University Hospitals Bristol NHS
NHS Foundation Trust

Patient information service
St Michael's Hospital

Your colposcopy appointment

If you have any worries or concerns, please ring the nurse colposcopists on our helpline: **0117 342 5133**.

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Welcome

Welcome to the colposcopy service for University Hospitals Bristol.

There are two units – one based within the gynaecology outpatient department at St Michael's Hospital, and one at South Bristol Community Hospital.

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.

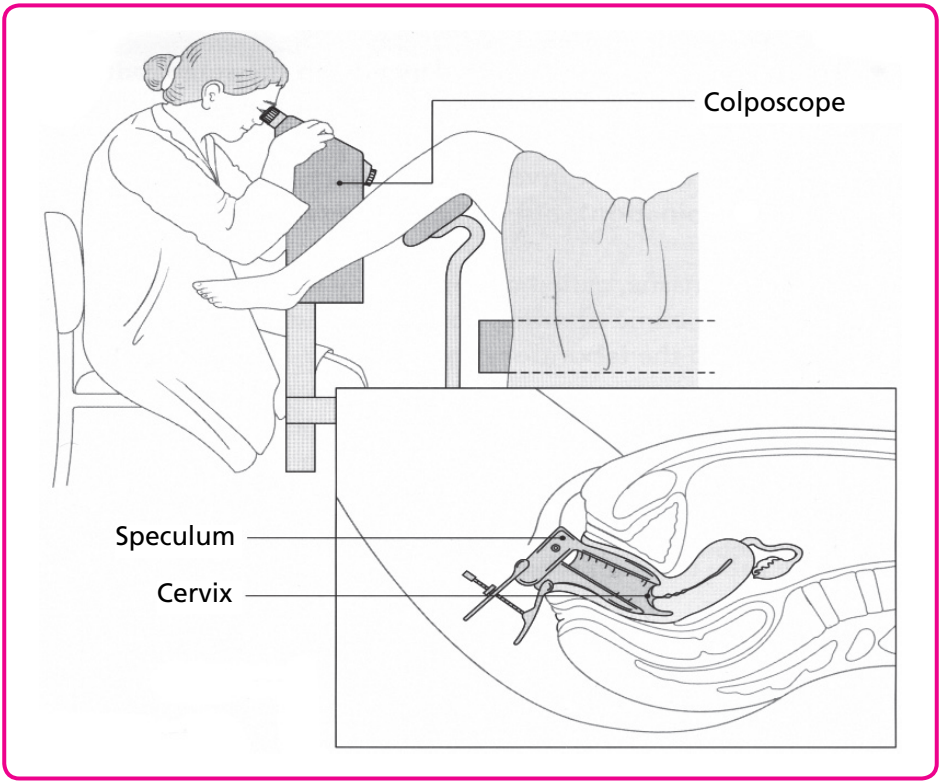
You will be given an opportunity to talk to the colposcopist (specialist doctor or nurse) and ask any questions before having your colposcopy examination. In addition, you can get further information and clarification from your GP or practice nurse.

Every year, thousands of patients miss their hospital appointments. Each missed appointment costs the NHS money, delays treatment and increases waiting times for all patients.

If you are unable to attend your appointment for any reason, please contact the colposcopy office on **0117 342 5811**.

What is a colposcopy?

A colposcopy is an examination of the cervix (neck of the womb) using a special microscope (a colposcope), which allows the colposcopist to look more closely at your cervix than during a smear test.



Why do I need a colposcopy?

There are many reasons why you may have been referred to the colposcopy unit. You might have had an abnormal smear test, or have an unusual looking cervix, inadequate smears, bleeding with sexual intercourse, or cervical polyps.

Do I need to contact the colposcopy clinic before my appointment?

You will need to contact the clinic if:

- you need to change your appointment
- your period is due at the time of your appointment. However, it is usually possible to attend even if you have a period. If you are taking the combined oral contraceptive pill you could take packs back-to-back without a break, to avoid having a period
- you are pregnant. Colposcopy examination is safe in pregnancy and is usually done at 12 and 32 weeks; biopsy or treatments are rarely necessary in pregnancy
- you are being treated for a vaginal infection
- you have concerns because of a past experience.

What is human papilloma virus (HPV)?

Your cervical screening test may indicate the presence of HPV. HPV 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 eight out of 10 women have the virus at some time. In time, most women's bodies reject the virus, but some do not. Smokers are less able to reject the virus.

What about periods?

We would not normally perform a colposcopy whilst a woman is bleeding heavily because the view of the cervix is not clear. Some colposcopists will perform a colposcopy if the bleeding is light.

What is going to happen at my appointment?

You will be asked to fill in a questionnaire about yourself and to sign a consent form about the examination and colposcopy procedures. The colposcopist will then see you and answer any questions. You will then have your colposcopy examination, when your colposcopist will see where the problem is and decide what needs to be done. There are several possible things that might happen during your colposcopy appointment.

1. Your colposcopist might see no problem. If this happens, you will be advised to have a cervical screening test repeated. This can be any time between six months and five years depending on your particular problem.

2. Your colposcopist might 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 must avoid sexual intercourse, using tampons, soaking for a long time in the bath and excessive exercise for two to four days. After this procedure, you can sometimes have a moderate or heavy vaginal blood loss for up to six days. One in 20 women may also experience some pain, which lasts on average for two days. Once the report comes through, your colposcopist will write to you and your doctor with the results and advice on what to do next.

What will the biopsy show?

The medical term used to describe cell changes confirmed by a biopsy is cervical intra-epithelial neoplasia (CIN). The degrees of change are described on a scale of one to three.

CIN 1 means that only a third of the cells in the affected area are abnormal. These may be left to return to normal or may be treated if they persist for two years.

CIN 2 means that up to two-thirds of the cells in the affected area are abnormal. Treatment will usually be needed to return the cells to normal.

CIN 3 means that all the cells in the affected area are abnormal. Treatment will be needed to return the cells to normal. Only very rarely will a biopsy show cell changes that have already developed into cancer.

3. Your colposcopist might see some abnormal tissue and advise you that you should have this treated. The treatment is called **large loop excision of the transformation zone (LLETZ)**. (See page 9 for information on LLETZ). This can be done straightaway or on another day – it is up to you.

4. Your colposcopist might see some abnormal tissue and advise you that this should be treated. You may be advised to have this performed under a general anaesthetic. This does not mean the problem is more serious. The area may be difficult to get at, or it may be deeper into the cervix, requiring a bigger biopsy called a cone biopsy. If you do need this treatment, we aim to get you in as a day case patient within eight weeks of your colposcopy appointment.

Cervical ectropion (or erosion)

This is a harmless change where the thin layer of cells that normally line the inside of the cervical canal appears on the outside of the cervix. These cells are more fragile, causing vaginal discharge or bleeding, especially with sexual intercourse. It is particularly common in women who take the contraceptive pill and is rare in women after the menopause. In most cases, cervical ectropion goes away on its own. Only women with symptoms need to consider treatment. Treatment by local destruction of glandular tissue includes cauterisation, cryosurgery (freezing), diathermy (heat destruction) or laser treatment. The areas of destroyed glandular tissue are replaced in time by a layer of normal squamous (flat) cells. Even with treatment, the condition can return.

Removal of cervical polyps

These look like skin tags and are common. In the majority of cases they are harmless, but they can cause bleeding. A polyp tends to be at the end of a thin 'stalk' of skin. The polyp is grasped with special forceps and this stalk is twisted, usually coming away fairly easily. If it has a bigger stalk or there are many of them, then cautery may be used to control any bleeding. Any polyp removed is sent to the laboratory to ensure that it contains no abnormal cells.

LLETZ treatment

Will I be treated on my first visit?

In most cases, a decision to do a treatment on your first colposcopy visit depends on your smear result and the findings of the colposcopy examination. If there is strong evidence of an area of moderate to severe abnormality at your first colposcopy examination, you may be offered treatment.

In cases where the examination shows less evidence of an abnormality, the colposcopist may do a cervical biopsy (pinch of skin) before the decision is made to do a treatment at a future visit.

How will you do the LLETZ treatment?

A fast-acting local anaesthetic will be given into your cervix. Once this injection has taken effect, the colposcopist uses an electrical thin wire loop, which scoops out the abnormal tissue and seals the raw area at the same time.

To ensure the electric current has a safe return path – and that it does not injure you – a sticky pad is placed on your thigh before treatment. A suction device is also attached, which helps to circulate cool air.

This may sound alarming, but the procedure is very safe and usually takes about 15 minutes.

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

Often the colposcopist is able to perform a LLETZ by pushing the coil threads out of the way so that the coil does not have to be removed. Occasionally, this may cause the threads to be cut, which may make them difficult to find when the coil needs to

be changed. So, sometimes the coil has to be taken out before a LLETZ is performed. It can then be replaced six weeks later.

We advise all women with coils who are due for LLETZ to avoid sexual intercourse or use barrier contraception (for example condoms) for seven days prior to the treatment, just in case the coil has to be removed (FFPRHC 2006).

Is the treatment painful?

LLETZ is usually painless or minimally uncomfortable because your cervix has been injected with a local anaesthetic. Some women experience period type pains for a day or so following the procedure. If you experience this, please take your usual over the counter painkiller.

Does the treatment have any side effects?

LLETZ treatment is generally very safe, but, as with all surgery, there can be complications. Half of all women who have a LLETZ will experience on average 10 days of both bleeding and discharge, which could be moderate or heavy. Most women have pain for an average of two days after this procedure. Bleeding is more likely after treatment if you get an infection in the raw area on your cervix. The raw area takes up to four weeks to heal.

To keep the risk of infection as low as possible, we recommend that you:

- avoid sexual intercourse and using tampons for four weeks
- avoid swimming for two weeks
- go easy on exercise for two weeks
- take a shower rather than soak in the bath for two weeks.

If you do get an infection, there will be a smelly discharge or heavy bleeding (heavier than a normal period). You should contact your doctor and ask for antibiotics.

In very rare cases, when the bleeding is severe, the woman will have to be admitted to hospital. Bleeding can also occur a couple of weeks after treatment. This is due to bacteria that live in the vagina and cause the blood vessels to open up.

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.

Some women may notice a change in the timing and length of their periods after their colposcopy.

There is also a small risk that, as the cervix heals, the channel into the womb narrows, which makes it difficult for the blood to escape when you have a period. The medical term for this is stenosis.

Following treatment you may drive as usual, resume normal activities including light exercise, and consume alcohol in moderation.

Damage to other tissues is very rare.

Research suggests that a standard size LLETZ, less than 10mm deep, is not associated with any increase in the incidence of preterm labour and preterm rupture of membranes. Some research suggests there may be a small increase in miscarriage before 20 weeks. This event remains small and controversial. Deeper biopsies, which are sometimes necessary, or repeat

treatments could increase your chance of premature delivery.

Your colposcopist will be happy to discuss any of these complications with you.

Is there an alternative to LLETZ treatment?

This Trust usually offers LLETZ procedures for women who need treatment for abnormal cervical screening tests.

Can I bring someone with me?

If you are having treatment, you are welcome to bring someone with you so that they can take you home after the procedure. We recommend that you take it easy for the rest of the day.

Can I go to work on the following day?

You can return to work the following day as long as it does not involve lifting heavy objects or undertaking any strenuous activity.

When and how do I get my results?

The removed tissue is sent to the laboratory for examination. We do not give results over the telephone, but we will send a letter to you and your GP with the results – usually within six to eight weeks of the appointment. Sometimes, more treatment is needed, and we may ask you to return to the colposcopy clinic to talk through your choices.

What happens next?

For most women (95 out of 100) all that happens is that you have a follow-up cervical screening test in six months. You will then be advised how often you need tests in the future.

For a few women, the problem comes back, and you have to have a second treatment. For about three in every 10,000

treated women, cervical cancer can still develop, and that is why it is so important to have follow-up cervical screening tests.

Women will rarely need to have a hysterectomy. This may have to be a consideration if you have other problems such as heavy periods.

Colposcopy helplines

St Michael's hospital

Colposcopy treatment enquiries

Gynaecology outpatients department

0117 342 5796

or

Nurse colposcopists (answerphone)

0117 342 5133

Monday to Thursday, 9am to 5pm, Friday 9am to 4.30pm (not on bank holidays)

During evenings or at the weekend

Ward 78

0117 342 7789

General appointment enquiries

Colposcopy office

0117 342 5811

Other websites and helplines

University Hospitals Bristol

www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/st-michaels-hospital/what-we-do/colposcopy/

Jo's Cervical Cancer Trust

www.jostrust.org.uk

Helpline: 0808 802 8000

Public Health England

www.cancerscreening.nhs.uk

British Society for Colposcopy and Cervical Pathology

www.bsccp.org.uk

References

Kyrgiou et al, (2014). Fertility and early pregnancy outcomes after treatment for cervical intra-epithelial neoplasia: systematic review and meta-analysis. BMJ 2014; 349: g6192.

Arbyn M, Kyrgiou M, Simoens C, Raifu A.O, Koliopoulos G, Martin-Hirsch P, Prendville W & Paraskevaidis E, (2008). Perinatal mortality and other severe adverse pregnancy outcomes associated with treatment of cervical intraepithelial neoplasia: meta-analysis. British Medical Journal: 337, 1284.

Cancerbackup 2007.

Available at: http://www.cancerbackup.org.uk/Cancertype/Cervix/General/Thecervix [accessed March 2008]

Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit (FFPRHC) UK. 2006. Medical Eligibility Criteria for Contraceptive Use.

Available at: http://www.ffprhc.org.uk/admin/uploads/UKMEC200506.pdf [accessed March 2008]

Kalliala, I, Antila, A, Pukkala, E & Nieminen, P. (2005) Risk of cervical and other cancers after treatment of cervical intraepithelial neoplasia: retrospective cohort study. British Medical Journal, 331, 1183-1185.

The TOMBOLA (Trial Of Management of Borderline and Other Low-grade Abnormal smears) Group. After effects reported by women following colposcopy, cervical biopsies and LLETZ: results from the TOMBOLA trial. BJOG 2009;116:1506-1514.

Please note that if for any reason you would value a second opinion concerning your diagnosis or treatment, you are entirely within your rights to request this.

The first step would usually be to discuss this with the doctor or other lead clinician who is responsible for your care.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **Smokefree Bristol** on **0117 922 2255**.

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit: **www.uhbristol.nhs.uk/research-innovation** or call the research and innovation team on **0117 342 0233**.

For access to other patient leaflets and information please go to the following address:

www.uhbristol.nhs.uk/patients-and-visitors/information-for-patients/

Hospital switchboard: 0117 923 0000

Minicom: 0117 934 9869

www.uhbristol.nhs.uk

For an interpreter or signer please contact the telephone number on your appointment letter.

For this leaflet in large print, audio or PDF format, please email patientleaflets@uhbristol.nhs.uk.

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