



Gloucestershire Hospitals
NHS Foundation Trust

Cervical ectropion and other conditions affecting the cervix

Introduction

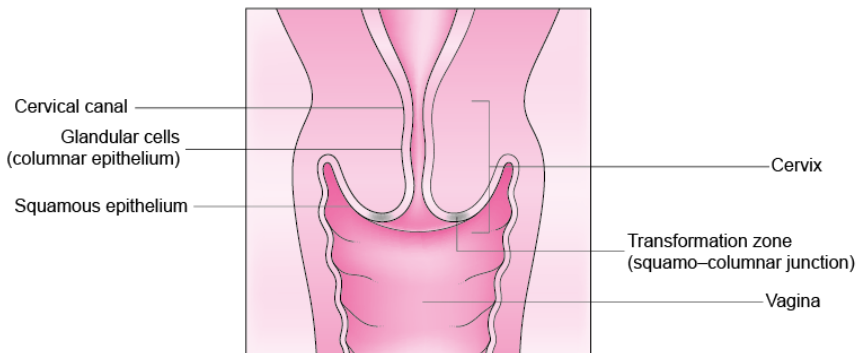
This leaflet gives you information about the symptoms and treatment of cervical ectropion (bleeding from the cervix) and other condition affecting the cervix.

What is cervical ectropion?

There are 2 types of cells found in the cervix (neck of the womb):

- Squamous cells - these are hard cells and cover the outer part of the cervix
- Columnar/glandular cells – these are soft cells and line the inside of the cervix

Where these 2 types of cells meet at the cervical opening, is an area called the squamocolumnar junction (SCJ).



© Jo's Cervical Cancer Trust

Figure 1: Image of the cervix taken from Jo's Cervical Cancer Trust

At birth, the SCJ is positioned at or within the cervical opening but as you age, and especially after puberty the increased amount of female hormone (oestrogen) causes the size of the uterus (the womb) to increase. As this happens, the rim of the cervix rolls outwards, causing more of the columnar cells to be visible on the cervix. This is similar to what happens if you roll out your lips, the inside of your mouth is then more visible. This is called an ectropion. When the doctor or nurse looks at your cervix they will see a red area, this is the soft (glandular) cells.

What are the signs and symptoms of cervical ectropion?

Cervical ectropion can be caused by hormonal changes, pregnancy and taking the contraceptive pill. It is **not** linked to the development of cervical cancer or any other condition that causes cancer.

Cervical ectropion does not cause any problems for most women and usually goes away without treatment.

Cervical ectropion may cause a discharge, bleeding or pain during or after sex. It can also sometimes cause pain during or after cervical screening.

If you have abnormal vaginal bleeding, you should always see your GP as soon as possible for this to be checked out.

What treatment is available?

You may decide that you do not wish to be treated. If so, the delicate skin on your cervix will gradually change into the thicker skin. How long this will take is variable. You may therefore continue to have symptoms but you can be reassured that it will cause no harm. It is important that you attend for cervical screening within the recommended screening schedule.

If you choose to have treatment, it is usually performed in a Colposcopy Clinic.

At Gloucestershire Hospitals NHS Foundation Trust, we currently offer treatment using silver nitrate cautery sticks which are applied to the cervix. For persisting problems, we may offer ball cautery. This treatment will harden the glandular soft cells to stop them from bleeding.

Silver nitrate cautery

Silver nitrate is a chemical stick that is applied to the ectropion and cauterises the area. The procedure only takes 1 to 2 minutes. Local anaesthetic is not required. Silver nitrate is not used on large areas.

Aftercare

You may get some watery, black discharge for up to one week, therefore it is advisable to wear sanitary pads. You may wish to avoid sexual intercourse until the discharge has settled.

Benefits

Silver nitrate cautery is effective in helping to improve your symptoms.

Possible risks and side effects

In some cases, the treated cervix may become infected. If the discharge becomes particularly heavy with a strong smell you should contact your GP as antibiotic treatment may be needed.

There is a small risk of bleeding, which may occur during the procedure; this can easily be controlled.

A small number of women have no improvement in their symptoms following silver nitrate treatment and may require further assessment.

Ball cautery treatment?

This is used mainly when other methods to treat ectropion's have not been successful. A local anaesthetic is injected into the cervix to numb the area. An electrical probe is then rolled over the cervix to seal the glandular (soft) cells.

As the cervix heals, you will have a brown vaginal discharge. You may have some bleeding but this should be no heavier than a period. The bleeding can last from a few days up to 6 weeks. After 10 to 14 days, it is not uncommon to get a period type bleed, this is caused by healing as the treatment 'scab' comes away from the cervix.

You should only use sanitary towels for protection following ball cautery. **Do not** use tampons for 4 weeks, this will help to reduce the risk of infection.

While your cervix is healing, it is vulnerable to infection and damage. For this reason, we advise you not to have sexual intercourse for 4 weeks or until the discharge has stopped completely.

Most women have an improvement of their symptoms after ball cautery. However, in some cases the symptoms may return.

Other conditions affecting the cervix

There are other conditions that, although not a cause for worry, may need treatment.

Nabothian cysts

Nabothian cysts are tiny cysts that form on the surface of the neck of the womb (cervix). Nabothian cysts are filled with fluid (mucus), which is secreted by the glands of your cervix. These cysts can range in size from just a few millimeters to 4 centimeters wide and are white or yellow in colour. Nabothian cysts are common and do not usually cause any symptoms, although some people experience a discharge. These cysts are usually discovered when you have an internal examination or a smear test. They do not normally need any treatment.

Cervical polyps

A polyp is a small growth on either the surface or the inside of the neck of your womb (cervix). Polyps happen in around 4 out of every 100 women and are most common in women in their 40s and 50s. They can also happen during pregnancy. Some women have more than one polyp.

Polyps are not cancerous and do not change into cancer. They often cause no symptoms and are usually only noticed when you have a cervical smear or are examined by a doctor or nurse for an unrelated reason.

If they do cause any symptoms then this is most likely to be a vaginal discharge or vaginal bleeding after sexual intercourse or in between your periods.

When a polyp has been noticed, it is usually recommended that you have it removed. This is a simple procedure that does not cause any pain. You will not need an anesthetic for this procedure.

Contact information

If you have any questions about the treatment or if you need advice, please contact the Colposcopy Helpline.

Please note we are unable to give out test results over the phone.

Colposcopy Helpline

Tel: 0300 422 2385

This is an answerphone service. Your call will be returned between Monday to Friday, 9:00am to 5:00pm

Email: ghn-tr.colposcopyhelpline@nhs.net

If you require urgent medical advice/assistance outside of these hours, please contact either your GP or NHS 111.

NHS 111

Tel: 111

Appointments

Tel: 0300 422 2914

Monday to Friday, 9:00am to 5:00pm

Email: ghn-tr.colposcopybookings@nhs.net

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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

*Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>



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