

Kia ora and welcome

Colposcopy is an examination of the cervix, using a microscope called a colposcope. The colposcope looks like a pair of binoculars on a stand. It may have a camera attached so that you can see your cervix on a screen. A colposcope magnifies the cervix and vaginal wall so that any abnormal cells can be seen.

Why you need colposcopy

If you have had an abnormal cervical smear test result, you will have been advised to have colposcopy, in accordance with the National Cervical Screening Programme Guidelines.

Abnormal cell changes often return to normal on their own. In a small number of cases, abnormal cells can develop into cervical cancer if they are not treated. (See the pamphlet Cervical Screening: Understanding Smear Test Results, code 4598.)

Your colposcopy appointment

- If you have to change the time of your appointment for any reason, eg, you think you will be having your period on the day of your appointment, please phone the clinic as soon as possible.
- It is safe to have colposcopy when you are pregnant, but tell the clinic nurse.
- If you need an interpreter, let the clinic know in plenty of time.

You are welcome to bring your partner, a family or whānau member or a friend with you.

At the colposcopy clinic

The doctor or nurse will ask you questions about your health. They will also want to know the first day of your last period. This is a good time for you to ask questions. You will then have colposcopy.

Colposcopy

The actual colposcopy examination takes about 15 minutes. A nurse will be there to help you during your examination. The whole visit may take up to an hour. If you need to know more about your visit, ask the clinic staff.

You will be asked to lie on a raised bed with your legs placed in leg rests. The colposcope will be put near the opening of your vagina. It will not touch your body. The colposcopist will insert a speculum in the same way as when you have a cervical smear test. The speculum makes it easier to see your cervix through the colposcope.

The colposcopist paints a liquid onto your cervix, which will show up any abnormal cells. It may sting a little. Some small tissue samples may be taken from areas that look abnormal (a process called a biopsy). When the tissue is taken, you may feel a quick, sharp pinch.



After colposcopy

The colposcopist will talk to you briefly about what was found. You may have the sort of discomfort, such as cramps, that you get during your period. Rest and do what you usually do when you have period pain.

The biopsy will leave a small raw area on your cervix. You may bleed a little or have some reddish discharge from your vagina, which may last a few days. Until it stops and your cervix is healed:

- use sanitary pads, not tampons
- have showers instead of baths
- avoid sexual intercourse
- avoid spa pools and swimming pools.

If you start to bleed more than you do when you have your period, or if the bleeding goes on for more than a week, call the colposcopy clinic for advice.

Colposcopy is safe and effective

There are very few risks in having colposcopy.

Although colposcopy is an effective way of finding abnormal cells, it does not always detect all abnormalities. Colposcopy may sometimes have to be done again because the biopsy results were not clear.

Receiving your results

The biopsy is sent to a laboratory to find out exactly what sort of changes are taking place. It takes 2–4 weeks for the clinic to get the laboratory results. The clinic may send you your results by letter or may phone you. If you have not received a letter or been called after four weeks, phone the clinic.

Your results will also be sent to the National Cervical Screening Programme Register. A copy will also be sent to your own doctor or smear taker.

Cervical cancer and the human papillomavirus

- Cervical cancer is caused by the human papillomavirus (HPV). HPV is a sexually transmitted infection that affects almost all people at some point in their lives.
- There are many types of HPV. Most HPV infections will clear up by themselves.
- Only a few types of HPV will lead to abnormal precancerous cells that could progress to cancer.
- Although there is no treatment for persistent HPV infections, there is treatment for the abnormal cells that HPV can cause.
- Testing for HPV may be offered following colposcopy in some special circumstances. This test and results can be discussed with your doctor or nurse.

Ma te mohio ka ora
Knowledge improves health
and well-being

Biopsy results

Sometimes biopsy results will be normal.

There are three main types of abnormal results, those that show:

- mild (low-grade) changes (CIN 1)
- moderate to severe (high-grade) changes (CIN 2 or 3) or carcinoma-in-situ (CIS)
- glandular cell changes or adenocarcinoma-in-situ (AIS).

In a few women, these abnormal cells could develop into cervical cancer if they are not treated. HPV is the main cause of abnormal cell changes and cervical cancer.

Treatment

The colposcopist will advise you if you need treatment or a follow-up smear and colposcopy.

The type of treatment will depend on:

- the type of abnormal cells found
- where they are located
- how many there are
- their size
- how much change there has been.

The colposcopist will discuss your choices of treatment with you and where they are available.

Early treatment of abnormal cervical cells has about a 95 percent success rate.

The National Cervical Screening Programme

- Any woman can withdraw from the programme at any time by filling in a form or by writing to the programme.
- In order to ensure no follow-up, your name, address, date of birth and national health index number will be kept, but the programme will not track your smear history.
- You can rejoin the programme at any time, and your screening history will recommence with your most recent smear or colposcopy result.

An important message

It is important that you attend your colposcopy appointment.

- Women who have been referred for colposcopy with low-grade smear abnormalities should be seen at a colposcopy clinic within six months. Treatment is usually not recommended.
- Women with high-grade smear abnormalities should be seen within one month and treatment will be advised.
- Where there is any suspicion of cancer, the woman should be seen within one week.

The *Guidelines for Cervical Screening in New Zealand* (2008) contain information for health professionals on the most appropriate way of treating women who have abnormal cervical smear results. The guidelines can be obtained from www.cervicalscreening.govt.nz

Further information

If you have questions about your appointment or the information in this pamphlet:

- contact the colposcopy clinic, your doctor or your smear taker
- contact the National Cervical Screening Programme, freephone 0800 729 729
- view our website at www.cervicalscreening.govt.nz
- view the health education website at www.healthed.govt.nz

For more information contact the National Screening Unit, the Ministry of Health, phone Auckland.

Local clinic details:

Colposcopy



Information for
women who have
abnormal cervical
smear test results

Taku hauora, taku tinana,
taku tumanako
My health, my body, my future