



Information for
patients and
carers

Colposcopy

What is a colposcopy?

Colposcopy is the examination of the neck of the womb (cervix) using a special type of microscope (the colposcope) that magnifies the cervix so that it can be closely examined.

A speculum, the instrument used when taking a smear, is placed into the vagina whilst the colposcope remains outside the body. During the examination a small sample of cervical tissue may be taken for further laboratory tests (a biopsy) and in some cases a treatment such as cold coagulation, will be carried out.

Treatments are described in more detail on pages 5-6 of this leaflet.

The procedure will be carried out by a specially trained nurse or doctor.

Why do I need a colposcopy?

There are a few possible reasons:

1. Your recent cervical screening sample (smear) test showed abnormal cells. The medical term for this is **dyskaryosis**, which may be borderline, low grade, moderate or severe
2. Your cervical screening sample (smear) did not provide a clear result
3. Three consecutive cervical screening samples (smears) with negative cytology but high risk HPV (human papilloma virus) is detected

The colposcopy helps to confirm the presence of abnormal cells and allows an assessment of the severity of the changes so that, if needed, appropriate treatment can be offered. Colposcopy can be carried out safely during pregnancy and will not affect the birth or your ability to become pregnant in the future.

What are abnormal cells?

Abnormal cells on the cervix are very common; many women have them without experiencing any symptoms.

The main cause of abnormal cells is a virus called the human papilloma virus (HPV), although other factors, especially smoking, also increase the risk of cell abnormality. There are many types of HPV and most women will become infected at some stage in their lives. HPV infections generally clear without treatment but some types of HPV cause cell abnormalities that can develop into cervical cancer if left unassessed and untreated. The cells obtained during your cervical Screening sampling (smear) will have been tested to identify which type of HPV is affecting you.

All women with HPV viruses that have a high risk of leading to cancer will be offered colposcopy, even if the cell changes at this time are only Low grade. Women with low risk HPV types do not require a colposcopy examination.

An abnormal cervical screening sample (smear) test result does not mean that you have cancer but you do have changes that should be monitored.

It is advisable to avoid becoming pregnant until the severity of any abnormality has been assessed and, if necessary, treated. The contraceptive pill can be taken as normal, but if you have a coil (copper or Mirena) you should not have sex after your last period without using another method of contraception such as condoms.

Your colposcopy appointment

Please note that you should not attend your appointment if you are having a period, but instead phone the department for another date.

On the day of your appointment you are welcome to bring a friend or relative with you. **(In line with current Government / Hospital COVID 19 restrictions).**

Your appointment will take about half an hour. When you arrive please give your name to the receptionist before taking a seat in the waiting area.

The appointment usually involves a chat with your colposcopist who is a doctor or a nurse with specialist training. They will explain your cervical screening sample (smear) result, the colposcopy procedure and answer any questions you may have. Please tell the colposcopist if you have any allergies or are taking any medicines.

In the private changing area you will be asked to remove clothing and any undergarments from the waist down (your skirt need not be removed). A nurse will help you onto a special couch with padded supports on which to rest your legs; a modesty sheet is used throughout the procedure. During the examination the colposcopist will gently insert a speculum into your vagina (just like when you have a smear test), another cervical screening sample (smear) may be taken and swabs to screen for infection, such as Chlamydia. After this, a mild solution of vinegar, or iodine, will be dabbed onto the cervix to highlight any abnormal cells; the solution may feel cold and sting a little.

The colposcopist will explain the findings during the procedure and advise you on the most appropriate course of action. If abnormal cells are found that do not need urgent treatment, a biopsy is taken; this may be a little uncomfortable, but should not be painful. However, sometimes it is best to treat the abnormal area immediately without waiting for biopsy results (see below).

Any coil that is in place may then need to be removed and you will be advised when you can have another coil fitted.

After your colposcopy

You may experience period-like pains; these can be relieved by simple painkillers, such as paracetamol or ibuprofen.

If you have had a biopsy you may have some light bleeding or spotting afterwards. Please use sanitary towels and not tampons. Do not have sex until the bleeding has settled.

It takes about three to four weeks for biopsy results to be obtained and a management plan developed. This will be sent to you in a letter. It may advise treatment and/or a repeat colposcopy and cervical screening sample (smear).

How is a decision made about treatment?

Laboratory examination of biopsy tissue may show that the cells are normal or only have low grade changes that do not need treatment.

The technical term for cell changes is **Cervical Intraepithelial Neoplasia (CIN)** and the various states of change are graded by severity:

CIN1 means that only a third of the cells in the affected area are abnormal. These often return to a normal state without treatment, but your colposcopist may decide that treatment is advisable

CIN2 means that two thirds of the cells are abnormal. Treatment or conservative management is advised depending on colposcopy opinion

CIN3 means that all the cells examined are abnormal and treatment will be needed to prevent further cancerous changes.

Only very rarely will a biopsy show cell changes that have already developed into cancer

What is the treatment?

The most frequently used treatment is loop excision of the cervix (LLETZ). This treatment aims to remove the abnormal cells and allow new and normal cells to grow to replace them. Local anaesthetic is applied to your cervix before the procedure which takes about 10 minutes to complete. It is carried out in the colposcopy clinic.

Other possible treatments include cold coagulation of the cervix, (a form of heat treatment) which is another very simple outpatient procedure.

In some cases, cone biopsy may be advised; this is usually carried out as a day case procedure, under general anaesthetic.

Your colposcopist will provide you with further information about these treatments.

Is there anything I can do to stop it happening again?

It is important that you attend for regular cervical screening sampling (smears) so that we can pick up any further abnormalities at an early stage.

If you have any symptoms such as bleeding after intercourse seek urgent advice from your GP.

Smoking increases the risk of developing pre-cancerous changes and cervical cancer so if you smoke you should make every effort to stop. Contact numbers for Quit Squad Service can be found on page 7 of this leaflet.

If you have any queries, please telephone the numbers on the back of this leaflet and we will be pleased to help you.

Contact details

Should you require further advice or information please contact:

Preston Colposcopy Clinic: 01772 524615 Out of hours: 01772 524231

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

NHS Cervical Screening Programme

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

British Society of Colposcopy and Cervical Pathology

www.bsccp.org.uk

Jo's Cervical Cancer Trust Helpline: 0808 802 8000

www.quitsquad.nhs.uk [Quit Squad | Your local Stop Smoking Service](#)

Freephone number 0800 328 6297

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team. If you want to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سرى زبانون او ر بڙى اگرا آپ کوہى معلومات سمجھنے کے لئے مدد يک ضرورت ہے تو يى چھپا يمن يہ ابى دست ہو ي سکت ہے براے مہر يمان پو ي چہہ ي معلومات

Arabic:

مطبوعة بأحرف كبيرة و بلغات إذا كنت تريد مساعدة في فهم هذه المعلومات يُرجى أن تطلب آخرى يملكن تو فير هذه المعلومات

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