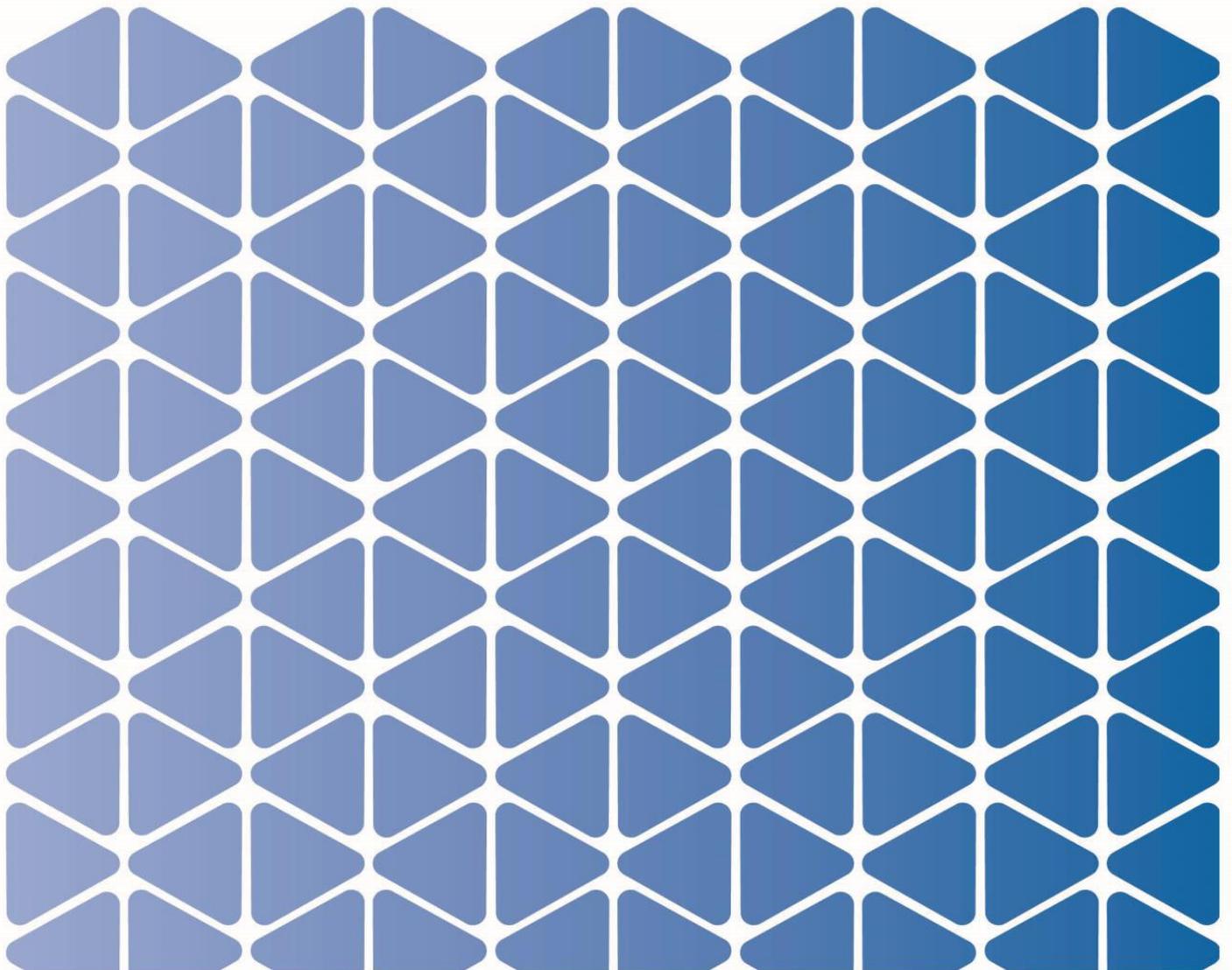


PATIENT INFORMATION

COLPOSCOPY INFORMATION & HPV (HUMAN PAPILLOMA VIRUS)



The NHS Cervical Screening Programme (NHSCSP)

This programme was set up in 1988 to reduce the chances of women and people with a cervix developing cervical cancer. It aims to screen all women and people with a cervix between the ages of 25 and 64 either every three years or every five years. If you are between 25 and 49 you will be screened every three years. If you are between 50 and 64 you will be screened every five years. The screening programme aims to pick up abnormal changes in the cells in the cervix long before they have a chance to become cancer. A colposcopy examination is the only way to check these changes and offers the benefit of quick and easy treatment if necessary, usually in the clinic. It is a very successful programme which research suggests saves at least 4500 lives a year. (Cancer Research UK)

Why have I been referred to colposcopy?

1.The Human Papillomavirus (HPV) has been found

HPV is a very common virus. Most people get it at some point in their lives. HPV can be easily passed on during sexual activity between partners. Some types of HPV can cause changes in the cells in the cervix.

Your recent cervical screening sample has detected the presence of these types of the HPV virus. Because of this your sample has also been looked at for abnormal cell changes. This is called cytology.

2.Your cervical screening cytology test has found evidence of possible abnormal cells

You have been asked to come for a further examination because your cervical screening cytology test has found abnormal changes in the cells of the cervix (the neck of the womb). These abnormal changes are known as **dyskaryosis**. This is not unusual, as about one in 20 cervical screening tests are reported as abnormal. Please try not to worry. The NHS Cervical Screening Programme aims to pick up these changes so that we can take action at an early stage.

What is dyskaryosis?

This is the term given to the abnormal changes that can act as an early warning that cervical cancer might develop in the future. It is important to remember that it is **very rare** indeed for these abnormal cells to be cancer.

For many, their abnormal result will show **borderline changes** or **mild dyskaryosis**. These are small, low grade changes in the cells and will very often return to normal by themselves. It is often safe to keep an eye on the situation to see if this happens rather than having immediate treatment.

For some women and people with a cervix, their result will show **moderate** or **severe dyskaryosis**. These changes are not cancer, and in most cases do not lead to cancer in the future. However, these changes are less likely to return to normal by themselves and usually act as an early warning sign that, over time, cervical cancer may develop. Because of this, they will usually need a simple outpatient treatment that is virtually 100% effective in most cases.

3. Your cervical screening cytology test has found no evidence of possible abnormal cells

For some women and people with a cervix no abnormal cervical cells will have been found (negative cytology). A colposcopy is required as this could be either following treatment to the neck of the womb or due to persistent HPV infection.

4. A number of your tests did not produce suitable results

These cervical screening tests are not abnormal but show that the laboratory was not able to report your result. This could be due to either the Primary HPV test result not being available or there not being enough cells on your cytology sample for the laboratory to safely assess. When this happens again and again, it is best to have a colposcopy to check that the cervix is healthy.

5. Other signs or symptoms not related to having a cervical screening test

You may not have been referred for a colposcopy because of a cervical screening test. However, you may have been experiencing signs or symptoms which may be related to the health of your cervix. The colposcopy clinic is the best place to have these symptoms checked.

Is there anything that I need to know before I have a colposcopy?

- There is no need to avoid having sex before you have a colposcopy examination, **unless you have a coil fitted**.
- You can eat and drink as normal before your appointment
- Bring a list of any medication you are taking and let the colposcopist know of any medical history or allergies
- Please also make a note of when you had your last period
- You will be asked to remove clothes below the waist. And will be provided with a privacy sheet. If you need treatment during your appointment, you will need to remove any jewellery below the waist (such as belly button or vaginal piercings). It is important that you are aware of this so you can remove the jewellery before you come for your appointment.

- After the examination, you may have some discharge from your vagina. Although we provide pads, you are more than welcome to bring your own if you prefer.
- You should be able to drive home afterwards but for car insurance purposes, you should ask your colposcopist whether you are fit to drive after your treatment. It may be wise to bring someone with you in case you do not feel well after your appointment.

What will happen during my appointment?

When you arrive in clinic, we will aim to see you as close to your appointment time as possible, but please be patient if there are delays that we could not have expected beforehand. You will then be called for your colposcopy, where you will meet the colposcopist (who may be a doctor or a nurse) and the nurses who will be with you during the examination.

During your examination, the colposcopist will take down your medical history and explain the procedure to you. Following this, the colposcopist will carry out the examination. How long your appointment will take depends on whether any procedures are necessary but it is usually no longer than 20 minutes to half an hour.

What is a colposcopy?

Having a colposcopy is similar to having a cervical screening test. You will lie on a special couch that supports your legs. The colposcopist will lubricate a speculum (a special instrument) and place it in your vagina (the same as when you had your cervical screening test). This will allow them to see your cervix. The colposcope (which, put simply, is binoculars on a stand) gives the colposcopist an enlarged 3-D view of the cervix. **The colposcope does not enter the vagina.**

The colposcopist will put a liquid onto the cervix – this may be cold and sometimes sting a little. This liquid highlights any abnormal cells and allows the colposcopist to make a diagnosis. If everything is normal, you may be allowed to go home straight away. However, the diagnosis may mean that it is necessary to take a **punch biopsy** or carry out **treatment**.

What is a punch biopsy?

A punch biopsy is a tiny piece of tissue taken from the cervix and sent to a pathologist so that it can be examined closely to see if there are changes in the cells. You will not normally need a local anaesthetic. The biopsy is about the size of a grain of rice. You may have a brown or red discharge from your vagina for the next few days after this.

You may also feel discomfort like period pain for the next few hours. You should take your normal painkillers to ease this pain, but do not take more than the recommended dose.

What if I need treatment?

The aim of treatment is to destroy or remove abnormal cells and allow healthy cells to replace them. Most types of treatment can be done as an outpatient in the colposcopy clinic on your first appointment if that is what you would like. You may want to arrange a fairly quiet day in case you are offered this. **If you have a coil fitted, please use an extra form of contraception for at least 10 days before your appointment**, as sometimes it is necessary to remove the coil before you have treatment. The treatment at this clinic is usually loop diathermy, cervical cautery or cryocautery.

Types of treatment

➤ **Loop diathermy (LLETZ)**

This treatment uses an electric current to remove abnormal tissue from your cervix. A local anaesthetic (similar to that you would have at the dentist) is used to numb the cervix, and the abnormal cells are then lifted off the cervix using a wire loop. The colposcopist may then apply a mustard coloured paste to seal the area. During the procedure, you will hear various noises from the machinery. The examination and treatment lasts roughly 15 minutes. Afterwards you will be given a sanitary pad and asked to rest for about 10 minutes before leaving.

➤ **Cervical cautery**

This treatment uses a small heated probe to burn the affected area of your cervix. It is usually performed to reduce the symptoms of excessive vaginal discharge or bleeding after sex. A local anaesthetic (similar to that you would have at the dentist) is used to numb the cervix. The whole procedure takes roughly 10 minutes. After the treatment you will be given a sanitary pad to wear and be asked to rest for about 10 minutes before leaving.

➤ **Cryocautery**

Cryocautery is a procedure which destroys the tissue on the cervix by freezing it with nitrous oxide. It is usually performed to reduce the symptoms of excessive vaginal discharge or bleeding after sex. The colposcopist will place a small probe on the cervix for two minutes, freezing the tissue. You should not feel any discomfort during the procedure. The whole procedure takes roughly 10 minutes. After the treatment you will be given a sanitary pad to wear and be asked to rest

for about 10 minutes before leaving. You may experience a watery discharge for two to four weeks after the treatment as the cervix heals.

What will the treatment show?

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

To make distinctions between the various levels of changes in the cells, doctors have developed an increasing scale from one to three according to how many cells are affected. So treatment results will most commonly be CIN 1, CIN 2 or CIN 3. The result of this treatment will show what follow up you need.

What normally happens after treatment?

Most women and people with a cervix will feel okay after treatment. In a **very small** number of cases, the following may happen.

- Some people feel dizzy or faint when they get up following the treatment. If this happens to you, the nurse will ask you to lie down and will keep you under close observation until you have fully recovered.
- If you have a punch biopsy, you may experience discomfort like period pain for the next few hours. You should take your normal painkillers to ease the pain but not take more than the recommended dose.
- It is normal to have some blood-stained discharge after treatment. Do **not** use tampons; instead use pads or panty liners. You should not use tampons until four weeks after the treatment. Do not worry if you do not have any discharge.
- You should avoid heavy lifting or vigorous exercise for a day or so after the treatment. You should also avoid swimming for at least two weeks or until the discharge has stopped because of the risk of infection.
- If you have any questions or concerns after your treatment, please contact any of the colposcopy clinics on;

Alexandra Hospital	01527 505739
Evesham Community Hospital	01386 502443
Kidderminster Treatment centre	01527 505762
Worcestershire Royal Hospital	01527 512003

- We will send you a letter with your results. If you have not received this letter eight weeks after your appointment, please contact the clinic.

Rare problems after treatment

A small number of patients may suffer a pain in their pelvis or heavy bleeding from the treated area. This may happen immediately after treatment or within the next couple of weeks and may mean you have an infection, particularly if you have a temperature or strong smelling discharge. It is very important that you contact your family doctor or the colposcopy clinic as you may need another examination or antibiotics.

Will I need to have check-ups?

Yes. It is important to keep your appointments to make sure that your cervix is healthy. You will be told when your next check-up is due. The check-up may be back at the colposcopy clinic or could be at your family doctor's surgery or local clinic. We will discuss the exact details with you. **It is very important to complete the follow-up programme as this allows us to check that your cervix stays healthy.**

Practical questions

What should I do if I have a period on the day of my colposcopy?

Ring the clinic and check whether you should go ahead with your appointment, as this often depends on what your appointment is for. If you feel awkward about having an examination during your period, contact the clinic and change the time of your appointment.

Can I have sex in the week before I have my colposcopy?

You do not need to avoid having sex before you have a colposcopy, unless you have a coil fitted. If this is the case, please use an extra method of contraception for ten days before your appointment, as occasionally it is necessary to remove the coil before you have treatment.

What happens if I am pregnant or I think I might be?

It is important that you keep your colposcopy appointment but please contact the colposcopy clinic on the telephone number on your letter to let us know that you are pregnant. A colposcopy can be carried out quite safely during pregnancy, but any investigations will usually be postponed until after the baby is born. When you come for your appointment, we can talk to you more about this.

Will having a colposcopy affect my fertility or sex life?

Having a colposcopy does not affect either of these. However, different treatments may have different effects and we will be happy to discuss this with you at your appointment. You may have a higher risk of having slightly premature babies. If you have any treatment, you will have to avoid having sex for four weeks afterwards. If you have a special event coming up (for example, you are getting married or going on holiday very soon after your appointment), please contact the clinic and we will discuss whether it is necessary to rearrange your appointment.

Your notes or questions

What is HPV?

HPV is the name of a common virus.

HPV is usually passed on through skin to skin contact. On the cervix it tends to be through sexual contact, which can make some people feel worried or embarrassed. Because HPV lives on our skin, it is easy to get and difficult to completely protect against. At some point during our lives, 8 in 10 people will get HPV. In most cases, your immune system will get rid of HPV without it causing any problems.

How do people get HPV?

HPV is a common virus that people usually get through skin-to-skin contact.

What are the different types of HPV?

We know of over 200 types of HPV. Each type has a number and different types affect different parts of the body.

HPV types are usually split into:

- low-risk HPV
- high-risk HPV

Low-risk HPV may not cause any problems or cause minor conditions like warts on your hands, verruca's on your feet, and genital warts. Most HPV types are low risk.

High Risk HPV

There are about 13 HPV types which are classed as high risk.

Having high-risk HPV does not mean you will get cancer. Like other HPV types, in most people high-risk HPV goes away without causing any problems.

How do I get rid of HPV?

There is no treatment for HPV. Instead, your immune system will usually get rid of HPV before it causes any problems. In fact, 9 in 10 people get rid of HPV within 2 years.

How do I reduce my risk of HPV?

You can't completely protect against HPV. But there are ways you can reduce your risk of getting HPV or developing a persistent infection that your immune system can't get rid of, in particular by stopping smoking.

Smoking and HPV

In the UK, about 2 in 10 cervical cancers are linked to smoking tobacco. Smoking can make your immune system weaker, which means it is less likely to protect against disease and infection.

Who did I get HPV from?

You can have HPV for a long time without knowing about it, so it is difficult to know when you got HPV or who you got it from.

HPV in long-term relationships

If you have been with a long-term partner, you may worry that having HPV means they have been unfaithful. This is not true. Although your immune system usually gets rid of HPV, it can sometimes stay in your body without causing any problems or being detected with a test. This is called dormant or clinically insignificant HPV.

Sometimes dormant HPV can become active again, which means it can be detected with a test and may start causing cervical cell changes. We don't know why HPV becomes active again.

Because HPV can stay dormant in your body without being detected, it is possible that you got the virus many years – even decades – ago but never knew you had it.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Sister Jo Underhill, Colposcopy Clinic, Alexandra Hospital (phone 01527 505739)
- Sister Debbie Wise, Kidderminster Hospital (phone 01527 505762)
- Sister Julie Brassington, Worcestershire Royal Hospital (phone 01527 512003)

Other information

The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk
Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information fact sheets on health and disease
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhsdirect.nhs.uk
On-line health encyclopaedia

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.