

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 telephone the department for another date. Please advise the colposcopy department of any reasonable adjustments you may require, such as language or a British Sign Language (BSL) interpreter, wheelchair/assistance dog access or hoist. You can contact the department via telephone **01772 526415** or email colposcopy@lthtr.nhs.uk.

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 Smokefree Lancashire can be found at the end of this leaflet.

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

If you have any further questions

Please telephone the colposcopy clinic prior to your appointment or make a note of your questions and bring them with you to your appointment.

Please advise the colposcopy department of any reasonable adjustments you may require, such as language or a British Sign Language (BSL) interpreter, wheelchair/assistance dog access or hoist.

You can contact the department via telephone **01772 526415** or email colposcopy@lthtr.nhs.uk.

Contact details

Should you require further advice or information telephone the Colposcopy office on: **01772 524615** or out of hours: **01772 524231**.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.nhs.uk/conditions/cervical-screening

www.webmd.com

www.jostrust.org.uk

[NHS Cervical Screening Programme](#)

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

British Society of Colposcopy and Cervical Pathology

www.bscp.org.uk

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

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