

You have had a colposcopy to closely examine the neck of your womb (cervix). This has been done because you have had an abnormal smear, because your GP has referred you for this examination or because your most recent smears have been inadequate (not enough cells present to be analysed).

A colposcopy is not a general gynaecological examination; it will not tell you anything about your womb, fallopian tubes or ovaries.

The doctor or nurse performing the colposcopy (colposcopist) should have explained why the examination was necessary and what you should expect afterwards. This leaflet is a summary of this information for further reference. It is not possible to cover every eventuality in this leaflet; your colposcopist will provide the information which is specific to you.

### **What can you tell from the colposcopy?**

The colposcopist should have told you what they thought about your cervix, but often we need to wait for the results of the smear or biopsy or both before deciding about what to do next.

If your cervix looked normal and no biopsy was taken then you will either be discharged or brought back for a repeat smear or examination as necessary.

If a biopsy and/or smear was taken your colposcopist will look at these results when they are available; combine them with the results of your examination to decide what needs to be done next. You will then receive a letter informing you of your results and your next appointment.

This usually takes about 6-8 weeks

Most of the time the results of the biopsy will show whether or not you have abnormal cells on your cervix called Cervical Intraepithelial Neoplasia (CIN):

<b>C</b>	Cervical	On the Cervix
<b>I</b>	Intraepithelial	Means that the abnormal cells are limited to the skin and do not go any deeper
<b>N</b>	Neoplasia	Just another word for abnormal cells

**CIN is NOT Cancer**

CIN occurs in different stages:

- CIN 1: mildly abnormal changes in the skin cells
- CIN 2: moderately abnormal changes in the skin cells
- CIN 3: severely abnormal changes in the skin cells
- CGIN: occasionally the abnormal c cells come from the 'inside' or entrance to your cervix and this is known as Cervical **Glandular** Intraepithelial Neoplasia

The following are a guide to what may happen next. Your specific management will depend on several factors and will be determined by the colposcopist(s) who examined you.

If your biopsy does not show any CIN (negative) you will either be discharged or offered a repeat smear and / or colposcopy when appropriate.

If your biopsy shows CIN 1 you will normally be discharged and have a smear with your GP in 12 months' time. This is because we know that this mildly abnormal area is very likely to get better of its own accord without treatment.

If your biopsy shows CIN 2\*, 3 or CGIN then generally you will be offered treatment to remove these abnormal cells.

**This is NOT because they are cancer but because we do not know if they will become cancer or not in years to come.**

Treatment is carried out at another appointment in clinic a few weeks later, or if necessary under general anaesthetic.

\* Younger women with a small area of CIN 2 may be offered the option of repeat colposcopy in six months rather than treatment.

#### **What can I expect directly after the colposcopy?**

If you have had a biopsy taken you may notice a slight, watery blood-stained discharge over the next few days. If necessary, you should use sanitary pads or panty-liners. To prevent infection avoid using tampons and avoid sexual intercourse until this discharge has stopped.

Occasionally the biopsy site may become infected. If you experience heavier than expected bleeding or a bad smelling discharge then you may need a course of antibiotics. Generally, your GP will be able to prescribe these.

Some 'period like' cramping pains may be experienced straight after the examination, these should settle quite quickly. If necessary some simple painkillers, such as Paracetamol can be taken.

If you need help or advice following your Colposcopy the clinic can be contacted in office hours: Tel No 02921 842758

Out of hours please contact your GP or the emergency gynaecology unit: Tel No 02921 843644

For general enquiries please contact:  
Colposcopy Services office Tel No: 02921 841860  
Monday to Friday from 08:30-16:00 pm

Leaflet written by Sue Ashman, Nurse Colposcopist,  
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**Further Information and  
advice following your  
Colposcopy**