
COLPOSCOPY INFORMATION LEAFLET

What Is A Colposcopy And Why Do You Need One?

A colposcopy is being offered to you based on the results of your cervical screening test (previously known as a 'smear test'). In most cases, this is due to one of four reasons:

- A human papillomavirus (HPV) infection and abnormal cells were found in your cervix.
- There is a persistent HPV infection in your body.
- The results of several screening tests were inconclusive (it is likely there is nothing wrong, but a colposcopy can confirm it).
- During your screening test, your cervix did not look as healthy as it should.

Most people who have a colposcopy do not have cervical cancer.

The Colposcopy Examination:

During a colposcopy, we examine your cervix to determine whether there are abnormal cells and how serious they are. The purpose of this examination is to follow up on the results of your cervical screening. A colposcopy is usually an outpatient procedure.

A colposcope (a magnifying lens with a light) will be used to examine your cervix. In the event of an abnormal area on your cervix, a small tissue sample may be taken (a biopsy). To prevent cervical cancer, you may need to have abnormal cells removed from your cervix after a colposcopy confirms you have abnormal cells.

HAVING A COLPOSCOPY

Before Your Appointment:

You might want to call the clinic to arrange another appointment if you think your period is coming on the day of your appointment. If you wish, you can come for your appointment during your period.

You should not have sex or use vaginal medications, lubricants, or creams for at least 24 hours before your colposcopy to make it easier to see your cervix.

It is recommended that you take a panty liner with you to your colposcopy appointment since you may have some vaginal discharge after the procedure. There may be some bleeding if you have a small tissue sample taken (a biopsy).

At Your Appointment:

You will need to undress from your waist down and lie down on a bed with your knees bent. You will be asked to place your legs onto some padded supports. You will have a paper sheet or towel to cover your stomach and hips. The examination takes about 10 to 20 minutes.

In the same way as at your screening test, we will gently open your vagina with a speculum. To take a closer look at your cervix, we will use a colposcope. The colposcope does not touch your skin or go inside you. It stays about 30cm (12 inches) outside your vagina. The image of your cervix from the colposcope will sometimes be on a screen. This helps us to see your cervix more clearly.

A variety of liquids will be applied to your cervix. By using liquids, abnormal cells become visible more easily because they become a different colour. We may take a small tissue sample, a few millimetres across, if anything unusual is found. A laboratory will examine the biopsy. Some people may feel discomfort and pain during the examination. In case it is painful, tell us and we will try to make it more comfortable.

After Your Appointment:

Most people can resume normal daily activities right away, but some may need to rest at home for a while. There may be some brownish discharge from your vagina due to the liquids used during your colposcopy for 3 to 5 days.

You may experience some light bleeding from your vagina in the coming days, especially if you've had a biopsy. In most cases, this stops after a few days. Until the bleeding stops, avoid sex, using tampons, and using any vaginal medications, lubricants or creams.

Results:

It is possible that we tell you right away what they have found. In the case that a biopsy was taken, it will need to be analyzed in a laboratory. You will receive your results about 1 weeks after this happens.

A Normal Result:

The results of a colposcopy are usually normal in four out of ten cases. Normal colposcopy results indicate a healthy cervix and low risk of cervical cancer.

Even if you had an abnormal cervical screening result, you could have a normal colposcopy result.



Abnormal Cells Confirmed:

About 6 in 10 people will have abnormal cells found at colposcopy. The medical term for abnormal cells is CIN ('cervical intraepithelial neoplasia'). CIN is not cancer, but it can sometimes go on to develop into cancer.

Colposcopy and biopsy results will indicate whether the abnormal cells need to be removed or if they can be left alone. This will depend on whether your CIN is 'low grade' or 'high grade' (see below).

CIN 1 ('Low Grade')

You are unlikely to develop cervical cancer. Often the abnormal cells will go away on their own when your immune system gets rid of the HPV. This happens in most cases. We will normally invite you for another cervical screening test in 12 months to check whether you still have HPV.

CIN 2 Or CIN 3 ('High Grade')

You have a higher chance of developing cervical cancer than someone with 'low grade' CIN. We will normally offer you treatment to remove the abnormal cells as this will lower your risk of developing cervical cancer.

Cervical Cancer

Rarely, someone having a colposcopy will be found to have cervical cancer. If this happens to you, we will arrange for further investigation and treatment. Cancers diagnosed through screening are usually found at an earlier stage. People who have early-stage cancers are more likely to survive than people with later stage cancers.

Treatment To Remove Abnormal Cells On The Cervix:

The usual treatment for high grade abnormal cells is to remove them, taking care not to damage the healthy parts of the cervix. The treatment most often used to remove abnormal cells is LLETZ ('large loop excision of the transformation zone').

People sometimes need to come back for another colposcopy to have treatment, but often it is possible to remove the abnormal cells during your first colposcopy.

If you need to come back for treatment this will also be in an outpatient clinic. We usually use a local anaesthetic for the treatment, so you will be awake but won't feel any pain.

After treatment we will invite you to have a cervical screening test sooner than usual to check that the treatment was successful.

If you are pregnant, we will be able to remove the abnormal cells after you give birth.

Risks Of Treatment:

Although it is an effective way of preventing cervical cancer, treatment has some risks.

There is a risk of infection from having abnormal cells removed. Signs of infection;

- Heavy bleeding
- Bleeding that does not go away
- Vaginal discharge that smells
- Pain in your tummy that doesn't go away

Having abnormal cells removed may affect any future pregnancies you have. Women who get pregnant after having abnormal cells removed are not at increased risk of having their baby early if they undergo standard treatment. However, if more cervical tissue needs to be removed, women are slightly more likely to have their baby 1 to 2 months early. This may affect around 16% of women (16 in 100) who have had this more extensive treatment and then have a baby.

Not everyone who has abnormal cells removed would have gone on to develop cervical cancer. We offer treatment to everyone with serious abnormal cells because it is not possible to tell who will and who will not develop cervical cancer.

Symptoms OF Cervical Cancer:

Cancer can start to develop between your regular screening tests. It is important to look out for anything that is unusual for you, especially:

- Bleeding between your periods, during or after sex, or after the menopause.
- A change to vaginal discharge.

If you have any of these changes, please contact us for review and assessment.

Usually, these symptoms will not mean you have cancer. But if you are found to have cancer, getting it diagnosed and treated early can mean you are more likely to survive.

Please contact us if you think , you would like to talk to us



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