests.

The NHSCSP has also introduced the HPV ‘test of cure’, which is performed on smear test samples of women who have undergone treatment for cervical abnormalities (CIN). These HPV tests are usually carried out on the first smear test after treatment.
What is colposcopy?

Colposcopy is a simple examination that allows a more detailed look at the cervix to examine the type and size of any abnormality on your cervix. The instrument used in this examination is called a colposcope and is like a large magnifying glass which lets the doctor or nurse specialist look more closely at the changes on your cervix. The colposcope does not go inside you. All that goes inside you is the speculum, which is the same equipment that is used when a smear test is performed. For most women, this is a painless examination, but some may find it a little uncomfortable.

The examination takes about 15 minutes, but you will need to allow at least 1 hour for the whole visit.

What happens before the examination?

You will be seen by a colposcopy specialist who will take time to discuss your results before performing the examination.

You will be asked some questions about your periods, type of contraception you use and any operations or illnesses you have had in the past and any medication you are currently taking. The nurse will then show you to a changing room where you will be asked to undress from the waist down (you may not need to remove a skirt or socks).

What happens during the examination?

The nurse will help you to position yourself on a purpose built couch which has padded supports for you to rest your legs on. When you are lying comfortably, the doctor or specialist nurse will gently insert a speculum into your vagina, just as when you had your smear taken.

The cervix will then be examined using the colposcope.

A number of different liquids will be applied onto your cervix using cotton wool and cotton buds. The liquids show up any abnormal areas and help the doctor or specialist nurse to see whether there are any abnormal changes present. This is not usually painful. The most common results are as follows:

Low grade changes
If the doctor or specialist nurse has identified some changes that appear low grade or are uncertain, a biopsy is often required to be sure of the diagnosis.

**High grade changes**
If the doctor or specialist nurse finds an area of abnormality suggesting high grade changes, this area will probably need to be removed. Providing you are agreeable, this procedure can often be done during your first visit. However, if you wish to delay treatment, then we would advise performing a small biopsy and ask you to return on another day.

**No abnormality detected**
The doctor or specialist nurse may not find any abnormality, and this is quite common where your smear tests has shown only low grade changes or has been inadequate. You would therefore be reassured and told about arrangements for follow up smears.

**What if I have a biopsy?**
A tiny piece of tissue will be taken from the cervix for microscopic examination in the laboratory.

The biopsy should not be painful; however you may feel a slight discomfort or stinging, which should not last long. After the biopsy, it is normal to have a discharge or light bleeding which can last a few days but should not exceed 2 weeks. It is safe to use tampons during this time. It is best however not to have intercourse for up to 5 days, to allow the site where the biopsy was taken from to heal.

**What if I need treatment?**
Treatment can be offered at your first visit if your smear results showed high grade changes, which are then confirmed during the colposcopy examination. The aim of the treatment is to remove the abnormal cells on your cervix. This will usually be done by a technique called LLETZ (Large Loop Excision of the Transformation Zone) and is normally done under local anaesthetic. This may be offered to you at your first or following visit after the biopsy. The procedure takes approximately 15 minutes.
Local anaesthetic is used to numb the cervix to ensure that minimal discomfort is felt during the treatment. A small wire loop and an electrical current are used to remove the abnormal area and seal the wound at the same time. The tissue removed is then sent to the laboratory for further tests.

Very occasionally, it may be better to treat you under general anaesthetic. If this is the case, the doctor or specialist nurse will explain the reasons for this decision in more detail.

It is very rare for hysterectomy to be considered, and this is usually only the case if you have other gynaecological problems.

**What can I expect after treatment?**

Following treatment, you may have period-like pain for 1 to 2 days and bleeding similar to a period leading to a brownish discharge which is then followed by a watery pink discharge. This is part of the natural healing process. The bleeding will stop as soon as the cervix has healed, which can take 3 to 4 weeks. Please remember to bring a sanitary pad with you to wear after your appointment. To ensure the cervix heals as quickly as possible and to reduce the risk of infection, tampons, intercourse and swimming should be avoided during this time.

There is a small risk of infection. If you have heavy bleeding or a smelly discharge following treatment, please contact your GP or the Colposcopy Clinic for advice.

**Will treatment affect my fertility?**

LLETZ is by far the most effective procedure in the treatment of Cervical Intraepithelial Neoplasia (CIN). A recent study has shown a very small increase in preterm delivery following LLETZ treatment. However, it is thought that just having abnormalities on the cervix at any time also increases the risk of this occurring. Therefore, LLETZ is thought a safe procedure and is the treatment nationally recommended for treating precancerous changes on the cervix.

**What if I am pregnant?**

If you have just found out that you are pregnant, we still need to see you in the Colposcopy Clinic.
We need to assess the changes on the cervix so that we can arrange the most appropriate follow up. A colposcopy examination will not cause any risk to the pregnancy.

If you are pregnant, please do remember to tell the doctor just in case they are not aware. Any treatment necessary will usually be delayed until 3 months after the delivery of your baby.

**Can I choose to delay treatment?**

If your smear test shows high grade changes, most women find it suitable to be treated at their first appointment. However, you may prefer to delay your treatment; for example you might have a holiday planned in the days following your appointment and the bleeding after the treatment may be a nuisance for you.

There is no problem in delaying treatment for a short while, you would be sent a further appointment.

**When will I get my results?**

The results will not be available immediately and can take up to 4 weeks for you to receive them by letter. This letter will explain if anything further needs to be done.

**What do the results of the biopsy or treatment mean?**

The result of the tissue taken by biopsy or removed by LLETZ treatment are examined for the presence of precancerous changes - Cervical Intra-epithelial Neoplasia; more commonly referred to as CIN.

There are three grades of CIN 1, 2 or 3 depending on how many cells are involved.

**CIN 1** – these are relatively minor changes with a very low risk of progressing to cancer and will usually return to normal by themselves. Treatment is not usually necessary.

**CIN 2, 3 and CGIN** – these are more definite changes and, if you have not already had treatment at your first visit, you will normally be asked to come back to have the abnormal area removed.
Remember that you are very unlikely to have cancer. Only very rarely will a biopsy show cell changes that have already developed into cancer.

**Will I need any follow up?**

Everyone who has had a smear showing abnormal cells will continue to be followed up with cervical smears when discharged from the Colposcopy Clinic.

If no abnormality was detected and you did not need to have a biopsy, then you will normally return to routine smear tests every 3 or 5 years depending on your age.

If CIN 1 was detected on your biopsy, then you will normally be discharged back to your GP for a smear test in 1 year.

If you have had treatment (LLETZ), then you will need to have a smear test in 6 months, usually with your GP. This smear will be tested to make sure that you have cleared the HPV that is likely to have caused the initial abnormality (CIN).

Your doctor or specialist nurse will explain the required follow up in your result letter.

If you are discharged from the Colposcopy Clinic, the national screening services will send you notification when your next smear test is due.

Treatment is almost always successful and it is unlikely that the CIN will recur. If Colposcopy Clinic for a further examination.

**What if I have any questions?**

Most questions you may have can often be answered during your clinic appointment. However, if you have questions and would like an answer before your appointment please do not hesitate to contact the Colposcopy Clinic.

**Contact information**

**Colposcopy Advice Line**
For all Colposcopy Clinics in Gloucestershire
Tel: 0300 422 2385 answerphone
All messages will be returned within 24 hours.
Out of hours, emergency advice
Ward 9a
Tel: 0300 422 6668

Appointments
Cheltenham General Hospital and Cirencester Hospital
Tel: 0300 422 2914
Monday to Friday, 9:00am to 5:00pm

Gloucestershire Royal Hospital and Stroud Hospital:
Tel: 0300 422 5508
Monday to Friday, 9:00am to 5:00pm

Further information
Further information can be obtained from:

NHS Cervical Screening Programme
Website: www.cancerscreening.nhs.uk/cervical

Jo’s Cervical Cancer Trust
Website: www.jostrust.org.uk

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www.gloshospitals.nhs.uk/charity