

Colposcopy

Introduction

You have been asked to attend for colposcopy at Exeter Hospital because you have had an abnormal screening test, or a problem with the cervix. Both the cervix and the vulva can be examined in this clinic using a colposcope (this is a magnifying light).

If you have been referred with an abnormal screening test, it is likely to have worried you. These are performed to detect any minor, easily treated, changes on the cervix before they become serious. If required, the treatment can be performed at the time of your appointment. This is usually not too unpleasant or painful.

If you have been referred for a vulval problem, a small biopsy may be taken from the skin of the vulva in order to help obtain a diagnosis.

You will be made welcome in our clinic room, and we will do all we can to make you feel at ease. If you have any questions, please ask a member of staff, who will be happy to help.

The Abnormal Cervical Screening Test

Previously called smear test, these are designed to detect pre-cancerous changes of the skin lining the cervix (the neck of the womb, which lies at the top of the vagina).

An abnormal test suggests that there are cells on the cervix which are beginning to have pre-cancerous changes. These changes are graded from mild to severe. Importantly, **none** of these grades mean that you have cancer.

Many women with these changes on their cervix will never develop cancer. At present, however, we are unable to predict who will do so. Therefore, it is important that all women with

these precancerous changes are examined, and in some cases, treated.

Research has suggested that even when pre-cancerous changes are present, in most cases it would take 10-15 years to become a cancer.

Most pre-cancerous changes are caused by HPV (human papilloma virus). This virus is common, affecting both men and women, and is responsible for other conditions such as warts. There is evidence that smoking increases the risks of HPV having harmful effects.

Colposcopy

This is an examination which allows the doctor or nurse to inspect your cervix with a magnifying light (colposcope). This device does not enter or make contact with your body, but instead views the cervix from a short distance. A speculum is used to gently open the vagina (much like during screening), so that a good view of the cervix can be obtained. A special fluid is then gently dabbed onto the cervix. This makes the precancerous changes show up more clearly. A photograph of the cervix may also be taken for your health records.

There are different degrees of pre-cancerous changes: borderline, mild, moderate and severe. The colposcopy helps determine which degree is present on your cervix.

Mild abnormalities usually do not require treatment, but it is still important to examine the cervix. In many cases, a small biopsy may be taken from the cervix in order to help obtain an accurate diagnosis.

Moderate and severe abnormalities will frequently require treatment.

Treatment

This involves injecting the cervix with local anaesthetic in order to numb the affected area. The injection itself may be uncomfortable, but means that you won't feel the treatment itself. Often the anaesthetic also contains adrenaline. For a couple of minutes, this can cause your heartbeat to speed up, and a sensation of jitteriness.

The abnormality is then removed by using a specially designed electrical loop. As we are using diathermy (cautery), a special sticky pad is attached to your leg to complete the electric circuit.

Although the large majority of patients opt to have their treatment at the time of their clinic appointment, it can also be performed asleep under a general anaesthetic as a day case procedure. This would have to be arranged for a later date. If you would prefer to have your treatment in this way, please speak about it with the person performing your colposcopy.

After your Treatment

In the next few hours, when the local anaesthetic starts to wear off, you may experience some "period type" pain or discomfort. This should respond to simple pain killers such as paracetamol.

The tissue taken from the cervix will be sent to the laboratory to be analysed. You will be contacted with the results within about 4 weeks. This is usually by post.

The success of a treatment is usually checked by performing a follow-up screening test (called the Test of Cure test) after 6 months. In most cases, this is done back at your GP surgery. This sample is also tested for the HPV virus. If this is normal, then you can usually be returned to having routine screening once again. If the test is abnormal in any way, you will be invited to the colposcopy clinic again for another check-up.

Treatments leave a raw area behind on the cervix which will take up to 4 weeks to heal completely. During this time you will have a dark vaginal discharge, and possibly some bleeding.

Until the discharge settles, you should not have sexual intercourse, and avoid internal protection (tampons) for menstrual flow. Instead, use external protection such as sanitary towels or panty liners. This helps reduce the possibility of infection or bleeding.

Swimming, horse riding or energetic exercise should be avoided for at least 1 week. Otherwise normal activities, including bathing, should not be affected.

Your periods should not be affected by the treatment. If you experience unmanageable bleeding, or your discharge becomes smelly, you should contact your GP. This is because occasionally, bacteria which are normally present in the vagina, may cause an infection in the raw area of the cervix where it has been treated. This might require some antibiotics.

Antibiotics are not normally given at the time of the treatment, only in the small number of cases where problems subsequently arise.

The Risks of the Treatment

Occasionally heavy bleeding from the treatment site may require another visit to the hospital to deal with it.

There may occasionally be a recommendation to repeat the treatment again. This is usually because your follow-up screening test after 6 months has remained abnormal.

There is a small risk that the treatment may cause some scar tissue, or change of functioning of the cervix. Since the cervix is an important part of giving birth, there is the small possibility of the treatment causing problems with future pregnancy such as premature labour or birth. It does not cause infertility or miscarriage.

At present, there are no other treatments for precancerous abnormalities of the cervix that are both safe and reliable.

Colposcopy and Pregnancy

Sometimes, women find that they have been referred for colposcopy when they are pregnant.

There is no evidence that colposcopy is harmful in pregnancy.

If you have been referred for colposcopy and you are pregnant, we would recommend that you still attend for the examination. It enables us to reassure you that there is no serious problem with the cervix, and to make plans for follow-up during and after the pregnancy.

We do not perform treatments in pregnancy.

Other important points

- You are welcome to bring a friend or relative with you. If possible, try to avoid bringing young children along; caring for you during your examination is important, and can be more difficult if your child also requires attention at the same time.
- If English is not your first language and you would prefer a translator to be present, please let us know ahead of your appointment so that we can make the necessary arrangements for you.
- We have 8 Colposcopists in our department: 4 are women and 4 are men. All are trained and experienced. If you prefer to have a Colposcopist of a particular gender, please call before your appointment so that we can try to help with your preference.

- The RD&E Hospital is a teaching institution, which means occasional colposcopy clinics may have students and/or trainees attached to them. Your co-operation in assisting with their education is greatly appreciated. If, however, it is your preference not to have any non-essential persons present in your consultation, please do let us know and we will ask them to step out. The person inviting you into the clinic room should give you a chance to state your preference before you enter.
- Since treatments can occasionally lead to problems, such as bleeding or infection, it may have an effect on any travel plans that you may have in the fortnight or so afterwards. Travel insurance may not cover for such problems, so it may be wise to postpone your treatment until after you have returned.

If you have any further questions or concerns about colposcopy or treatment, please contact the Colposcopy Nurses on 01392 406503, or the Colposcopy Co-ordinator on 01392 406580.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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