



NHS Cervical Screening

Having a colposcopy



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What is a colposcopy?

A colposcopy is a test to see whether there are abnormal cells in your cervix and if so how serious they are. This is a follow-up to your cervical screening test (which used to be called a smear test).

A specialist, usually in an outpatient clinic at a hospital, will take a close look at your cervix using a magnifying lens and a light (called a colposcope). They may take a small sample (a biopsy) to check any areas of your cervix which look unusual. If abnormal cells are found in your cervix, you may need to have them removed to help prevent cervical cancer.

Why do I need a colposcopy?

You have been invited to have a colposcopy because of the result of your cervical screening test. This is usually for one of the following reasons.

- There were some abnormal cells in the sample from your cervical screening test. Abnormal cells are not cancer and usually go away on their own. But sometimes abnormal cells can go on to develop into cervical cancer if they are not removed.
- You have an infection with human papillomavirus (HPV) which means that any abnormal cells in your cervix are less likely to go away and can go on to develop into cancer if they are not removed.
- You have had several screening tests where we were unable to give you a result. It's likely there is nothing wrong, but a colposcopy can find out for sure.
- The nurse or doctor who carried out your screening test thought your cervix did not look as healthy as it should.

Being offered a colposcopy does not mean you have cancer. Most women who have a colposcopy will not go on to develop cervical cancer.

What does a colposcopy involve?

Before your appointment:

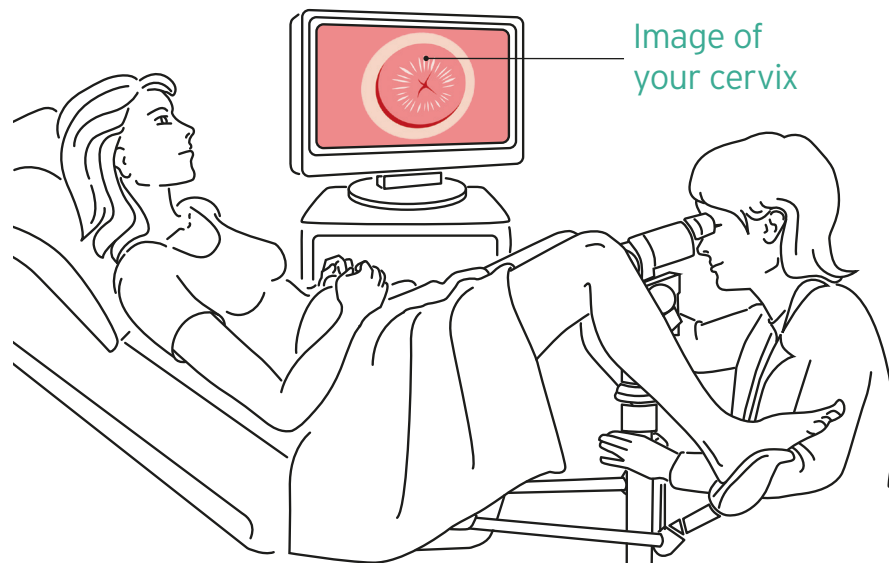
Colposcopy is often carried out by a female doctor or nurse. If you want to make sure a woman carries out your colposcopy, you can ask for this by phoning the clinic beforehand.

If you think you might have your period on the day of your appointment, please call the clinic to arrange a different appointment.

To make it easier to look at your cervix during your colposcopy, please do not have sex or use vaginal medications, lubricants, creams or tampons for at least 24 hours beforehand.

You should take a panty liner to your appointment as sometimes a small amount of discharge can come out of your vagina after your colposcopy. If you have a small sample taken away (a biopsy), you may have some bleeding too.

You can bring a friend, partner or member of your family with you if you want.



At your appointment:

You will have 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.

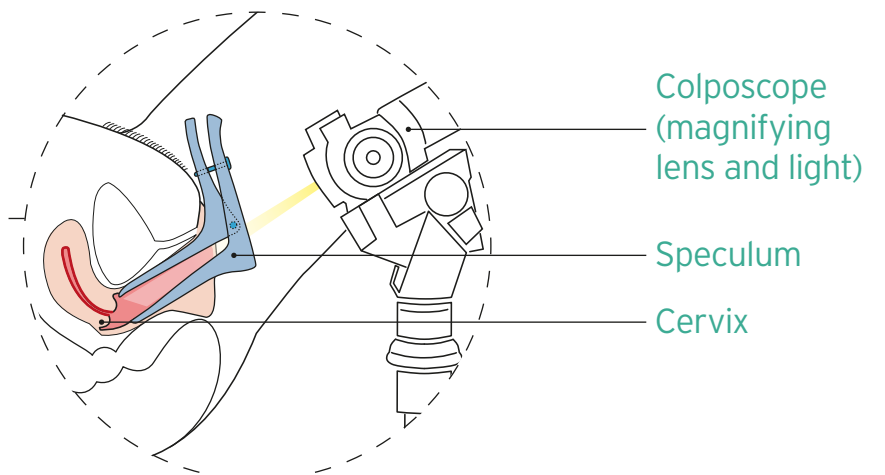
A device called a speculum will be put into your vagina and used to open it gently. The nurse or doctor will then use a colposcope to take a close look at your cervix.

The colposcope does not go inside you, or even touch your skin, but stays about 30cm (or 12 inches) outside your vagina. The nurse or doctor will be able to see your cervix on a screen.

The nurse or doctor will dab different liquids onto your cervix. The liquids stain any abnormal cells a different colour so that they can be seen more easily.

If the nurse or doctor finds anything unusual they may take away a small piece of the cervix, a few millimetres across (a biopsy). The biopsy will then be checked in the laboratory.

The test itself takes about 10 to 20 minutes. The whole appointment should take about an hour.



What does having a colposcopy feel like?

The test feels uncomfortable for most women, and some women might feel some pain. If it feels painful, tell the nurse or doctor and they will try to make it more comfortable for you.

After your appointment:

Most women feel well enough to go about their day-to-day activities straight away, but sometimes you may need to go home and rest for a while. You may have some brownish discharge from your vagina from the liquids that were used during your colposcopy.

For the next few days, you may have some light bleeding from your vagina, especially if you have had a biopsy. This is normal and usually stops after 3 to 5 days. It's best to avoid sex, tampons, and any vaginal medications, lubricants or creams, until the bleeding stops.

Colposcopy results

The nurse or doctor may be able to tell you what they have found straight away. If you have had a biopsy taken, it will need to be checked in the laboratory. If this happens, you will need to wait about 4 weeks to receive your result by post.

Some women will have a normal colposcopy result

About 4 in every 10 women who have a colposcopy will have a normal result.

If you have a normal colposcopy result, this means that your cervix looks healthy and you have low risk of developing cervical cancer before your next screening test. So you will be invited back for cervical screening again in 3 or 5 years depending on your age, as usual.

You can have a normal colposcopy result even if you had an abnormal result in your cervical screening test.

Some women will have abnormal cells in their cervix

About 6 in every 10 women who have a colposcopy have some type of abnormal cells in their cervix. The medical term for this is CIN (or 'cervical intraepithelial neoplasia'). CIN is not cancer, but it can sometimes go on to develop into cancer.

Your colposcopy and biopsy results will tell the doctor whether you need to have the abnormal cells removed or whether they can be left alone for now. This will depend on whether your CIN is 'low grade' or 'high grade'.

- If it is 'low grade' (also called CIN 1), you are unlikely to develop cervical cancer. Often the abnormal cells will go away without the need for any treatment to remove them. You will normally be invited for another cervical screening test in 6 to 12 months to check that the abnormal cells have gone away.
- If it is 'high grade' (also called CIN 2 or CIN 3), you have a higher chance of developing cervical cancer than a woman with 'low grade' CIN. You will normally be offered treatment to remove the abnormal cells as this will lower your risk of developing cervical cancer. You can read about having abnormal cells removed on the next page.

Some women will have cervical cancer

Rarely, women having a colposcopy will be found to have cervical cancer. If you are found to have cancer, you will be offered treatment and care from a team of specialists. Cancers diagnosed through screening tend to be found at an earlier stage. Women who have early stage cancers are more likely to survive than women with later stage cancers.

Treatment to remove abnormal cells in the cervix

The usual treatment for abnormal cells in the cervix is to cut them away, taking care not to damage the healthy parts of the cervix.

The medical term for the treatment most often given to remove abnormal cells is LLETZ (or 'large loop excision of the transformation zone').

Women usually need to come back for another colposcopy to have the abnormal cells removed, but sometimes it is possible to remove them during your first colposcopy.

If you have treatment to remove abnormal cells, you probably won't need to stay in hospital overnight. To stop you feeling any pain from the treatment, a local anaesthetic will be used. This means you will be awake during the treatment.

After having abnormal cells removed you will be invited to have a cervical screening test sooner than usual to check that the treatment was successful.

If you are pregnant, you will be able to have the abnormal cells removed after you give birth. You should talk to the nurse or doctor about when it is best for you to have this done.

What are the risks of treatment to remove abnormal cells from the cervix?

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

There is a risk of infection from having abnormal cells removed. See your GP if you have any of the following:

- Heavy bleeding.
- Bleeding that doesn't go away.
- 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 slightly more likely to have their baby 1 to 2 months early.

Normally, about 7 out of 100 women have their babies early. For every 100 women who have abnormal cells removed, 4 more of these women have their babies early.

Not every woman who has abnormal cells removed would have gone on to develop cervical cancer. But everyone with serious abnormal cells is offered treatment to remove them because it is not possible to tell who will and who will not develop cervical cancer.

What are the symptoms of cervical cancer?

Cancer can develop between your regular screening tests. So it is important to look out for anything that is unusual for you, especially the following:

- Bleeding between your periods, after sex, or after the menopause.
- Vaginal discharge.
- Pain or discomfort during sex.

If you have any of these changes, see a doctor as soon as possible.

Usually these symptoms won't 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.

What happens to my samples after the colposcopy?

Your samples will be kept by the laboratory for at least 10 years. Your results may be seen by staff who work elsewhere in the health service, so that they can make sure the service is as good as possible and to improve the skills of specialist staff.

Further information and support

If you have any questions or concerns, or if you want to talk to someone, you can see your doctor or nurse who will be happy to talk to you. You can also call:

- Cancer Research UK 0808 800 4040
- Jo's Cervical Cancer Trust 0808 802 8000

You can find more detailed information on cervical screening at:

The NHS Cervical Screening Programme
www.gov.uk/phe/screening

You may find the following charity websites provide helpful information about colposcopy:

Cancer Research UK
www.cruk.org

Jo's Cervical Cancer Trust
www.jostrust.org.uk

Healthtalkonline
www.healthtalkonline.org

Find out how Public Health England and the NHS use and protect your screening information at
www.gov.uk/phe/screening-data.

To opt out of screening, see
www.gov.uk/phe/screening-opt-out.

Order more copies of this leaflet at
www.gov.uk/phe/screening-leaflets.





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