

Your notes or questions

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

References

NHSCSP Document 20 Colposcopy and Programme Management 3rd Edition 2016

NHSCSP 27 Improving the Quality of Written Information Sent to Women about Cervical Screening:

Guidelines on the Content of Letters and Leaflets 2006

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at patient.information@ulh.nhs.uk

Excellence in rural healthcare

NHS
United Lincolnshire
Hospitals
NHS Trust



Colposcopy Clinics

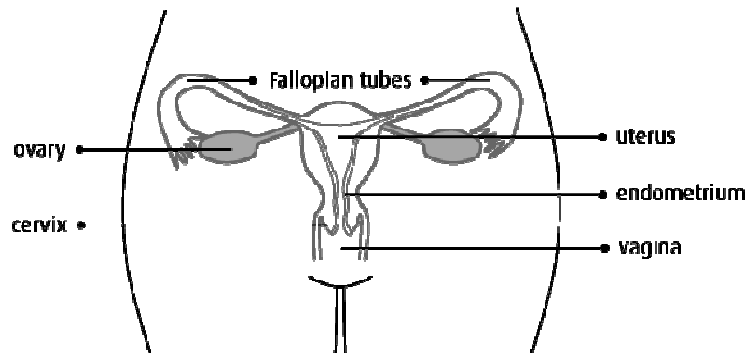
Gynaecology Departments

www.ulh.nhs.uk

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 at least 4500 lives a year (taken from Cancer Research UK).

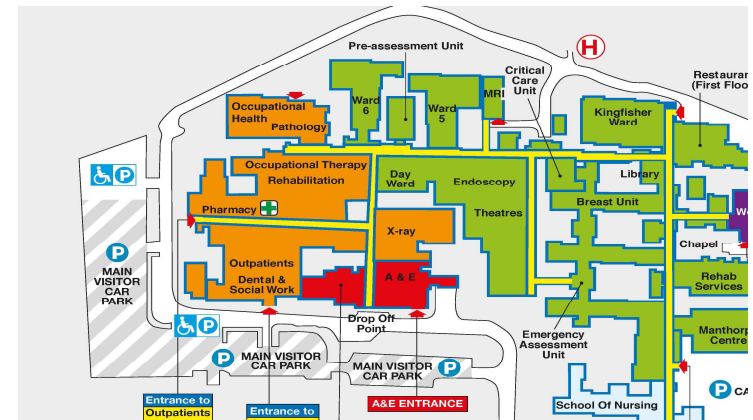
Female Reproductive System



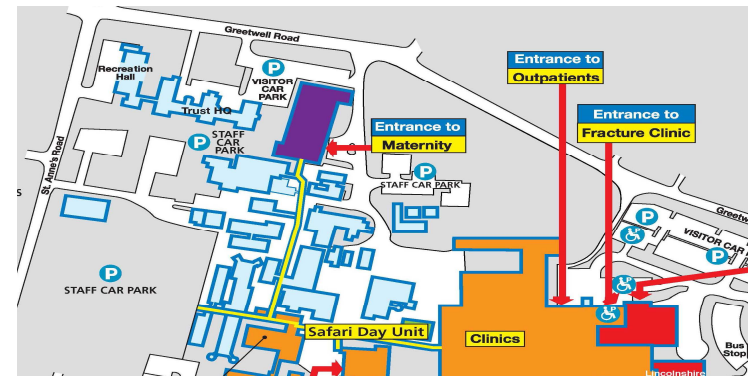
Why do I need a Colposcopy?

1. A number of tests did not produce suitable results

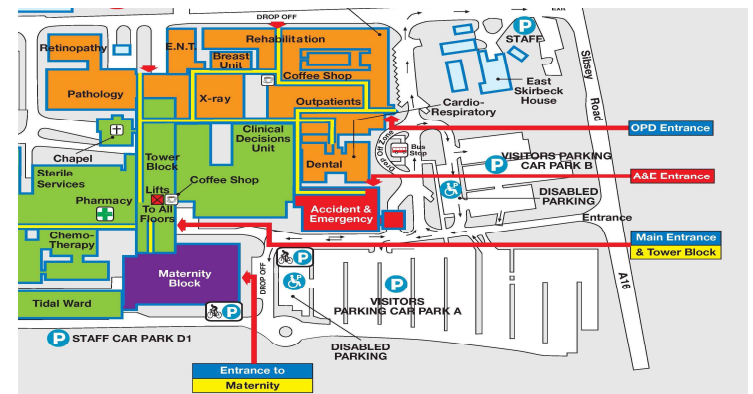
These cervical screening tests are not abnormal but show that the laboratory was not able to report your result. This is usually because there were not enough cells to assess. When this happens repeatedly it is best to have a colposcopy to check that your cervix is healthy.



Grantham Hospital



Lincoln County Hospital



Pilgrim Hospital

More information

If you have any more questions about your referral or treatment, please phone our clinic:

Lincoln: 01522 573826 Contact name Ellen Ewer

Grantham: 01476 464357 Contact name Rachael Lee - Templeton

Pilgrim: 01205 445431 Contact name Emma Wicks

If there is a clinic in progress it may be necessary to call you back. If the clinic room is unattended please call the secretaries on the numbers below and a Nurse will contact you to answer any queries.

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

Lincoln: 01522 573214/573261

Grantham: 01476 464356

Pilgrim: 01205 445415

You may also contact your family doctor and they will be happy to help you.

For your information: site maps of Grantham, Lincoln and Pilgrim Hospitals are located on Page 11 of this leaflet.

Please Note: Clinics at Lincoln and Pilgrim Hospitals are located in the Maternity Wing. The Clinic at Grantham Hospital is located in the Endoscopy department.

You can find more information about colposcopy at the British Society for Colposcopy and Cervical Pathology website at **www.bsccp.org.uk/**

You can find more information on cervical screening on the National Cancer Screening website at: **www.cancerscreening.nhs.uk/cervical/index.html**

2. 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** indeed 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. It is often safe to keep an eye on the situation to see if this happens rather than having immediate treatment. If a test to detect the Human Papilloma Virus (HPV) has been carried out on your cervical screening sample and shows the presence of HPV, your cervix will need to be assessed in colposcopy to see if you need treatment.

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

These changes are not cancer and in most cases do not lead to cancer in the future. However, these changes are less likely to return to normal by themselves and usually act as an early warning sign that, over time, cervical cancer may develop. Because of this, they will usually need simple outpatient treatment that is virtually 100% effective in most cases.

3. 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 or high grade dyskaryosis (moderate) or high grade dyskaryosis (severe)**, you will be asked to come back to colposcopy for assessment of your cervix.

4. 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.
- 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

Practical questions

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

Ring the clinic and check that you should go ahead with your appointment, as this often depends on what your appointment is for. If you feel awkward about having an examination during your period, contact the clinic and change the time 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 seven 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 investigations 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 four 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.

We will send you a letter with your results. If you have not received this letter eight weeks after your appointment please contact the clinic.

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:

Lincoln and Grantham - Branston Ward - 01522 573132
Boston - Ward 1B Women's Health - 01205 445432

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 12 months after the examination or treatment, although this will depend on the results of your examination. 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.

(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 bring someone with 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 treatment, 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.

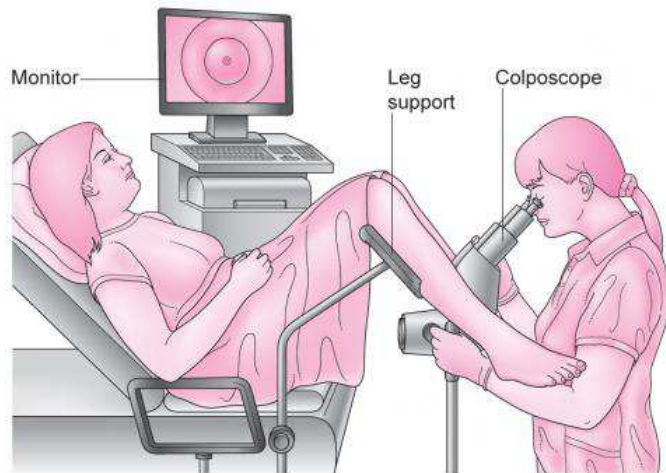
What will happen during my appointment?

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 expected 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 warm and 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. **The treatment at this clinic is usually a loop excision biopsy.**

Treatment

Loop Excision Biopsy

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 asked to rest for a short time before leaving.