

Treatment for Abnormalities of the Cervix

Colposcopy Service
Patient information



Why have I been referred?

You have been referred for a colposcopy appointment because your cervical screening test (previously known as a 'smear test') has identified that you have some abnormal cells on the cervix. The NHS Cervical Screening Programme have produced 2 leaflets to explain about cervical screening and cervical abnormalities called 'Helping you decide; and the colposcopy leaflet called 'Having a colposcopy' (2012/3). You should have received both copies with your screening and colposcopy appointment information. If you have not received these leaflets, or wish to have them in a language other than English, please contact the colposcopy administrator at James Cook University Hospital, Middlesbrough: 01642 282790, or the appointments staff at The Friarage Hospital, Northallerton: 01609 764813.

When a woman is first told that she has abnormal cervical cells, her first reaction is often one of fear. This leaflet has been written to provide information about the colposcopy clinic, which we hope will help you to understand what will happen during your clinic visit. By understanding more about what happens in the clinic, we hope that you will feel less worried and anxious when you come to our clinic.

Whilst this leaflet covers all the general information you should find useful you must remember that there may be some differences between the information given here and your particular case.

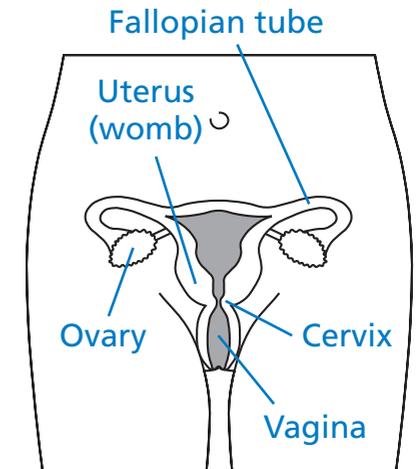
Will I need treatment?

When you come to the colposcopy clinic the doctor or nurse in the clinic will examine the cervix (neck of the womb). If your cervix clearly shows the changes associated with abnormal cells then you will be offered treatment. For the vast majority of women it is highly unlikely that you have cancer.

Occasionally it is not appropriate to treat the cervix at your first visit and in this case a small sample or biopsy may be taken to confirm the type of abnormal cell changes present.

The name of the condition of the cervix causing the abnormal cells is known as CIN (Cervical Intra-epithelial Neoplasia). The aim of treatment is to stop this abnormality from developing into cancer by removing the affected area from the cervix.

There is a 95% chance of cure with a first-time treatment, with only a small number of women requiring further treatment.



What treatment will I receive?

LLETZ (Large Loop Excision of the Transformation Zone).

With this treatment method, a fine wire loop is heated by electricity and is used to remove the piece of cervix containing the abnormal cells.

It has the advantage of producing a sample, which can be looked at in the laboratory to ensure that all of the abnormal cells have been removed and to make sure there was no cancer present on the cervix.

What are the risks associated with treatment?

The majority of treatments are usually carried out as out-patient procedures using a local anaesthetic which numbs the cervix. Very occasionally a short, day-case procedure under a general anaesthetic is required. If your treatment is done under a local anaesthetic you may still drive a car afterwards; however most patients arrange to bring a friend or relative with them to take them home in case they feel unable to drive themselves.

The potential risks are extremely small and will be discussed when you come to clinic in more detail. They are listed on the next couple of pages in summary.

Bleeding: The main complication during treatment is that of heavy bleeding, but this is rare. In most cases the bleeding can be stopped by the doctor or nurse treating you. Further intervention such as completing the treatment in a theatre, admission to a ward or having the cervix stitched occurs in less than 1 in 50 women. In the event of a heavy bleed occurring once you are at home, please access your local Accident and Emergency Department.

Infection: Following treatment, heavy bleeding can occur at any time for up to 14 days and is usually the result of a minor infection. The likelihood of this occurring is 1 in 50 women. Infection in the wound can cause a smelly/offensive vaginal discharge, lower abdominal pain, a temperature or fever and can make you feel generally unwell. If you suspect that you have a post treatment infection, this is best treated by antibiotics. Please contact your GP for advice as you may need a prescription.

Cervical Stenosis: Cervical stenosis or narrowing of the birth canal affects 1 in 50 women after treatment. Although this complication is more likely to occur in women after the menopause it is advisable for women who have periods to monitor their bleeding. If periods stop or there is less bleeding with more abdominal pain at period time, please contact your GP for advice. It is not necessary to treat this condition unless it causes problems with periods or prevents your doctor or nurse from taking your cervical screening test.

Pregnancy: It is very unlikely that any treatment for abnormal cells will affect your ability to become pregnant in the future. A single treatment is not associated with any increased risk of infertility but may increase the risk of mid-trimester miscarriage. A single loop excision treatment of less than 10mm in length/depth is not associated with any increase in the incidence of pre-term (baby born before 37 weeks of pregnancy), labour and delivery.

It is obviously very important that abnormal cells of the cervix are treated in the appropriate way, however, please be reassured that consideration to future fertility is also an important aspect of our care.

Risk of doing nothing: Treatment is recommended for all women who have or are suspected of having pre-cancerous changes (CIN2 and CIN3). If left untreated these abnormalities have the potential to progress into cancer over a period of time.

Only when you are satisfied that you have understood our explanations will you be asked to give your verbal consent allowing us to examine your cervix, administer a local anaesthetic and perform the treatment/s described for you.

The following points on the next pages are general guidelines, which apply to treatment procedures carried out in the outpatient department using a local anaesthetic. If your treatment requires a general anaesthetic this will be discussed with you when you come to clinic and you will be given additional information.

What happens when I come for treatment?

To prepare for the treatment you may find it helpful to take simple pain killers such as Ibuprofen or Paracetamol tablets about one hour before your appointment.

You are welcome to bring a friend or relative with you. They will be allowed to stay with you during the procedure if you wish.

The actual treatment procedure usually takes about 15 minutes but you should allow about one hour for the whole visit.

Before the colposcopy examination you will be asked to undress from the waist downwards. A modesty cover sheet is provided but you may wish to wear a loose skirt or dress so that you do not have to remove all your lower clothing.

The nurse will help you to position yourself on the examination couch and will make sure that you are comfortable throughout the procedure. A colposcopy examination will be performed and on some occasions the colposcopist will ask permission to take a picture of your cervix before any treatment is given.

Treatment is expected to be relatively painless as you are given a local anaesthetic directly into the cervix which numbs the area very quickly before treatment is commenced. During administration of the anaesthetic some women experience a stinging sensation but there should be no pain felt, only a mild period like discomfort during the actual treatment, and some women feel slightly light-headed. This is due to the presence of adrenalin in the local anaesthetic. It sometimes will make your legs shake too. Please don't be alarmed. This reaction is normal and will only last for a few minutes. You are encouraged to talk to the colposcopist and nurse support worker during the procedure. We would like you to feel as comfortable as possible and it is important to tell us in the unlikely event if you experience any painful sensations as further anaesthetic can be given.

The preparation for the treatment often takes longer than the treatment itself, which is usually two to three minutes. The machines used may be rather noisy, this is normal, so don't be alarmed. Please note that if you have vulval, clitoral or labial piercings you will be asked to remove them before treatment.

What happens after treatment?

Most women prefer to go straight home and rest for the remainder of the day, but after 24 hours the majority of women feel well and usually do not need to take any extra time off from work. However, if your job requires you to be very active, lift heavy objects or is physically strenuous in any way, please consider taking a couple of days away from work, or discussing a lighter work schedule with your manager.

You may experience some bleeding / watery vaginal discharge after treatment. This might not start straight away and may last as long as four weeks. The discharge may be anything from slight fresh red and watery blood stained spotting to a flow as heavy as an average period with small clots. It should not be excessive, or have a very unpleasant smell. If so, please contact your GP as it may indicate an infection and you may require some antibiotic treatment. If the bleeding is so heavy as to be 'trickling'; if you are passing large blood clots or if you are worried in any way, please contact your GP. If more urgent help is required please attend your local Accident and Emergency Department.

Sanitary towels (S.T's) should be worn in preference to tampons during this time. This helps to reduce the risk of infection and allows the cervix to heal as quickly as possible.

Your next period may be slightly heavier than usual and you may pass some clots. This is normal and will sort itself out over the next couple of months. Again, it is advisable to use S.T's rather than tampons to help reduce any risk of infection.

It is advisable to refrain from having sexual intercourse for about four weeks following treatment. This allows the cervix time to heal.

You can carry on with your normal everyday activities as usual. It is, however, sensible to avoid the use of public swimming pools, spas and jacuzzies until the discharge stops or for at least 2 weeks. It is also advisable to avoid strenuous exercise and heavy lifting for two to three weeks.

You should bath or shower as preferred but do not attempt to douche inside the vagina. Avoid the use of talcum powder, vaginal deodorants, heavily perfumed soaps and bubble baths, as they may cause irritation and increase the risk of infection.

Pain after treatment is expected to be minimal, (similar to period type pains). If you do experience any pain or discomfort, over the counter pain relief such as Paracetamol or Ibuprofen should be effective.

A glass of wine or other alcoholic drink may be taken in moderation but drinking alcohol is not recommended if you are taking pain relief medication.

There are no known health reasons for avoiding travel following treatment, however overseas medical attention for complications arising from the treatment may not be covered by your holiday insurance. It is important to discuss any travel plans or holiday arrangements with the nurse colposcopists if you think this will affect you. It is also advisable to mention the treatment to your insurer to avoid complications if a claim needs to be made.

Notification of results

We will write to tell you about your results and will advise you of your recommended follow up plan, as soon as the results are known (usually within four weeks after the treatment procedure).

Follow-up

It is important that you are aware that having had treatment for pre-cancerous changes of the cervix you must continue with follow-up. Your next screening test is usually performed around six months after treatment. If the result is normal, borderline or mild the sample will be tested for HPV which is the virus known to cause abnormal cells on the cervix. If high risk HPV is not found you will not need to be screened for another three years. If high risk HPV is found you will be asked to attend the colposcopy clinic again for further assessment of your cervix. There is a small chance that abnormal cells may return in the future, but providing you attend for cervical screening when you are invited to do so, any abnormal cells can be identified and dealt with promptly.

It is very important that you attend the Colposcopy Clinic when any appointment is made for you. If you cannot attend, for any reason, please let us know so that someone else can use the appointment time and we can arrange another appointment for you.

We hope that you have found the information in this leaflet helpful. If you require any further advice regarding any aspect of your care please do not hesitate to ask the clinic staff. They are there to support you and are happy to help with any concerns or anxieties.

You can also contact a Nurse Colposcopist via the Nurse Advice Lines – during weekday office hours it is advisable to contact the hospital you have been referred to.

For The James Cook University Hospital, Middlesbrough: 01642 282790

For the Friarage Hospital, Northallerton: 01609 764692

(There is a 24-hour answer-phone service if the nurse colposcopists are unable to answer your call immediately).

For urgent advice out of office hours please contact your GP. If urgent care is required as in the case of very heavy bleeding after treatment, please go straight to your nearest Accident and Emergency Department.

If you are unable to attend a clinic and wish to change your appointment, please contact our clerical staff;

- The James Cook University Hospital – Tel: 01642 282790
- The Friarage Hospital – Tel: 01609 764813

Please note: Both The James Cook University Hospital and the Friarage Hospital are teaching centres, therefore you may be asked permission for observers to be present throughout your appointment. If you would rather not be observed please inform a member of staff.

Useful web sites for further information

- www.cancerscreening.nhs.uk/cervical
- www.informedchoiceaboutcancerscreening.org
- www.cruk.org
- www.jostrust.org.uk
- www.healthtalkonline.org

References

- Luesley D (Ed), Shafi M (Ed), Jordan J (Ed) Handbook of Colposcopy (1996). Publishers Chapman and Hall
- Public Health England, NHSCSP Colposcopy and Programme Management; Publication 20, Third Edition, March (2016).

Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

If you require this information in a different format please contact Freephone 0800 0282451

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