

What will the biopsy results show?

Occasionally the biopsy result will be normal. Usually the biopsy results will show how much the abnormal cells have changed the surface of the cervix. CIN (Cervical Intraepithelial Neoplasia) is the word to describe how much change there has been. CIN is also sometimes called dysplasia.

There are three grades of cell change:

- CIN 1 Mild abnormality
- CIN 2 Moderate abnormality
- CIN 3 Severe abnormality (also known as carcinoma in situ).

None of these is cancer.

Cells that have only changed a little (CIN 1) usually change back to normal by themselves. Cells that are more abnormal (CIN 2 and 3) may turn into cancer over a number of years if they are not treated.

It is very rare that a colposcope shows someone has cancer. If this happens, you will be referred to a cancer specialist.

Early treatment of abnormal cervical cells has a 98% – 100% success rate.

What happens if I need treatment?

The type of treatment depends on where abnormal cells are found, the number of them, their size and how much change there has been. The doctor will discuss with you your choices of treatment and where they are available.

Guidelines for management of abnormal cervical smears

In New Zealand there are guidelines that describe the best way of caring for women who have abnormal cervical smear results. The guidelines are updated every few years.

The 1999 guidelines advise that:

- women with two abnormal smear results in six months showing CIN 1 should be seen at a colposcopy clinic within six months. If there is an abnormal biopsy result, those women should be treated within the next six months.
- women with CIN 2 and 3 should be seen within one month. They should be treated within two months of the biopsy result.
- if there is any suspicion of cancer, women should be seen within one week.

The guidelines also set out the standard for the skills and experience of colposcopists.

The full name of the guidelines are **Cervical Screening: Guidelines for the management of women with abnormal cervical smears**, National Cervical Screening Programme, (5th edition) November 1999.

You can get a copy of the guidelines from the National Cervical Screening Programme.

The guidelines are also on the screening programme's website: www.healthywomen.org.nz

Where can I find out more?

If you have questions about your appointment or what is in this pamphlet, please get in touch with the clinic, your GP or smear taker.

You could also ask:

- the National Cervical Screening Programme in your area. **Freephone 0800 729 729**
- your local library
- a local women's centre
- the local branch of the Cancer Society

Local clinic details



June 2001. Reprinted August 2005. Code 1202

Colposcopy

Information for women who have abnormal cervical smear results



Kia Ora and welcome

Why do I need a colposcopy?

You have been asked to come to a colposcopy clinic because there were abnormal cells on your cervical smear.

Abnormal cells on a cervical smear hardly ever mean cancer. Many women have an abnormal smear result at some time in their lives. However the abnormal cells may develop into cancer if they are not treated.

When you have a colposcopy the doctor will be able to see the cells on your cervix and tell if you need treatment.

It is very important to have the colposcopy to find out how much the cells on your cervix have changed, so you need to keep this appointment.

- If you have to change the time, please phone the clinic as soon as possible.
- If you think you will have your period on the day of your appointment, please phone the clinic for another time. The doctor cannot see your cervix clearly if you have your period.
- If you are pregnant it is safe to have a colposcopy, but make sure you tell the clinic nurse.
- If you need an interpreter, please let the clinic know in plenty of time.

You are welcome to have your partner, a family or whānau member or a friend with you for the whole clinic visit.

What happens at the clinic?

First, the doctor or nurse will ask you questions about your health. They will want to know the first day of your last period. This is a good time for you to ask questions. You will then have the colposcopy, which takes about 15 minutes.

The doctor who will see you has been specially trained as a colposcopist. A nurse will be there to help you the whole time.

The whole visit may take over an hour. If you need to know more about your visit, ask the clinic staff.

What happens during a colposcopy?

A colposcope looks like a pair of binoculars on a stand. It is used for looking at cells on the vaginal wall and cervix (the neck of the womb). The colposcope makes the cells appear larger, so they can be seen more easily.

You will be asked to lie on a raised bed with your legs up in leg rests. The colposcope will be put near the opening to your vagina. It will not touch your body.

The doctor will insert a speculum in the same way as when you have a cervical smear test. That makes it easier for the doctor to see your cervix through the colposcope.

This kind of examination can be embarrassing but the doctor and nurse will try and make you comfortable.

The doctor paints a liquid onto your cervix. This shows up any abnormal cells as white areas. The liquid may sting a little but it is not harmful.

Usually the doctor will take some small tissue samples (biopsy) from areas that look abnormal. The pieces of tissue are the size of a match-head. When the tissue is taken you may feel a quick, sharp pinch. Afterwards, you may have the sort of pain you get during your period.

The biopsy is sent to a laboratory, to find out exactly what sort of changes are taking place. Unless you disagree, the results of the biopsy will be sent to the National Cervical Screening Programme Register.

What happens afterwards?

After the colposcopy the doctor will talk to you briefly about what he or she saw.

If you need to take the rest of the day off work, please ask the staff for a medical certificate.

You may have some cramps. 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 bit or have some reddish discharge from your vagina. You may see a small scab come away.

The discharge from a small biopsy like this will only 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.

Is colposcopy safe?

There are very few risks in having a colposcopy. On very rare occasions a woman may faint or bleed a great deal.

A colposcopy does not affect your chances of getting pregnant or having a child in the future.

Does it always work?

A colposcopy is an effective way of finding abnormal cells. Very occasionally the colposcopy may have to be done again because the biopsy results were not clear. Colposcopy does not always detect tiny abnormalities.

How do I get my results?

It takes 2–4 weeks for the clinic to get the results from the laboratory. The doctor or nurse will tell you how the clinic will send those results to you. You will get either a phone call or a letter.

Once the results are back the doctor can advise you if you need treatment or a follow-up colposcopy and smear.

Your results will also go to the GP or smear taker who referred you to this clinic.