

**The Colposcopy Clinic**  
**Women's Health Unit**  
**New Victoria Wing**  
**Royal Victoria Infirmary**

**Information for women referred with a cervical sample (smear)  
abnormality  
(version 2)**

## **Introduction**

- You have been asked to attend the Colposcopy Clinic because your last cervical sample (smear) showed that your cervix needs closer inspection.
- We have tried to anticipate the questions you will ask and provide answers which will make you feel more comfortable about colposcopy.
- If there are any points which are not clear or you have any questions about your examination please ask when you come to your clinic appointment.
- We are part of a large teaching hospital and there maybe medical students, student nurses and student midwives present in our clinics, your permission will be sought before they are present.

You can also telephone the Nurse Practitioner if you have any queries or questions before your appointment on (0191) 2825670 within working hours Monday to Friday. Alternatively you can email her at [jilly.goodfellow@nuth.nhs.uk](mailto:jilly.goodfellow@nuth.nhs.uk)

## **What is Colposcopy?**

Colposcopy is a means of looking at the neck of the womb (cervix) with a magnifying instrument (colposcope). This helps the colposcopist to detect any abnormalities which are present on your cervix. When you come to the Colposcopy Clinic for the first time you will be seen by a doctor or nurse who will check your personal details and medical history. Your cervical sample report and what you can expect to happen during your appointment will be explained.

You will be shown to an examination room and asked to remove your lower garments in private and put on a gown.

You will then lie on a couch with your legs supported on rests.

Every effort will be made to ensure your privacy and dignity is maintained throughout the examination e.g. the examination room door will be locked.

Your nurse will be present throughout the examination, a partner or friend can be present if you wish.

A speculum will be gently inserted into your vagina to allow the colposcopist to see your cervix clearly, some women find this slightly uncomfortable but it should not be painful.

Your cervical sample will be repeated if it is over six months since the last one was taken.

The colposcope does not go inside you; it is positioned about 30 cm away.

The colposcopist uses the colposcope to magnify and direct light onto your cervix to assist with the examination.

A solution of weak acetic acid (mild white vinegar) is then dabbed over your cervix to help identify any abnormal areas. This should not hurt; you may feel a slight stinging sensation. Sometimes a solution of iodine is used. If an abnormal area is identified, small amounts of tissue called punch biopsies will be removed for examination in the laboratory. The colposcopist uses a small

instrument to take tiny samples of tissue from your cervix. You may feel a slight cramp discomfort in your abdomen when the samples are taken but this resolves within a few minutes. You will be advised what to do if discomfort persists.

### **What is HPV?**

HPV or human papillomavirus is a virus transmitted mainly by sexual skin-to-skin contact which means that penetration is not required to contract the virus. HPV is a very common virus and some types affect both males and females. Some types of HPV are potentially associated with the development of cervical cancer **but most women with HPV will never get cervical cancer.**

HPV usually has no symptoms so most women (and men) are unaware of the presence of the virus and most women may have had the virus for many years before it was detected. It is therefore not recommended that you confront or blame your current or previous sexual partner.

If you are worried about your sexual health or sexually transmitted infections then we would recommend you visit your local Sexual Health Clinic. The New Croft Centre is a contraception and sexual health clinic based in the centre of Newcastle upon Tyne, they can be contacted on the following number for advice on 0191 2292999.

### **Your cervical sample may have shown one of the following abnormalities:**

#### **Inadequate or unsatisfactory sample**

An inadequate sample means that insufficient cells were obtained when your cervical sample was taken and therefore unsatisfactory does not mean there is any abnormality on your cervix. It means the person who checks the sample was unable to analyse it thoroughly and has therefore requested a further sample so this can be done. You will be referred to the Colposcopy Clinic if you have three samples which are inadequate or unsatisfactory.

#### **Borderline Smear / Mild Squamous Dyskaryosis and HPV detected**

Your cervical sample has shown slight changes in some cells described as borderline; other changes are reported as mild squamous dyskaryosis, the word dyskaryosis is used to describe **pre-cancerous** changes in the cells taken from the cervix which usually occur many years before cancer develops.

It is fairly common to have a smear which is reported as abnormal, (1 in 12 women tested have an abnormal cervical sample).

We know that up to 60% of these mild changes in non-smokers may resolve without treatment, however, we cannot identify the 40% that might progress to a more severe change.

## **Smoking and abnormal cells on your cervix**

Smoking is thought to lower the body's immune system and this makes the cervix less resistant to pre cancerous change. If you are a smoker you should give serious consideration to stopping. We can refer you to the smoking cessation service at the hospital or alternatively you can attend your GP practice / local pharmacy for advice and support

## **Punch biopsy information**

You may have a tampon inserted into your vagina after the biopsies have been taken. The tampon is used to apply pressure to the area to help control any bleeding from the site of the biopsies. You may have silver nitrate, an agent to control bleeding, applied to the area. You will be given more information before you leave the clinic which will advise you on removal of the tampon and what to avoid following your biopsy.

Most women do not notice when the biopsy is taken or they are surprised at how little they feel. You may experience a cramp like discomfort in your lower abdomen rather like mild period cramps.

Very occasionally some women develop strong smelling vaginal discharge and / or excessive bleeding after the biopsy.

If this occurs you can contact the Nurse Practitioner on 0191 2825670 / 0191 2820140 during office hours, Monday to Friday. Alternatively, you can contact your GP or A&E Department for advice.

The laboratory will check the specimen and issue us with a report which will provide guidance about your future follow-up or treatment. You will receive a letter from us in 4-6 weeks after your visit telling you about the results of these tests and your future care.

If you need a follow-up appointment this will be included in the letter however most women will be discharged from colposcopy for a repeat cervical sample to be taken in 6 months. If this is still abnormal or HPV is detected then you will be referred back to colposcopy.

## **Moderate or Severe Squamous Dyskaryosis**

If your cervical sample is described as moderate or severe squamous dyskaryosis you will be referred to colposcopy after one such cervical sample. Most women with these grades of cervical sample have a wire loop biopsy of cervix at the first visit to the clinic. When your details and history are taken you will be given a full explanation about the possibility of having treatment (a wire loop biopsy of cervix). You will be asked to sign a consent form allowing us to carry out the treatment.

The initial examination will be the same as for borderline or mild squamous dyskaryosis. If an abnormal area is identified on your cervix, the colposcopist will then decide whether to take punch biopsies from your cervix or a wire loop biopsy.

The colposcopist may decide it is in your best interest to take punch biopsies to confirm the diagnosis and this will be discussed with you at the time.

Occasionally, the colposcopy findings do not reflect the cervical sample result. If however the punch biopsy confirms the abnormality shown on your sample referral, then you will be given an appointment to return for treatment. Alternatively, if the biopsy indicates milder changes in the cells then you will be sent an appointment for 3 - 6 months time for a further cervical sample and colposcopy examination.

**Cervical samples, while they suggest a problem, they are not diagnostic.**

### **Wire Loop Biopsy of Cervix (Treatment)**

A wire loop biopsy of cervix can be used to remove a small portion of cervix containing the area where the abnormal cells identified on your cervical sample were taken from.

This procedure takes approximately ten minutes.

Your cervix will be injected with local anaesthetic to numb the area. Most women feel nothing at all and even those who do feel something, say the discomfort quickly disappears. The local anaesthetic has some side effects; such as feeling light-headed but these feelings resolve very quickly. You will feel movement as the treatment is carried out, but you should feel no pain, if you do, tell the nurse who is with you.

The treatment is performed using an electrical machine so you will have a "jelly pad" placed on your thigh to ensure the procedure is safe. This to "earth you" to ensure the colposcopist does not receive an electric shock during the procedure.

After the wire loop biopsy has removed the abnormal area, a small pen-like device is used to seal the area and stop any bleeding.

You will be given full written instructions telling you what to do and what to avoid.

### **Will treatment cause problems in a future pregnancy?**

Women who have had a loop biopsy may be at an increased risk of giving birth early. Any medical treatment has unwanted side effects; however a wire loop biopsy is a very effective way of preventing cervical cancer and must be balanced against any possible harmful effects of treatment.

Colposcopists recognise the importance of the cervix to support future pregnancies and will remove as little tissue as possible while making sure the treatment is successful.

Please discuss this with your colposcopist when you attend the clinic.

### **Summary:**

You can expect a watery vaginal discharge for 2-4 weeks following treatment. We ask you to use sanitary towels only and to avoid the use of tampons. Do not have sexual intercourse for 4 weeks after treatment to reduce the chance

of infection of the treated area. We ask you to avoid strenuous exercise for 48 hours after treatment e.g. running or aerobics.

Most women will be discharged back to their GP following a loop biopsy for follow-up cervical samples.

Timing of your future cervical samples depends on the result of the loop biopsy sample taken. You will be advised by the colposcopist by letter when your next cervical sample is due and whether they can be carried out at your GP's surgery or in the clinic.

### **Test of cure (TOC)**

All women who have been treated for CIN will have a cervical sample performed six months following their treatment. If this sample is normal, borderline or mild a HPV test will be performed on the sample.

Women who are HPV negative will return to three year recall. Women where HPV is detected or have a moderate or worse grade cervical sample will be referred back to colposcopy.

**Please remember 80% of women will pass TOC and therefore will not be referred back to colposcopy.**

### **Day Case Admission for Treatment of the Cervix**

A small number of women require a general anaesthetic or sedation for their treatment. This is usually recommended if the area to be removed is large and would be difficult to remove using local anaesthetic in the clinic. Sometimes patients may have other medical conditions which make treatment under general anaesthetic or sedation more appropriate. The colposcopist will recommend this to you after examining your cervix. Arrangements will be made for your admission to the Gynaecology ward or the Women's Health Unit to have the procedure carried out. You will be sent a letter giving you details about where and when to attend.

#### **Remember:**

- 1. Cervical samples are taken to prevent cancer.**
- 2. An abnormal sample does not mean that cancer is present.**
- 3. Colposcopy identifies areas on the cervix at potential risk of developing cancer in the next 5-10 years and these areas can be removed with a wire loop biopsy treatment.**

## Further Reading / Websites:

[www.jostrust.org.uk](http://www.jostrust.org.uk)

[www.bsccp.org.uk](http://www.bsccp.org.uk)

Understanding cervical smears  
Cancer BACUP  
<http://www.cancerbacup.org>.

Cervical Screening. A pocket Guide (2009)

Available for download at  
[www.cancerscreening.nhs.uk/cervical/publications/in-03.html](http://www.cancerscreening.nhs.uk/cervical/publications/in-03.html)

Literature relating to The Nation Screening Programme is available in eighteen languages, large print and a British Sign language audio DVD is available also:

[www.cancerscreening.nhs.uk/cervical/index.html](http://www.cancerscreening.nhs.uk/cervical/index.html)

Cervical Screening "THE FACTS"  
DOH Publications 2009.

NHS Cervical Screening Programme Publication No 20. Second Edition  
Colposcopy and Programme Management. May 2010 .

**Please do not hesitate to contact the Nurse Practitioner  
Sister Jilly Goodfellow on 0191 2825670, within working hours Monday  
to Friday if you have any questions before your appointment.  
Fax: 0191 2825731  
Email: [jilly.goodfellow@nuth.nhs.uk](mailto:jilly.goodfellow@nuth.nhs.uk)**

**Alternatively you can contact the Colposcopy Secretary on:  
0191 2825031**

- **Women's Health Unit Nurses Station: 0191 2820140**
- **Appointments: 0191 2820370**

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