

Colposcopy

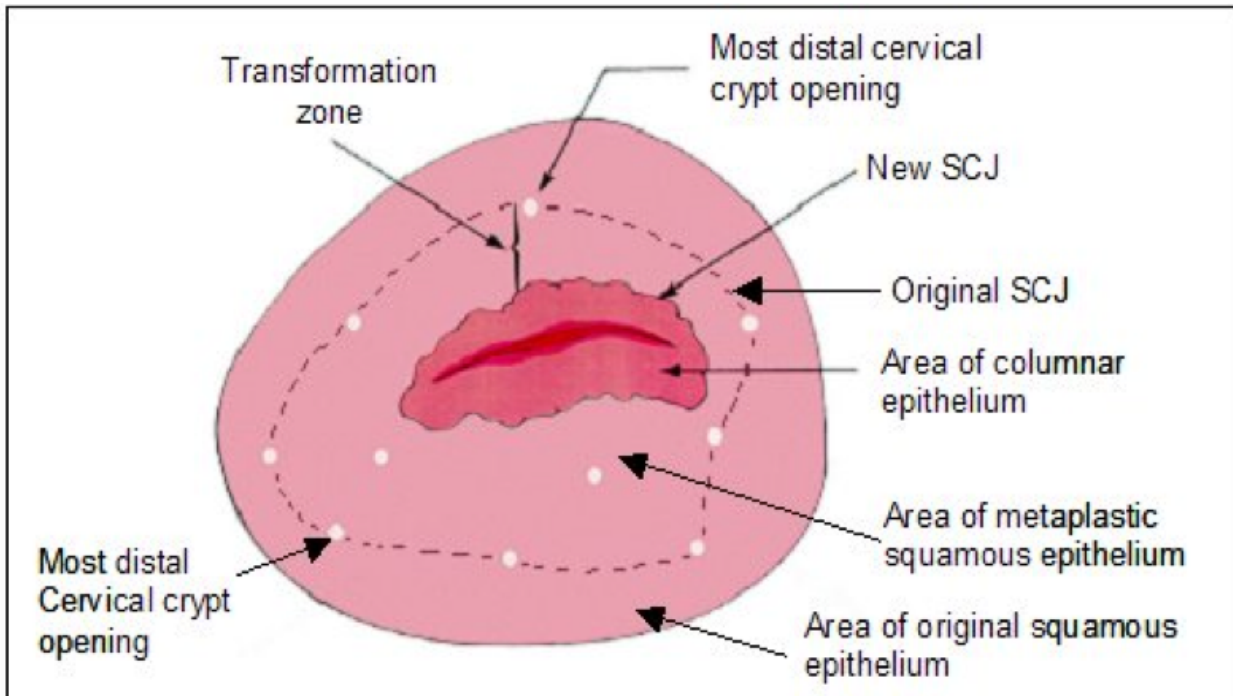


FIGURE 5.1: A method of identifying outer and inner borders of the transformation zone (SCJ: Squamocolumnar junction)

What is a colposcopy?

A colposcopy involves inspecting the cervix (neck of the womb) with a special type of magnifying instrument, which is called a colposcope. It may be possible for you to see the examination on television. It usually takes about 20 minutes altogether.

Why am I going to the colposcopy clinic?

When you had your last smear and HPV test (Human Papilloma Virus), the report showed that the cervix (neck of the womb) needed closer inspection.

Does the colposcope go inside me?

No, it doesn't. The magnifying instrument and its light are only on the outside. The only thing to go inside - so that the cervix (neck of the womb) can be seen, is a speculum - which is the same as when you have your smear taken.

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Will I be asleep during the examination?

No, you will be awake during the examination and the doctor or nurse colposcopist and the nurse helping are present throughout the procedure.

What is the difference between a colposcopy and smear test?

It's not really that different. Firstly, you are asked to sit in a chair with supports for your legs, you don't have to take all your clothes off, only your underwear - or you can wear a gown if you prefer. Secondly, a thicker piece of skin may be taken from the neck of the womb. This is called a biopsy and is about this size: O.

Won't that hurt?

Many women don't notice the biopsy. The actual biopsy is likely to be no more than a bit uncomfortable. However, you can take two Paracetamol or your normal painkillers before you leave home if you wish.

Why is all this being done?

Colposcopy is part of a screening programme to ensure the cervix stays healthy. Your smear test has shown some changes in the cells or you have tested positive some of the HPV strains. In many cases these changes return to normal without treatment but sometimes the changes become worse and could lead to cancer in the future. We sometimes call these cells, precancer or early warning cells. As there is no way at present of knowing whose cells will get better or worse, it is wise to monitor everyone who has these changed cells, as a preventative measure.

What if I am having a period?

If you are having a period, then the examination may not be possible so please phone the clinic to reschedule as soon as possible. If you are not having a period, please make a note of when you had your last period. We also need to know what medication you are on and your current contraception.

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Will I bleed afterwards?

You may pass a small amount of dark or bright blood afterwards. This normally stops in a few days, but you may continue to have a slight brown discharge. You may prefer to bring your own sanitary towel to wear afterwards. We advise against tampons. You may also be advised not to have sexual intercourse for a few days. Please go to the toilet before being called into your appointment.

Do I need to starve?

No, you do not. In fact, we recommend that you have a good breakfast or lunch.

Important Notes

If you are taking Warfarin or other anti-coagulants (blood thinning agents) you should liaise with your doctor/surgeon prior to your procedure to discuss the duration these need to be temporarily stopped before the procedure. If in doubt, please do not hesitate to ask.

What happens at Colposcopy?

You will be asked to lie on a special couch which supports your legs. Then a speculum is passed so that we can look at the cervix (neck of the womb). This is just like having a smear test. The cervix is then painted with a solution of acetic acid (which smells a bit like vinegar). This helps us to identify any abnormal cells that might be present.

We may then paint a different solution on the cervix, which is brown. This is a solution containing iodine. When it is put on the cervix, it will make some areas stain black and others yellow. This also helps us identify any abnormal cells. These changes most often develop in the transformation zone (See Picture), an area of changing cells in the cervix, and this is the area we focus on in a colposcopy to identify these abnormal cells. We may take a biopsy from this area.

Using special biopsy forceps, a small piece of tissue is removed with minimal discomfort. This is sent for histological analysis to see if there are low grade (Cervical Intraepithelial Neoplasia - CIN1) or high-grade changes (Cervical Intraepithelial Neoplasia CIN2). If you wish to, you may watch the whole procedure on a television screen. We may also screen for infection.

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Do I need to take time off work?

We advise you to take the morning or afternoon off, when your appointment is scheduled. Some people feel more comfortable taking the whole day off, but we leave this to your discretion.

Smoking

There is a relationship between smoking and abnormal cells on the cervix. So, if you are a smoker, please consider giving up or cutting down. There is some evidence to suggest that even partners smoking may have an effect.

Treatment

If there is no biopsy taken and the cervix shows just minor changes, you may be asked to return in a year's time for a further smear test as many women will clear the virus spontaneously. Depending on the results of the cervical biopsy, you may be advised just monitoring or to have treatment (LLETZ - Large Loop Excision of Transformation Zone) to remove the abnormal cells under local or a short general anaesthetic.

You will be advised of the results of the tissue removed at the LLETZ procedure. Depending on these results, further management will be decided. You will usually be followed up with smear and/ or colposcopy tests in 6 months called the Test of Cure. Most women will return to normal recall for smear tests. Further follow up or treatment may be needed in some situations.

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