

Colposcopy Clinics

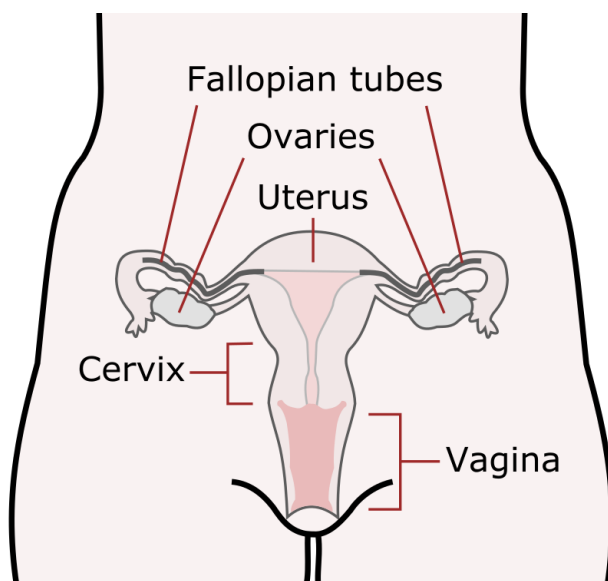
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The NHS Cervical Screening Programme (NHSCSP)

This programme was set up in 1988 to reduce the chances of women developing cervical cancer. It aims to screen all women between the ages of 25 and 64 either every 3 or 5 years. If you are between 25 and 49 you will be screened every 3 years. If you are between 50 and 64 you will be screened every 5 years. The screening programme aims to pick up abnormal changes in the cells in the cervix long before they have a chance to become cancer. A colposcopy examination is the only way to check these changes and offers the benefit of quick and easy treatment if necessary, usually in the clinic. It is a very successful programme which research suggests saves thousands of lives per year (taken from Cancer Research UK).



Why do I need a Colposcopy?

1. Two tests did not produce suitable results

These cervical screening tests are not abnormal but show that the laboratory was not able to report your result. This is usually because there were not enough cells to assess. When this happens repeatedly it is best to have a colposcopy to check that your cervix is healthy.

2. Your Cervical Screening Test (Smear) has found evidence of HPV

HPV is a very common virus. Most women get it at some point in their lives. HPV can be easily passed on during sexual activity between partners. Some types of HPV can cause abnormal cells in the cervix.

If HPV is found, your sample will also be looked at for abnormal cells. Looking for abnormal cells is called 'cytology'. If you also have abnormal cells you will be

referred to colposcopy. If you have persistent HPV with no abnormal cytology, on three consecutive occasions you will also be referred to colposcopy.

If you have HPV and have had previous treatment or are on cervical screening surveillance you will also be referred to colposcopy.

3. Your Cervical Screening Test (Smear) has found evidence of possible abnormal cells

You have been asked to come for a further examination because your cervical screening test has found abnormal changes in the cells of the cervix (the neck of the womb). These abnormal changes in the cells are known as dyskaryosis. This is not unusual, as about 1 in 20 cervical screening tests are reported abnormal. Please try not to worry. The NHS Cervical Screening Programme aims to pick up these changes so that we can take action at an early stage.

What is dyskaryosis? This is the term given to the abnormal changes that can act as an early warning that cervical cancer might develop in the future. It is important to remember that it is **very rare** for these abnormal cells to be cancer.

For many women, their abnormal result will show **borderline changes or low grade dyskaryosis**. These are small, low-grade changes in the cells and will very often return to normal by themselves. Your cervix does require assessment in colposcopy to see if you need treatment, although it is often safe to keep an eye on the situation to see if this happens rather than having any immediate treatment.

For some women, their result will show **high grade dyskaryosis (moderate) or high grade dyskaryosis (severe)**.

These changes are not cancer and may not lead to cancer in the future. However, these changes are less likely to return to normal by themselves. They usually act as an early warning sign that cervical cancer may develop over time. Due to this, they will usually need simple outpatient treatment that is 90-95% effective.

4. If you have had colposcopy treatment in the past

If a test to detect HPV has been carried out on your cervical screening sample taken during your follow-up check and shows the presence of HPV you will be asked to come back to colposcopy for further assessment of your cervix.

5. Other signs or symptoms not related to having a cervical screening test

You may not have been referred for a colposcopy because of a cervical screening test. However, you may have been experiencing signs or symptoms which may be related to the health of your cervix. The colposcopy clinic is the best place to have these symptoms checked.

Is there anything that I need to know before I have a colposcopy?

- There is no need to avoid having sex before you have a colposcopy examination, unless you have a coil fitted. In this case please avoid sexual intercourse for 7 days prior to your appointment.
- You can eat and drink as normal before your appointment.
- Bring a list of any medication you are taking and let the colposcopist know of any medical history or allergies.
- Please also make a note of when you had your last period.
- You will be asked to remove clothes below the waist. Because of this, you may find it more comfortable to wear a full skirt or dress, which you would not need to remove for the examination.
- If you need treatment during your appointment, you may need to remove any jewellery you wear below the waist (such as belly button or vaginal piercings). It is important that you are aware of this so you can remove the jewellery before you come for your appointment.
- After the examination, you may have some discharge from your vagina. Although we will provide pads, you are more than welcome to bring panty liners with you if you prefer.
- You should be able to drive home afterwards but for car insurance purposes, you should ask your colposcopist whether you are fit to drive after your treatment. It may be wise to have someone drive for you in case you do not feel well after your appointment.

Medical Students or Nurses

Sometimes medical students or nurses may be observing the clinic. If this is the case the nurse will ask you beforehand if you mind. Obviously doctors and nurses need to learn and this is an important part of their training. They will not be taking any part in your procedure, just observing. If you do not want to participate in their training please let the nurse know.

Your examination may be carried out by a Specialist Registrar undergoing training under supervision of a Colposcopist. They are fully qualified doctors doing specialist training.

What will happen during my appointment?

When you arrive at the clinic, we will aim to see you as close to your appointment time as possible, but please be patient if there are delays that we could not have anticipated beforehand. You will then be called for your colposcopy, where you will meet the colposcopist (who may be a doctor or nurse) and the nurses who will be with you during the examination.

During your colposcopy appointment, the doctor or nurse will take down your medical history and explain the procedure to you. Following this, the colposcopist will carry out the examination. How long your appointment will take depends on whether any procedures are necessary but it is usually no longer than 20 minutes.

What is a colposcopy?

Having a colposcopy is similar to having a cervical screening test. You will lie on a special couch that has supports for your legs. The colposcopist will lubricate a speculum (a special instrument) and place it in your vagina (the same as when you had a cervical screening test). This will allow them to see your cervix. The colposcope (which, put simply, is binoculars on a stand) gives the colposcopist an enlarged 3-D view of the cervix. **The colposcope does not enter the vagina.**

The colposcopist will put a liquid onto the cervix with a cotton-wool ball – this may be cold and sometimes sting a little. This liquid highlights any abnormal cells and allows the colposcopist to make a diagnosis. If everything is normal, you may be allowed to go home straight away. However, the diagnosis may mean that it is necessary to take a **punch biopsy** or carry out **treatment**.

What is a punch biopsy?

A **punch biopsy** is a tiny piece of tissue taken from the cervix and sent to a pathologist so that it can be examined closely to see if there are changes in the cells. You will not normally need a local anaesthetic. The biopsy is about the size of a grain of rice. You may have a brown or red discharge from your vagina for the next few days after this. You may also feel discomfort like period pain for the next few hours. You should take your normal painkillers to ease this pain, but do not take more than the recommended dose.

What if I need treatment?

The aim of **treatment** is to remove abnormal cells and allow healthy cells to replace them. Most treatments can be done as an outpatient in the colposcopy clinic on your first appointment, so you may want to arrange a fairly quiet day in case you are offered this. **If you have a coil fitted, please use an extra form of contraception for seven days before your appointment.** Sometimes it is necessary to remove the coil before you have treatment. If you have not used alternative contraception or abstained from intercourse for 7 days prior to your appointment this could result in a pregnancy, so treatment may be deferred. **The treatment at this clinic is usually a loop excision biopsy (LLETZ).**

Treatment

Loop Excision Biopsy (LLETZ)

This treatment uses an electric current to remove abnormal tissue from your cervix. A local anaesthetic (similar to that you would have at the dentist) is used to numb the cervix and the abnormal cells are then removed from the cervix using a wire loop. The colposcopist might then apply a brown solution to seal the wound. During the procedure, you will hear various noises from the machinery. The examination and treatment lasts roughly 15 minutes. Afterwards, you will be given a sanitary pad (or you may want to bring your own) and be asked to rest for a short time before leaving.

What normally happens after treatment?

Most women will feel okay after treatment. In a **very small** number of cases, the following may happen:

- Feeling dizzy or faint when they get up following the treatment. If this happens to you, the nurse will ask you to lie down and will keep you under observation until you have fully recovered.

- Experiencing discomfort like period pain for the next few days. You should take your normal painkillers to ease the pain but do not take more than the recommended dose.
- It is normal to have some bloodstained discharge after treatment. If you have bloodstained discharge from the treatment, do **not** use tampons. Instead, use pads or panty liners. You should not use tampons until four weeks after the treatment.
- You should refrain from sexual intercourse or inserting anything into the vagina for four weeks to allow the wound to heal.
- You should avoid heavy lifting or vigorous exercise for a day or so after treatment.
- You should also avoid swimming for at least two weeks or until the discharge has stopped because of the risk of infection.
- Do not worry if you do not have any discharge.
- There may be a temporary change to your periods after treatment.

Rare problems with treatment

A small number of patients may suffer a pain in their pelvis or heavy bleeding from the treated area. This may happen immediately after treatment or within the next couple of weeks and may mean you have an infection, particularly if you have a temperature or strong-smelling discharge. It is very important that you contact your family doctor as you may need antibiotics. If you have heavy fresh bleeding that is not a period please contact the gynaecology unit for advice **24 hours a day**.

Lincoln - Branston Ward - 01522 573132/ 01522 573492

Boston Ward 1B- 01205 445431/ 01205 445432

There is no clear evidence that a treatment measuring less than 10mm in depth is associated with any risk of labour occurring prematurely in future pregnancies or the risk of rupture of membranes surrounding a future pregnancy. However, treatment is tailored to the individual and you may require treatment that is more than 10mm depth.

What will the punch biopsy/loop excision biopsy show?

The technical term used to refer to cell changes confirmed by a biopsy or treatment is Cervical Intra-epithelial Neoplasia, more commonly known as CIN.

To make distinctions between the various states of changes in the cells, doctors have developed an increasing scale from 1 to 3 according to how much of the cells are affected. So, treatment results will most commonly be CIN 1, CIN 2 or CIN 3. The results of your punch biopsy/loop excision biopsy will determine the follow-up you will require. The biopsy may only show HPV or inflammation. We will send you a letter with your results. If you have not received this letter 8 weeks after your appointment, please contact the Colposcopy Secretaries:

Email ulth.colposcopy@nhs.net

Lincoln 01522 707119

Pilgrim 01205 445415

Will I need to have check ups

Yes. It is important to keep your appointments to make sure that your cervix is healthy. Most colposcopy clinics recommend that you have a follow-up check between 6 and 36 months after the examination or treatment, although this will depend on the results of your examination/treatment. The check-ups may be back at the colposcopy clinic or could be at your family doctor's surgery or local clinic. We will discuss the exact details with you. It is very important to complete the follow-up program as this allows us to check that your cervix stays healthy.

Practical questions

Can I bring someone with me?

You may wish to have someone drive you to and from the clinic, one adult can attend the clinic with you. There are no childcare facilities at the clinic. If you have specific reasons why you need to bring your child with you, these can be discussed with the secretary or nursing staff prior to your appointment.

What should I do if I have a period on the day of my colposcopy?

Ring the clinic or the colposcopy secretary and check that you should go ahead with your appointment, as this often depends on what your appointment is for. If you feel uncomfortable about having an examination during your period, contact the colposcopy secretary and change the date of your appointment.

Can I have sex in the week before I have a colposcopy?

You do not need to avoid having sex before you have a colposcopy, unless you have a coil fitted. If this is the case, please use an extra method of contraception for 7 days before your appointment, as sometimes it is necessary to remove the coil before you have the treatment.

What happens if I am pregnant or think I might be?

It is important that you keep your colposcopy appointment. A colposcopy can be carried out quite safely during pregnancy, but any biopsies will usually be postponed until after the baby is born. When you come for your appointment, we can talk to you more about this.

Will having a colposcopy affect my fertility or sex life?

Having a colposcopy does not affect either of these. If you require treatment, you may have a higher risk of having slightly premature babies. If you have any treatment, you will have to avoid having sex for 4 weeks afterwards. If you have a special event coming up (for example, you are getting married or going on holiday very soon after your appointment), please contact the clinic and we will discuss whether it is necessary to rearrange your appointment.

If you feel there are any issues that may complicate the appointment such as problems with hearing, sight, language or learning difficulties please contact us by phone/email:

01522 707119

01205 445415

ulth.colposcopy@nhs.net

More information

If you have any more questions about your referral or treatment, please phone the colposcopy secretaries on:

Lincoln **01522 707119**

Boston **01205 445415**

A nurse will contact you to answer any queries. You may also contact your family doctor and they will be happy to help you.

If you are unable to keep the appointment, please let us know as soon as possible on:

Email ulth.colposcopy@nhs.net

Lincoln **01522 707119**

Pilgrim: **01205 445415**

Please Note: Clinics at Lincoln and Pilgrim Hospitals are located in the Maternity Wing.

You can find more information about colposcopy at:

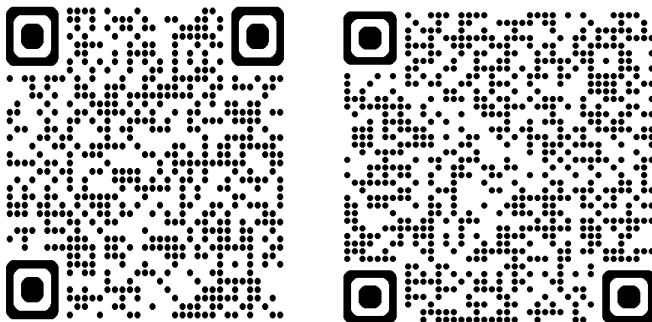
[Colposcopy - The Eve Appeal](#)

www.bsccp.org.uk

[Colposcopy - NHS](#)

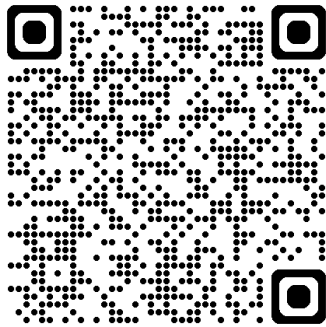
<https://www.macmillan.org.uk/cancer-information-and-support/diagnostic-tests/cervical-screening>

HPV FAQ's

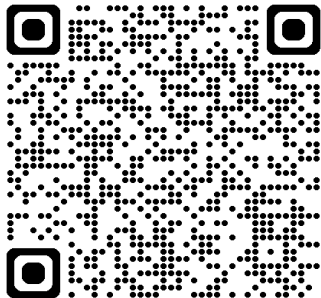


Easy Read HPV

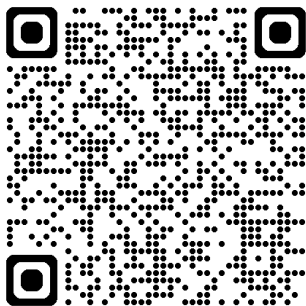
Cell Changes FAQ's



Colposcopy FAQ's



LLETZ (Loop Diathermy of the cervix)



Your notes or questions

Please write down any questions you have and bring them with you to your appointment.

References

NHS England Cervical Screening: programme and colposcopy management
Published 3 May 2010

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