

Information Leaflet



Liverpool Women's
NHS Foundation Trust

Your Colposcopy Appointment

Welcome

Welcome to the colposcopy service for the Liverpool Women's NHS Foundation Trust. There are two units, one based at the Liverpool Women's Hospital and one at Aintree Hospital next to the LWH gynaecology out-patient department.

The information in this leaflet is intended to be a general guide to the colposcopy service so please be aware that not all of the information will apply to you.

You will be given an opportunity to talk to the colposcopist (specialist doctor or nurse) and ask any questions before having your examination. You can also get further information from your GP or practice nurse.

Every year thousands of patients miss their hospital appointments costing the NHS money, delaying treatment and increasing waiting times for other patients. If you are unable to attend your appointment for any reason, please contact the Access Centre on 0151 702 4328.

If you cannot attend, please contact the Access Centre on 0151 702 4328 and your appointment will be re-arranged

What is colposcopy?

A colposcopy is an examination of the cervix (neck of the womb) using a special microscope called a colposcope which allows us to look more closely at your cervix than during a cervical screening test (smear). The colposcope does not go inside you. The only thing that does go inside is the speculum, the same instrument used when you have a cervical screening test. We spray a dilute solution of vinegar onto your cervix which shows up any abnormal cells and take a digital image of what we see which is kept on your electronic records.

Why do I need a colposcopy?

There are many reasons why you may have been referred to the unit. You might have had:

- An abnormal cervical screening test
- An inadequate cervical screening test
- An unusual looking cervix
- A cervical polyp
- Bleeding with sexual intercourse

Please note that colposcopy does not investigate bleeding between periods, heavy periods or pelvic pain so please don't expect your Colposcopist to answer questions relating to these symptoms.

We advise all patients with coils who may require a loop excision to avoid sexual intercourse or use barrier contraception (e.g. condoms) for 7 days prior to treatment just in case the coil needs to be removed (FFPRHC 2006) Please see section later.

Do I need to contact you before my appointment?

Only if you wish to change your appointment. Then call the Access Centre on 0151 702 4328 NOT the colposcopy office.

We still want to see you even if you are on your period, are pregnant, have a vaginal infection or have concerns about a past experience. We may alter what we do during the consultation, but we still want to talk to you.

If you are taking the combined oral contraceptive pill, you could take packs back to back without a break to avoid having a period.

Colposcopy is safe in pregnancy and if further examinations are necessary, we will book them accordingly.

What is Human Papilloma Virus (HPV)?

Your cervical screening test may show the presence of HPV. This is an extremely common virus which you could have picked up years before. Anybody who has ever been sexually active is at risk of contracting HPV. It is very common and at least 8 out of 10 females have the virus at some time. In time, most bodies reject the virus but some do not. If you smoke,

your body will be less able to reject the virus so it may cause more problems with abnormal cells. This could be another good reason for you to give up smoking.

Further information can be found on the Jo's Cervical Cancer Trust website:

www.jostrust.org.uk

What is going to happen at my appointment?

At Aintree you will book in within the department and wait until you are called to the room.

At Crown Street you will book in using the electronic book in system or the Outpatient Reception Desk. Please watch the screen as your name and room number will appear when you are needed. Please proceed to the room indicated as quickly as possible.

On both sites you will be asked to confirm your details with the nurse before entering the room. You will be introduced to the nurses and your Colposcopist. Firstly, you will be asked some questions about your reason for attending; this is called 'taking a history'. You will be asked for the result and date of your last cervical screening test and the first day of your last period so please make sure you have these details to hand. **If you take any tablets or medicines, the clinician will need a list of those too so please bring one with you.** The clinician will answer any questions you may have and explain what is going to happen. If you need treatment, this will be explained, and you will be asked to sign a consent form.

You will then get changed and have your colposcopy examination when the clinician will see what the problem is and what needs to be done. There are several possible things that might happen during the appointment:

- There may be nothing abnormal to see. You may be advised to have a cervical screening test repeated. This could be at any time between 12 months and 5 years depending on the initial problem
- Your colposcopist may see some very minor changes and will take some punch biopsies. These are tiny pinches of skin and do not usually need local anaesthetic. They have no harmful effects, but you should observe the advice on the page entitled 'Having a Biopsy'
- There may be some abnormal cells to see which you may be advised to have treated. This is called a large loop excision of the transformation zone (LLETZ) or loop excision. This is usually done under local anaesthetic and can be done at the time or re-arranged for another day, it's up to you. Please see the page entitled 'Having a Loop Excision'
- There may be some abnormal tissue which you are advised to have treated under a general anaesthetic. This doesn't mean that the problem is more serious. It may be because the area is difficult to get at or goes deeper into the cervix. If you do have to have this done we will aim to get you in as day case as soon as possible (within 8 weeks)

Whatever happens during your appointment it will all be explained to you and you will have the chance to ask questions. You are welcome to bring someone with you for support and we encourage you to eat normally before you attend and take any regular medication. If

you have children, we recommend that you try to arrange for someone to care for them whilst you attend your appointment. If this is not possible, please supervise them at all times. It is unadvisable to have small children with you if undergoing treatment.

Any results will be sent to you by letter within 6 weeks of your visit. The letter will contain a plan for follow up if needed or will tell you if you have been discharged. We do not give results out over the telephone so please do not ask or call.

Cervical Ectopy

Ectopy, also called ectropion and erosion is a common finding especially in the young (<30 years old) and if you take the oral contraceptive pill. It is rare after the menopause. It is a harmless change where the 'soft' (glandular) cells that usually lie within the cervical canal and womb lining appear on the outside of the cervix. This makes the cervix look very red and these cells often bleed easily, especially with intercourse because they are very soft and fragile.

In most cases an ectopy goes away on its own. You only need treatment if your symptoms are severe and this is done by cauterisation also called coagulation or thermal ablation. This process destroys the soft cells and in time they are replaced by the firmer flat (squamous) cells which don't bleed as easily. Even with treatment, the condition can recur.

We do not offer coagulation treatment at your first visit. Coagulation can only be carried out AFTER biopsies are done to rule out any abnormal cells that may need a different treatment. If you decide you want treatment for your symptoms, you will have the biopsies done at the first visit and then called back to have the treatment at another time usually 3 months.

Please read the section entitled 'Having Coagulation Treatment'.

Cervical Polyps

These are very common and look like little skin tags with a thin stalk. Most of the time they are harmless, but they can cause bleeding. They can be easily removed by twisting the stalk and pulling them off; anaesthetic is not needed. Sometimes cautery is needed to control bleeding if the stalk is thicker. Anything removed is sent to the lab to ensure that it contains no abnormal cells. You will be informed of the results by letter within 6 weeks.

Having a Biopsy

A biopsy is a tiny pinch of skin cells taken from the cervix and sent to the pathology lab to find out if there are any abnormal cells present. If they are present the lab will be able to grade them so a plan for treatment can be made if necessary. Usually more than one biopsy is needed and they will be taken at your appointment, you don't usually have to make a return visit to have them done. Any bleeding will be stopped at the time by applying a special paste or using a silver nitrate stick.

Biopsies have no harmful effects, but you are advised:

- To avoid sexual intercourse for 2-4 days
- Avoid Using tampons for 2-4 days
- Avoid Soaking for a long time in the bath for 2-4 days
- Avoid Excessive exercise for 2-4 days
- You may have a moderate blood loss for up to 6 days
- 1 in 20 patients experience pain which may last for 2 days and may require paracetamol to settle

You will be informed of the results by letter within 6 weeks

What might the biopsy show?

- No abnormal cells
- Inflammation or HPV – this is regarded as a normal finding
- CIN stands for Cervical Intra-epithelial Neoplasia and is the medical term used to describe cell changes in the cervix that have been confirmed by biopsy. They are graded on a scale of 1 to 3. **THEY ARE NOT CANCEROUS**
- CIN 1 – this means 1/3 of the cells in the affected area are abnormal. They may be left to return to normal or you may be offered treatment if they are still abnormal after 2 years.
- CIN 2 – this means 2/3 of the cells are abnormal treatment is usually offered to remove these cells to stop problems in the future'
- CIN 3 – this means all the cells in the area are abnormal. Treatment is usually offered to remove these cells to stop problems in the future'
- Only vary rarely will a biopsy show cell changes that have already developed into cancer

Having Coagulation Treatment

This will be offered to you if:

- You have CIN 1 changes on your cervix that have not resolved over the past 24 months
- You have an ectopy that is causing troublesome bleeding with sexual intercourse and you have had biopsies that have confirmed no major abnormality.

Hence this treatment will never be offered on a first visit.

The procedure will be explained and you will be asked to sign a consent form.

You will then undergo a colposcopy so the clinician can see clearly where the area of concern is. Sometimes we use iodine to show up the area.

A fast-acting local anaesthetic can be used if you have a large area although smaller areas can be treated without. A heated probe is applied to the cervix for 20 seconds at a time until the whole area has been treated. You will then be allowed to get dressed again.

You should be fine to drive home if needed and do not need to take time off work.

After treatment you:

- Will get a blood stained sometimes black discharge for up to 4 weeks. During this time, you **MUST NOT**:
 - have sex
 - use tampons
 - go swimming
 - undertake excessive exercise
- May experience heavy bleeding that is not your period. In this instance, please contact your GP in case antibiotics are needed for infection. If the bleeding persists, please contact the Emergency Room at Liverpool Women's Hospital on 0151 702 4140
- May experience a very smelly discharge which could be infection. Again, please contact your GP in case antibiotics are needed.
- Should get your next period when it's due although it may be heavier than normal
- Should continue to take the contraceptive pill as you would normally do
- May experience slight discomfort which will settle with mild painkillers

If your treatment has been for abnormal cells, you will need a check cervical screening test in 6 months. This may be at the hospital smear clinic or with your GP. It is important to attend for this as it will confirm whether your treatment has been successful or not. You will not need a smear if the treatment was for bleeding.

Having a LLETZ Treatment (Loop Excision)

You will be offered this if you have:

- A moderate or severely abnormal cervical screening test
- Abnormal glandular cells on your cervical screening test
- A biopsy that shows CIN 2 or 3
- A biopsy that shows abnormal glandular cells
- Your abnormal cells are not visible on the outside of your cervix

This can be offered at the first visit. The procedure will be explained, and you will be asked to sign a consent form. A colposcopy examination will then be carried out as above. Occasionally it may be more appropriate to have the procedure under a general anaesthetic but if this is the case, your clinician will explain everything and arrangements for a future day case admission will be made.

What actually happens?

A fast-acting local anaesthetic will be given into your cervix. Whilst it is taking effect the rest of the equipment will be set up: a sticky pad is attached to your thigh to ensure a safe return path for the electric current being used to avoid injury and a plastic tube attached to the top of the speculum to circulate cool air.

Some of the anaesthetic can sometimes make you feel a little strange: it can make your heart beat faster and your legs feel wobbly. If this happens please do not panic, it is quite normal and will settle quite quickly. Breathe normally and don't worry about shaky legs.

Once we are sure that the anaesthetic is working, a thin electrical wire loop is used to remove the abnormal area – hence the name. The area is then sealed to stop it bleeding with another type of electrical instrument. It is a very safe procedure and takes about 15 minutes.

What if I have a coil (intra-uterine contraceptive device, IUS, IUCD)?

You will be offered the choice of having the coil removed or leaving it in. Both options have associated problems.

If the coil is left in the strings may get cut by the loop. This will not have any immediate effects but may cause difficulty when the coil needs to be removed.

Taking the coil out can only be done if there is no chance of you getting pregnant. Hence you will be asked whether you have had sex in the last 7 days. If there is any doubt or concern, the treatment will be delayed until the coil can be safely removed. If it is taken out, it can be replaced 6 weeks later but this is not done in the hospital.

We advise all patients with coils who are due for loop excision to avoid sexual intercourse or use barrier contraception (e.g. condoms) for 7 days prior to treatment just in case the coil needs to be removed (FFPRHC 2006).

Is the treatment painful?

It is usually painless or minimally uncomfortable because of the local anaesthetic used. Some patients experience period type pains for a day or two, but this will settle with usual over the counter painkillers.

Does the treatment have any side effects?

LLETZ treatment is generally very safe but as with all surgery there can be complications:

- Up to 50% of patients will experience 10 days of bleeding and discharge which may be moderate to heavy
- Many experience pain for a day or two afterwards
- Bleeding is more likely if you get an infection in the raw area on your cervix which takes about 4 weeks to heal
- If you do get an infection there will be a smelly discharge or increased bleeding. In this case contact your GP for antibiotics
- In very rare cases the bleeding is severe, and the patient needs to be admitted to hospital.
- Bleeding can occur 2 weeks after the procedure as a result of bacteria living in the vagina causing the blood vessels to open up.
- Some patients notice a difference in the timing and length of their periods afterwards

- There is a small chance that as the cervix heals it scars up making the canal narrow and makes it difficult for the blood to escape when you have a period. This is called stenosis.
- Research suggests that with a loop of less than 10mm deep there is no associated increase in the chance of pre-term labour or pre-term rupture of the membranes. There may be a small increase in miscarriage before 20 weeks, but this is small and controversial. Deeper and repeat treatments could increase your chance of premature delivery.
- We aim the treatment to remove all the abnormal cells but occasionally some get left behind (residual abnormality). This is why it is important to attend for your follow up smear which will recognise if any abnormal cells and HPV virus are still present.
- Damage to other tissues is very rare
- Loop excision does not affect how easy or otherwise it is for you to get pregnant

To keep the risk of infection as low as possible you **MUST AVOID**:

- Sexual intercourse for 6 weeks
- Using tampons for 6 weeks
- Swimming for 6 weeks
- Taking long soaks in the bath for 2 weeks (shower instead)
- Undertake excessive exercise for 2 weeks

If you have any problems relating to a treatment you can speak to a nurse colposcopist by telephoning:

0151 702 4266 - Crown Street Site

0151 529 3378 - Aintree Site

(These lines are ONLY for post treatment issues)

Out of hours phone the Gynae Emergency Dept on: 0151 702 4140

Can I bring someone with me?

Yes of course. It is easier to have someone to take you home afterwards although you are safe to drive. You should take it easy for the rest of the day.

What about work?

You can go back to work the day after as long as it does not involve lifting or strenuous activity. If so, you may need to take a few days off.

What if I am due to go on holiday?

We recommend waiting until after a holiday to have treatment because of the restriction with swimming and sex as outlined above. We can re-book you to have your treatment at a later date. Please do not worry that this will cause you problem to get worse: it won't. If you are pregnant, we wait until you are 3 months post-delivery before performing treatment.

Please note that some travel insurance companies will not provide you with health insurance following this procedure. You may wish to rearrange your colposcopy

treatment appointment if you are going on holiday or flying within four weeks of the treatment date.

What happens next?

The removed tissue is sent to the laboratory and we write to you with the results usually within 6 weeks. We do not give results over the telephone. Sometimes more treatment is needed so we will ask you to return to the clinic to talk through your choices.

You will be asked to have a cervical screening test 6 months post treatment to ensure that there are no abnormal cells or HPV virus left behind. This may be done in the hospital clinic or at your GP surgery. For 95% of patients this will be all that is needed.

For a few people the problem returns, and you have to have a second treatment. For about 3 in every 10,000 treated patients, cancer can still develop and that is why it is so important to have follow up cervical screening tests.

On very rare occasions a hysterectomy may be needed, but this will all be discussed if and when necessary.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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Issue Date: 01/11/2018

Reference: Gyn_2021-222-v2

Review Date: 14/07/2024

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