

What is a colposcopy?

A colposcopy is a procedure to examine your cervix (neck of your womb) (see figure 1). For some women treatment can be performed at the same time.

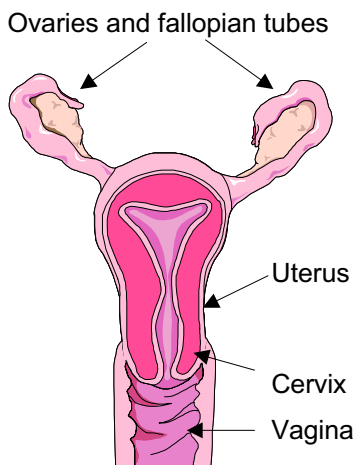


Figure 1

Diagram showing the ovaries, womb (uterus), cervix and vagina

Your gynaecologist has recommended a colposcopy. However, it is your decision to go ahead with the procedure or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your gynaecologist or the healthcare team.

What are the benefits of a colposcopy?

A colposcopy is usually recommended if a smear test has shown there is a problem with the cells in your cervix, or a number of smear tests have failed to get a good enough sample of cells to make a diagnosis.

It is important to look carefully at any abnormal cells to find out how serious the problem is and to decide on the best treatment. This should help to prevent any problem from getting worse.

Abnormal cells could change into cancer cells, so early treatment is best. Most women who have abnormal cells that show up on a smear test do not get cervical cancer. Sometimes a colposcopy is recommended if you have an abnormally-shaped cervix, or you have symptoms such as bleeding after sex.

Are there any alternatives to a colposcopy?

If you have abnormal cells, a colposcopy is the only way of finding out the type of abnormality and how serious the problem is.

What will happen if I decide not to have a colposcopy?

Your gynaecologist may not be able to find out what the problem is. If you have abnormal cells, the abnormality may develop into a cancer. If you decide not to have a colposcopy, you should discuss this carefully with your gynaecologist.

What does the procedure involve?

• Before the procedure

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the procedure you are having.

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

Your gynaecologist may ask you to have a pregnancy test. The test is usually performed using a blood sample. Sometimes the test does not show an early stage pregnancy so let your gynaecologist know if you could be pregnant.

• In the treatment room

A colposcopy involves an examination using a speculum (the same instrument used for a smear test) and usually takes 10 to 20 minutes. You will need to put your legs in 'stirrups', so your gynaecologist can examine your cervix. Your gynaecologist may use a small brush to remove cells from your cervix. The cells can be used to repeat a smear test or they can be placed in a special liquid (liquid-based cytology) to find out if you have high-risk HPV (the virus that causes cervical cells to become abnormal).

Your gynaecologist will use acetic acid (similar to weak vinegar) to stain your cervix. Any abnormal cells show up as white patches. They can perform biopsies (removing small pieces of tissue) to help make the diagnosis.

If your gynaecologist decides it is best to treat the problem straightaway, they will usually perform a LLETZ (large loop excision of the transformation zone). A LLETZ is a minor operation to remove part of your cervix. Your gynaecologist will inject a local anaesthetic into your cervix to make it numb. They will use an instrument to remove the abnormal cells and then stop any bleeding. The area should heal over with normal cells. Other treatments include laser treatment and freezing (cryocautery). Sometimes a treatment using heat is used (cold coagulation).

What complications can happen?

The healthcare team will try to make the procedure as safe as possible but complications can happen. Some of these can be serious and can even cause death.

The possible complications of a colposcopy and LLETZ are listed below. Any numbers which relate to risk are from studies of women who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

- Pain can be controlled with simple painkillers such as paracetamol.
 - Infection (risk: 1 in 70). You may be given antiseptic cream to use to reduce this risk. Let the healthcare team know if you get an unpleasant-smelling discharge or bleeding that settles and then gets worse.
 - Bleeding, which can be heavy (risk: 1 in 70). Your gynaecologist will usually stop any bleeding during the operation. If the bleeding is heavy, you may need a stitch and a pack (like a large tampon) in your vagina. You may need a general anaesthetic for stitching and to put the vaginal pack in place. You may need to stay overnight to make sure the bleeding settles.
 - Incomplete removal of the abnormal cells (risk: less than 1 in 10). You may need further treatment or to come back to the clinic more frequently.
- You should discuss these possible complications with your doctor if there is anything you do not understand.

How soon will I recover?

The healthcare team will tell you what was found during the colposcopy and discuss with you any treatment or follow-up you need.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours. You will have some vaginal bleeding that should last for only one to two days. If you had a LLETZ, the bleeding can last up to four weeks.

The bleeding will be fresh (bright red) to begin with and then turn brown.

You should be able to return to work and normal activities the day after your colposcopy. If you had a LLETZ, while you are bleeding use sanitary pads, not tampons. Do not have sex, swim or do strenuous exercise during this time.

You will have a follow-up appointment about six to eight weeks after your colposcopy. A member of the healthcare team will discuss with you any further treatment or follow up you need.

You may be seen in the clinic after about six months and may have a smear test or liquid-based cytology. You will need to have regular smear tests for up to 10 years. If you had a LLETZ and become pregnant in the future, you may have a small increase in the risk of premature delivery or premature rupture of your membranes (your waters breaking).

• Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

A colposcopy and LLETZ is usually a safe and effective way of finding and treating any problem with your cervix. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

Author: Mr Andrew Woods MBBS MRCOG
FRANZCOG and Dr Clare Myers MBBS FRANZCOG
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