



*Cancer Screening Programmes*

# CERVICAL SCREENING

## The Colposcopy Examination

CANCER RESEARCH UK



## You have been asked to come for a colposcopy examination.

### Why do I need a further examination?

You have been asked to come for a further examination because your cervical screening test has shown evidence of abnormal cells.

Alternatively, you may have been referred due to having had a number of inadequate results from your screening tests.

An abnormal result is not unusual – it happens in about one in twenty tests.

An abnormal result usually means that small changes have been found in the cells on the cervix (the neck of the womb). These abnormal changes are known as dyskaryosis and act as early warning signals that cervical cancer might develop in the future.

It is important to remember that it is very rare indeed for these abnormalities to be cancer.

The examination you will have is called colposcopy. It is simple, quick and generally painless and allows

the doctor or nurse colposcopist to decide if you need treatment.

For some women the changes in the cervix return to normal by themselves. Other women will need some simple out-patient treatment that is virtually 100 per cent effective.

## What is colposcopy?

Colposcopy is a simple examination that allows the doctor to see the type and area of the abnormality on your cervix. It also lets the doctor decide if you need treatment.

The instrument used is called a colposcope and is really just a large magnifying glass which lets the doctor look more closely at the changes on your cervix.

It does not go inside you. For most women this is a painless examination, but some may find it a bit uncomfortable.

Colposcopy can be done safely during pregnancy and will not affect delivery of your baby, nor will it affect your ability to become pregnant in the future. However, treatment is usually postponed until after the delivery of your baby.

## Is there anything I can do before the examination?

You are welcome to arrange for a relative or friend to come with you to the colposcopy clinic. In some clinics he or she will be allowed to stay with you during the examination if you wish.

Some doctors prefer not to do a colposcopy examination when you have your period. If this is the case at your clinic, please ring to make another appointment.

The actual examination only takes about 15 minutes, but allow at least one hour for the whole visit.

You may wish to wear a full skirt to avoid removing all your lower clothing during the examination.

Some women have a slight discharge after the examination. You may want to bring a sanitary towel, just in case.

## What happens before the examination?

First the doctor will want to ask you some questions. These questions relate to your periods, the type of contraception you use, any operations or illnesses you have had in the past, and so on.

You will then be asked to undress from the waist downwards (though a full skirt need not be removed).

## What exactly happens during the examination?

The colposcopy nurse will help you to position yourself on a special type of couch. The couch has padded supports on which you rest your legs.

When you are lying comfortably the doctor will gently insert a speculum into your vagina, just as when you had your cervical screening test.

Sometimes another test is taken. After this the doctor will look at your cervix using a colposcope. The colposcope is a specially adapted type of microscope.

It might look a bit alarming, but is just a large magnifying glass with a light source attached. It looks like a large pair of binoculars on a stand. It does not touch you or go inside you.

The doctor will then dab different liquids onto your cervix to help identify and highlight any areas of abnormal cells. The abnormal areas will appear white.

If any abnormal area is identified, a small sample of tissue – a biopsy – will be taken from the surface of the cervix. A biopsy is about the size of a pinhead. You may feel a slight stinging, but it should not be painful.

## What happens after the examination?

After you have dressed, the doctor may be able to tell you what is wrong and what treatment, if any, is needed. But often, especially if you have had a biopsy, you will not be given a definite diagnosis immediately after the examination. It will take a week or two before you get the results of the biopsy.

After the examination you should feel well enough to continue with your usual routine.

If you have had a biopsy, you may have a light bloodstained discharge for a few days following the procedure. This is normal and it should clear itself. It is best, however, to refrain from intercourse for up to five days to allow the biopsy site to heal.

## What will the examination show?

Colposcopy defines the type and extent of the abnormal area on the cervix. The results show if you need treatment and, if so, what sort.

The result of a biopsy shows how abnormal the area is. It may also indicate if further treatment is needed.

The technical term used to refer to cell changes confirmed by a biopsy is **cervical intra-epithelial neoplasia**, more commonly known as **CIN**.

In order to make distinctions between the various states of change, doctors have developed a scale from 1 to 3 according to how many of the cells are affected.

- CIN 1 means that only a third of the cells in the affected area are abnormal. These may be left to return to normal or may be treated, depending on your doctor's opinion.
- CIN 2 means that up to two-thirds of the cells in the affected area are abnormal. Treatment will usually be needed to return the cells to normal.
- CIN 3 means that all the cells in the affected area are abnormal. Treatment will be needed to return the cells to normal.

Only very rarely will a biopsy show cell changes that have already developed into cancer. Surgery and more extensive treatments are generally used to treat cervical cancer.

## What if I need treatment?

Some clinics carry out treatment at your first visit to the colposcopy clinic. If this is the case with your clinic, you will receive information about the treatment they may give you. If you have not received this information, contact your clinic: they will be pleased to give it to you.

Other clinics carry out treatment on your following visit. Treatment usually takes place during another colposcopy and the procedure is very similar to your initial examination.

There are several equally effective methods available to treat CIN. The aim of all methods of treatment is to destroy all the cells affected by CIN, with the minimum of disruption to normal tissue.

The choice of treatment will depend on your particular case, on the preference of the doctor doing the colposcopy, and on the methods available at the clinic.

You can be treated for most abnormalities as an out-patient and so you will not need to stay in hospital.

Treatment is nearly always 100 per cent successful and it is unlikely that CIN will recur.

## What should I do after treatment?

If treatment was given following colposcopy you may have a bloodstained discharge for two to four weeks.

During this time, and when you have your period, you will need to use sanitary towels rather than tampons. It is also best to avoid heavy exercise and not to have sexual intercourse. These measures allow the cervix to heal as quickly as possible.

Treatment for CIN will have little or no effect on your future fertility, nor on your risk of having a miscarriage.

## Will I need to have check-ups?

Yes. It is important to keep your appointments to make sure that your cervix is still healthy.

Most colposcopy clinics have a follow-up check between four and six months after the examination or treatment. During this visit the doctor will take a cervical screening test and may do another colposcopy examination to make sure that the cervix is healthy again. You may have another follow-up check six months later. This visit will be similar to the previous one.

If everything is satisfactory after your treatment and follow-up test(s) you are usually advised to have screening carried out every year by your screening practitioner for up to ten years, depending on the CIN you were treated for.

## Further information

If you have any further questions regarding your condition or treatment, do not hesitate to phone your colposcopy clinic or your GP. They will be happy to help you.



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