

Information about Colposcopy and Treatment for Abnormal Cervical Smears

What is Colposcopy?

Colposcopy is an outpatient procedure in which a special microscope (colposcope) is used to look at the neck of the womb (cervix) and the vagina from the outside. It does not go inside you. For most women this is a painless examination, but some may find it as uncomfortable as having a smear taken. In Peterborough City Hospital all colposcopy is performed using the standard visual colposcope. At Hinchingsbrooke Hospital the majority of the colposcopy is performed using a DYSIS (Dynamic Spectral Imaging) Colposcope, which is currently only available at the Hinchingsbrooke site. In certain clinical situations it may be helpful to use computerised interpretation of colposcopy images using the DYSIS to gain additional information. If it is felt that your case would benefit from using this technique, we will make the necessary appointment for you at the Hinchingsbrooke site.

Why do I need Colposcopy?

Usually because your cervical screening test (previously called a smear test) has shown evidence of abnormal cervical cells, or shown positive for the HPV virus. This is not unusual - about one in twelve smears are abnormal. Another reason for colposcopy is because your General Practitioner (GP) has requested a closer examination of your cervix due to its appearance or you have had some bleeding that needs to be investigated further.

Does this mean that I have cancer?

No - generally an abnormal smear indicates that some changes have been found in the cells of the cervix. These abnormal changes are known as **dyskaryosis** and act as early-warning signs that cancer may develop in the future.

Which Types of Smears Require Colposcopy?

- Borderline / Low grade changes and HPV positive, means that only a few cells are mildly abnormal. These are most likely to return to normal spontaneously in 12 – 24 months and usually do not require treatment.
- Moderate dyskaryosis means that the cells are slightly more abnormal. Treatment will usually be needed but, in some younger women who have not started a family, a more conservative approach of monitoring may be offered.
- Severe dyskaryosis means that cells are significantly abnormal. Treatment will usually be needed to return the cells to normal.
- Normal smear but positive for the HPV virus – this test is called a ‘test of cure’ smear, when performed six months post treatment. In other cases you will be referred on your third normal HPV positive smear (see ‘What happens when you come for your appointment, point 5’).

Other smear referrals include:

- Inadequate smears – these are not abnormal smears. It basically means that the evaluation of the cells in the test has not been satisfactory enough to make an accurate assessment.

- Glandular changes mean that there may be some abnormal cells within the cervical canal rather than on the surface of the cervix. Treatment will usually be needed.

Only very rarely will a cytology test show cell changes that have already developed into cancer.

What is HPV (Human Papillomavirus)?

You may have noticed that your smear has shown that you are 'High Risk HPV positive'. HPV are a family of viruses that commonly infect the skin and can be passed on by skin to skin contact during sexual intercourse. Virtually all sexually active women will have been infected at some point. The body usually clears these viruses, so that they cause no problems and no symptoms. If High Risk HPV infects the cervix, it can cause your smear to become abnormal and, if the infection persists (it is not cleared), it can increase your risk of the abnormal cells becoming cancerous in the future.

HPV infection persists in women who are immunosuppressed and in those who smoke. Smokers are twice as likely to get cervical cancer as non-smokers. Stopping smoking can help you clear the virus. We can refer you to the Hospital Smoking Cessation Team if you wish.

It should be remembered that most women with High Risk HPV will never get cervical cancer, and that it is a rare complication.

How long will I have to wait for my appointment?

The appointments are sent out within a few days of receiving your GP's letter/smear report. We then decide which women need a more urgent appointment, depending upon the result of the smear or why you have been referred.

We can try to arrange an interpreter if required, but someone will need to inform the appointments line or the Colposcopy Co-ordinator to arrange this. The telephone numbers are provided towards the end of this leaflet.

Depending on your address you will be referred directly to either Peterborough City Hospital or Hinchingsbrooke Hospital for your Colposcopy appointment.

What happens when you come for your appointment?

1. General points

- You are welcome to bring someone with you, as some people feel dizzy or faint following the procedure. Depending on the current visiting restrictions they may be asked to wait outside.
- You may wish to wear a loose-fitting skirt to avoid removing all of your lower clothing during the examination, or bring your own dressing gown. This is not essential and a cover sheet will be provided in the clinic.
- Some women have a slight discharge or bleeding after the examination. You may want to bring a sanitary pad with you.

2. Visitors

There may be a visiting doctor, nurse or medical student in the clinic for training purposes and your permission is needed for them to stay while you are being examined. As we are a training unit you may be seen by a trainee Colposcopist who will be under supervision.

3. Seeing the Colposcopist

You will be asked specific background questions, including the date of the first day of your last menstrual period and the type of contraception you use. Explanations about the reason for your consultation will be given, and what the examination will involve.

4. Examination

- You will lie on a special couch/chair with your legs supported. The examination itself takes about 15 minutes, but the overall clinic visit may be an hour if you require treatment. If you wish you can watch the procedure on a TV screen by your side.
- The first part of the examination is very much like having a smear test, with a speculum being inserted into your vagina. It should be no more uncomfortable. A nurse will be present throughout to assist you as much as you need. However, if you have found smear-taking painful or difficult please let the Colposcopist know at the start.
- In some cases, it may be necessary to obtain swabs (vaginal & Chlamydia) to ensure that an infection is not causing your smear abnormality. You will be informed if these are obtained. We will only contact you and your GP if these swabs show an infection, so that they can commence any treatment or refer you to a specialist department (if necessary).

A solution of mild vinegar is washed/sprayed over the cervix, which may sting but helps to identify and grade the abnormalities on the cervix. The cervix is then assessed with a colposcope and the Colposcopist will make an assessment of the abnormalities based on the changes seen. If a DYSIS colposcope is used, a secondary, computerised analysis is also made. We may take a photograph/video of the area for our records.

5. Pathway for normal smear (HPV positive) or Borderline/Low Grade Changes

- If your examination shows no abnormalities then we may discharge you straight back to the recall screening programme, with a repeat smear in 3 or 5 years.
- If your examination suggests that you have minor changes only, we are most likely to discharge you back to your GP for a repeat smear in one year.
- In some cases, we may take some small biopsies (these are samples of tissue approximately 2 mm in size. They are taken quickly with only momentary discomfort). These will be done to assess the necessity for any further treatment.
- **POST BIOPSY INSTRUCTIONS:** you may have a light blood-stained discharge for a few days. It is advisable to refrain from sexual intercourse for up to three - four

days to allow the biopsy site to heal. You will receive more detailed written instructions at the end of your visit.

6. Treatment for High Grade Dyskaryosis (Moderate/Severe) or Glandular Changes (these are classed as Pre-cancerous Changes)

- If the colposcopy examination confirms the presence of High grade abnormalities, we are likely to recommend treatment. We recommend that someone accompanies you to this appointment. If we proceed to treatment you may not feel like driving as the effects of the local anaesthetic can make you feel very shaky.
- If the changes seen during the examination are thought to be in keeping with high grade changes, we will usually recommend that you have treatment in the Colposcopy clinic during your first visit, using local anaesthetic injected into your cervix. This feels like any injection. The treatment is called Diathermy Loop Excision (or LLETZ) which is where a wire loop is used to remove the abnormal cells from your cervix. It is very quick, effective and causes minimal discomfort. Following treatment, you will be asked to stay within the department for a further 10 minutes to ensure that you have no heavy bleeding.
- In some cases, where your smear reports Glandular changes, we may need to take a sample of tissue from the womb. This is called a Pipelle biopsy. This literally takes a few seconds but may cause you discomfort in the form of cramp and some light bleeding after.
- If, during the colposcopy examination, the changes are thought to be at a lower stage than your smear, we will take some small biopsies and wait for the results before deciding on whether treatment is required. Occasionally we may refer your case to the multidisciplinary team (MDT) to get your cytology test reviewed before deciding on the next step.
- In a small number of cases treatment may need to be performed under a general anaesthetic. However, even if this is not the case, you may choose to have the treatment under a general anaesthetic anyway. In those circumstances, this will be arranged as a day case procedure on another day.

7. Aftercare following treatment (Loop Excision/LLETZ)

You are advised to make arrangements to have a quiet day and to rest following treatment. Afterwards, there may be some bleeding/discharge for up to a month.

You should refrain from sexual intercourse for four weeks to allow the cervix to heal. For the same reason you should use sanitary towels and not tampons whilst you are bleeding and probably for your first period.

There is a small risk of heavy bleeding following treatment. If you are planning to go on a holiday, we would advise you to check with your travel insurance company to ensure that you have cover for this scenario.

We would recommend that you avoid strenuous exercise or heavy lifting during this time, although you may continue with light exercise. You should also avoid swimming for about a fortnight following treatment.

You may find that your menstrual pattern could temporarily change, and that your next period may be heavier with some abdominal cramps. You will receive more detailed written instructions at the end of your visit.

Research has recently shown that there is a small, but significant, increase in the incidence of preterm labour and/or a preterm prelabour rupture of membranes. If you have had treatment and become pregnant then your midwifery team will need to be made aware of this.

8. Conservative Management of High Grade Moderate Changes

In some cases we may consider offering conservative management rather than proceeding to treatment. Before we can offer this pathway we would need to review your case at the Colposcopy Multidisciplinary Team Meeting. We would normally only offer this pathway if you are young, have had no children, the abnormal area is small and you have no risk factors e.g. smoking. We are hoping that the abnormal cells will revert back to normal, or that they may have removed with the initial biopsy.

If we are considering conservative management for you then we will discuss this at your appointment. You need to undertake attending for colposcopy on a more frequent basis. This will be 6 monthly where we will perform colposcopy, obtain a smear and retake biopsies if the area is unchanged or appears worse.

The 6 monthly visits will continue until the area reverts back to normal or if after 24 months this has not happened or that the area progresses, in which case we will proceed to treatment. Even though you are on this pathway you can change your mind at any time and proceed with treatment.

9 Follow-Up and Results

Before you leave the clinic, the staff will answer any questions you may have. We will write directly to both you and your GP within three-four weeks of your appointment with any test results and follow-up arrangements.

Colposcopy Multidisciplinary Team Meetings (MDT)

With some patients, results may need to be discussed at a Colposcopy Multidisciplinary Team Meeting (MDT). In many cases this is normal practice with certain types of referral smears. The meeting is to confirm the colposcopy findings and any test results before we finalise your plan of care. These meetings happen on alternate weeks (normally on a Monday weeks 1 and 3)- We will inform you if this is happening but a consequence of this will be a delay in informing you of your results.

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

Colposcopy may not be able to be performed if you are having a period and are at the heavy time of your period. If you need advice then please ring the colposcopy co-ordinator or nurse specialist (see end of booklet), otherwise contact the appointment enquiries line to reschedule your appointment.

If you are taking the contraceptive pill and your appointment comes during your pill-free week, when you would expect to be bleeding, then you can take two packets continuously

with no break in between. You should then be free of bleeding for your appointment.

Please refer to the information with your pill packet.

What happens if I have a coil (IUD)?

A coil does not interfere with colposcopy. However, it may be necessary to remove a coil if you need treatment (Diathermy Loop Excision). It would, therefore, be important to avoid sexual intercourse for seven days prior to your appointment or use a barrier method (condoms). Where possible we will replace your coil immediately after the procedure.

Should I avoid becoming pregnant?

It is best to avoid pregnancy until we have seen you in the colposcopy clinic and any subsequent treatment is completed. If you are not using any form of contraception it is advisable to avoid sexual intercourse or use the barrier methods.

What happens if I am pregnant?

If you are pregnant it is still important that you attend for a colposcopy. The appointment will be planned according to your results and the expected date of the delivery or last period, please inform us if this is the case.

Colposcopy and cervical smears can be undertaken quite safely during pregnancy. Any treatment is usually postponed until after the baby is born. You may be asked to make an appointment three months after your baby is born for a further colposcopy, to complete investigations or to undergo treatment.

What if I am breastfeeding?

Women who are breastfeeding, and whose periods have not resumed, have relatively low levels of the oestrogen hormone. This affects the cervix and the vagina in a way that makes colposcopy unreliable. To overcome this, you should ask your GP to prescribe oestrogen cream, to be used in the vagina for two weeks before you come for your appointment if time permits. This will not affect your baby.

Will colposcopy affect my fertility?

Routine colposcopy and treatment have not been shown to affect your ability to become pregnant or give birth, although some research has shown that there may be a slightly increased risk of preterm labour and preterm prelabour rupture of membranes if treatment is performed.

What happens if I no longer have periods?

If you are past the menopause and are not on HRT (hormone replacement therapy) we advise you to use some oestrogen cream, obtainable from your GP, for two weeks prior to your appointment if time permits. This will make the examination more comfortable for you and more accurate for the Colposcopist.

Follow-up Appointments

It is very important to keep your follow-up appointments, whether it is with us or your GP.

If you do need another appointment with us, then at that visit you will have a repeat cervical smear and another colposcopy. If during this time you receive a letter from your GP practice about attending a smear clinic, please inform them that you are still under our care.

What if I do not have a colposcopy?

You may of course decide that you do not want to have a colposcopy. This will mean that the cause of your abnormal cells may not be diagnosed or treated. In some cases, if they are not treated, cancer may develop.

Contact numbers for advice

General Advice:

Although you are very unlikely to have anything seriously wrong with you, you will not be alone in feeling anxious. If you would like to speak to someone about this then you can talk to your Practice Nurse attached to your GP practice.

If you have any further queries about what may happen then please contact either:

Peterborough City Hospital

Colposcopy Co-ordinator	01733 673771 or 673772
Colposcopy Nurse Specialists	01733 673749 or 673751

Hinchingbrooke Hospital

Colposcopy Co-ordinator	01480 363604
Colposcopy Nurse Specialist	01480 416084

If we are away from our desk please leave a message on the answer-phone, stating your name, Date of Birth or hospital number (if known), your contact number and a brief message about why you are calling.

We will aim to get back to you the same day, but it may not be until the following working day. **Please do not contact us to enquire about your appointment date etc. – see below.**

Appointment Advice

Peterborough City Hospital

For enquiries about your appointment date/time, please **only** contact the appointments helpline on Peterborough **(01733) 673555**. This is a busy line so please be patient.

They also have a 24hr answerphone line – **01733 673619** where you can leave a messages out of hours. Or you may try emailing them on nwanglia.familyandsupportopbkingteam@nhs.net or nwangliaft.telepatients@nhs.net

To **change** your appointment, please call the Colposcopy Co-ordinator on 01733 673771 or 673772.

Hinchingbrooke Hospital

Please contact the Colposcopy Co-ordinator on 01480 363604

Feedback to us

The Trust wants to hear about your experiences of our hospitals. We welcome your comments, compliments or complaints to ensure we can make improvements to patient care. To feedback to us please contact our Patient Advice and Liaison Service (PALS).

You can either:

- Call Peterborough City Hospital direct on 01733 673405
- Write to – PALS, Peterborough City Hospital, Department 003, Edith Cavell Campus, Bretton Gate, Peterborough. PE3 9GZ.
- Call Hinchingsbrooke Hospital direct on 01480 424964

Sources of other information:

www.nhs.uk

www.cancerscreening.nhs.uk

www.bsccp.org.uk

www.jostrust.org.uk

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.