Cervical screening: having a colposcopy

This information is for people invited to have a colposcopy after cervical screening. You can choose if you have a colposcopy. This leaflet aims to help you decide.

Why the NHS offers colposcopy

We have invited you to have a colposcopy. This is because of the result of your cervical screening test. This is usually for one of 4 reasons:

- we found abnormal cells in your cervix (the neck of your womb) and a high-risk human papillomavirus (HPV) infection
- you have a high-risk HPV infection which has not gone away
- you have had several cervical screening tests where we could not get a result - there is likely nothing wrong, but a colposcopy can find out for sure
- your cervix did not look as healthy as it should at your screening test

Most people who have a colposcopy do not have cervical cancer.

The colposcopy examination

A colposcopy checks if there are abnormal cells on your cervix, and if so, how serious they are.

Colposcopy usually takes place in an outpatient hospital clinic. A nurse or doctor will take a close look at your cervix using a magnifying lens with a light, called a colposcope. They will dab liquids on your cervix. They may take a small tissue sample, called a biopsy. This is to check any areas of your cervix that look unusual.

If the colposcopy finds abnormal cells on your cervix, you may need to have these removed. This is to help prevent cervical cancer from developing. They can sometimes be removed on the same day, or you may need to come back for another appointment.

Having a colposcopy

Before your appointment

It might help to think about what would make the appointment easier for you. You might already know what can help. Or you may want to discuss this with a nurse or doctor from the colposcopy team who can make some suggestions.

Here are some tips that might help:

- Let the service know in advance if you need extra support at your appointment, such as an interpreter or because of a disability.
- Tell them if you would like to have somebody with you. This is a usually another health professional, but could be a friend, relative or carer.
- If you get anxious sitting in waiting rooms, let the receptionist know.
- Ask the clinic in advance to see if a female nurse or doctor can carry out your colposcopy.
- Ask the receptionist if you can book a longer appointment if you feel you need more time.
- Speak to a member of the colposcopy team beforehand if you are worried the test may be uncomfortable.
- If you find procedures painful, you could take paracetamol or ibuprofen (if you're able to take these).

You can still have your appointment if you are on your period, but you may choose to rearrange. Please call the clinic if you would prefer a new appointment.

Please do not have sex for at least 24 hours before your appointment. You should also avoid using vaginal medications, lubricants, or creams. These can make it more difficult to examine your cervix.

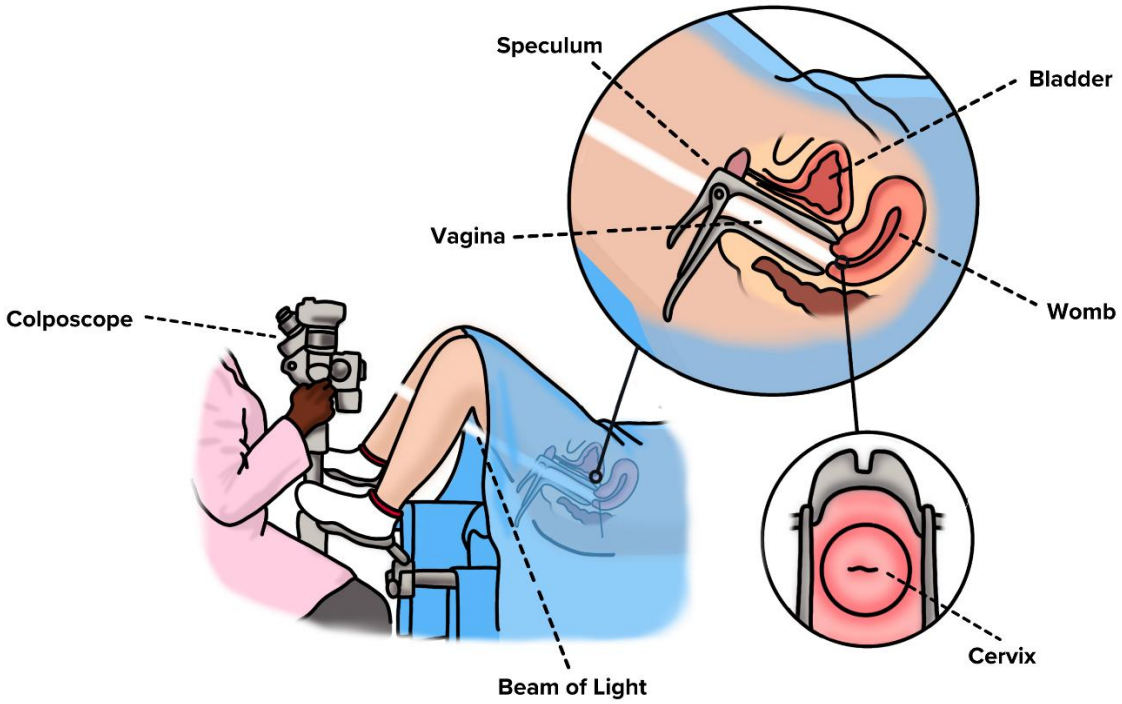
At your appointment

The nurse or doctor will explain to you what to expect at each step of your colposcopy:

- You will have privacy to get undressed from the waist down.
- You will usually lie back with your knees bent and your legs on padded supports. You will have a paper sheet or towel to cover your waist area.
- The nurse or doctor will gently place a speculum into your vagina to open it, like at your screening test.
- They may use a small amount of lubricant to help reduce any discomfort. You can ask for a smaller speculum.
- The nurse or doctor will dab different liquids on your cervix to help make any abnormal cells easier to see.
- They 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. It stays about 30cm (12 inches) away from your vagina.
- If they find anything unusual, a small sample of cells (biopsy) may be taken for testing at a laboratory.

The examination can feel uncomfortable. Some people may feel pain. If it feels painful, tell the nurse or doctor. They will try to make it more comfortable for you.

The examination takes about 10 to 20 minutes.



What happens in a colposcopy (image © The Eve Appeal)

Practical tips and support

You may want to wear something you can leave on, like a long jumper, dress or skirt.

You can bring a friend, partner or family member with you for support. They can be in the room with you during your appointment.

You should take a panty liner to your appointment. This is because you may have a small amount of vaginal discharge after your colposcopy. If you have a biopsy taken, you may have some bleeding too.

You are in control of your colposcopy and can ask to stop at any time.

After your appointment

Most people feel well enough to go back to their normal activities straight away. You may feel you need to go home and rest for a while.

You may have some brownish discharge from your vagina. This is from the liquids that were used during your colposcopy.

You may have light bleeding from your vagina. This is more common if you have had a biopsy. This is normal and usually stops after 3 to 5 days. Until the bleeding stops, it's best to avoid:

- sex
- using tampons
- using any vaginal medications, lubricants or creams.

Results

The nurse or doctor may be able to tell you your results straight away. If you have had a biopsy taken, it will be tested in a laboratory. If this happens, you will get your results by post about 4 to 8 weeks later.

If you haven't received your result within 8 weeks, please contact your colposcopy clinic.

There are 3 main results:

- a normal result
- abnormal cells confirmed – CIN 1, CIN 2 or CIN 3
- cervical cancer

A normal result

Around 4 in 10 people who have a colposcopy will have a normal result.

This means that your cervix looks healthy. You have a low risk of developing cervical cancer before your next screening test.

You can have a normal colposcopy result even if your screening test result was abnormal.

Abnormal cells confirmed

Around 6 in 10 people will have abnormal cells found during a colposcopy.

The medical term for abnormal cells is cervical intraepithelial neoplasia (CIN). CIN is not cancer, but it can sometimes develop into cancer.

Your results will show if you need to have the abnormal cells removed or if they can be left alone for now. This will depend on whether you have CIN 1, or CIN 2 or 3.

CIN 1

If you have CIN 1, you are unlikely to develop cervical cancer. Your abnormal cells may go away on their own when your immune system gets rid of the HPV infection. This happens in most cases.

We will usually invite you for another cervical screening test in 12 months. This is to check whether you still have high-risk HPV. You can have this screening test at your GP practice or other local screening clinic.

CIN 2 or CIN 3 ('high grade')

If you have CIN 2 or 3, you have a higher chance of developing cervical cancer than someone with CIN 1. We will usually offer you treatment to remove the abnormal cells. This will lower your risk of developing cervical cancer.

If only a small area is affected by CIN 2, we may offer you close monitoring instead of treatment. This is because your cervix may get better on its own. If you choose this option, we will check your cervix every 6 months for up to 2 years. If the CIN 2 has not cleared up after 2 years, we will usually offer you treatment.

CGIN

CGIN stands for cervical glandular intraepithelial neoplasia. CGIN is named after the parts of the cervix it affects. These are the glandular cells inside the cervical canal.

It is important to know that CGIN is not cervical cancer. We will usually offer you treatment for CGIN. This is because glandular cells are inside the cervical canal. This means that they cannot be seen or checked as easily.

If CGIN is not treated, these cells could develop into a type of cervical cancer called adenocarcinoma.

Cervical cancer

Cervical cancer is very rarely found during a colposcopy. Around 2 out of every 100 people will have this result.

If this happens, we may refer you for care and treatment from a team of specialists. Cancers diagnosed through screening are usually found at an earlier stage. People with cervical cancer are more likely to survive when we find the cancer early.

Treatment to remove abnormal cells on the cervix

The usual treatment for CIN 2 or 3 abnormal cells is to remove them. The method most often used is a large loop excision of the transformation zone (LLETZ). In some clinics you may be offered a treatment called cold coagulation instead.

You can find more information about LLETZ on the NHS.UK website – visit www.nhs.uk/tests-and-treatments/colposcopy/what-happens/.

We usually use a local anaesthetic for the treatment, so you will be awake but will not feel any pain.

If LLETZ is being used, it may be possible to remove the abnormal cells during your first colposcopy. However, sometimes people have to come back a second time. This often takes place in an outpatient clinic.

We will invite you to have a cervical screening test 6 months after your treatment. This is to check that the treatment worked. This test can usually be performed at your GP practice or local screening clinic.

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

To find more information, visit www.nhs.uk/.

Risks of treatment

Most people who have a colposcopy will not need any treatment. If you do, treatment is an effective way of preventing cervical cancer. However, it has some risks.

There is a risk of infection from having abnormal cells removed. You need to see your GP if you show signs of infection, including:

- heavy bleeding
- bleeding that does not go away
- vaginal discharge that smells
- pain in your tummy (abdomen) that does not go away

^ Not everyone who has the treatment would have gone on to develop cervical cancer. It is not possible to tell whether abnormal cells will develop into cancer. That is why we offer treatment to everyone with CIN 2 or 3 abnormal cells.

Pregnancy after treatment

If you get pregnant after standard treatment to remove abnormal cells, you are not at increased risk of early labour.

However, if we had to remove more tissue than usual, you are slightly more likely to have your baby 1 to 2 months early. This may affect around 16 in 100 women who have a baby after more extensive treatment.

What happens to tissue samples afterwards

If you have a biopsy taken, the laboratory that tested it will keep it for at least 30 years. Staff working elsewhere in the NHS may see your colposcopy results. This is to improve the skills of specialist staff and make sure the service is as good as possible.

More information and support

For more information, you can:

- speak with your colposcopy clinic
- speak with your GP, practice nurse or the person that did your cervical screening
- visit www.nhs.uk/cervical
- call the Cancer Research UK Nurses free on 0808 8004040
- contact The Eve Appeal on 0808 802 0019 or at nurse@eveappeal.org.uk

Visit www.gov.uk/government/publications/cervical-screening-colposcopy to see this information in alternative formats, including other languages. To request another format, you can phone **0300 311 22 33** or email england.contactus@nhs.net.

We use personal information from your NHS records to invite you for screening at the right time. NHS England also uses your information to ensure you receive high quality care and to improve the screening programmes. Visit www.gov.uk/screening-data to find out more about how your information is used and protected, and your options.

To find out how to opt out of screening, visit www.gov.uk/screening-opt-out.