



Spire Healthcare

Treatment summary

Diagnostic tests: colposcopy

What is a colposcopy?

A colposcopy is an examination of the cervix (neck of the womb) using a binocular microscope called a colposcope. The examination is usually done to look more closely at abnormal cells that have been found in a routine smear test. During a colposcopy, a small sample of cervical tissue may be taken and sent for laboratory analysis. This is known as a biopsy.

Abnormal cells can be removed during a colposcopy by a procedure called loop excision or LLETZ (large loop excision of the transformation zone). Alternatively, they can be destroyed by freezing, heat or laser treatment.

Colposcopy is usually an out-patient procedure. Anaesthesia is often not necessary. However if you are having LLETZ, freezing, heat or laser treatment, you may be given a local anaesthetic injection. This means that the area will be numb but you will still be awake.

Your gynaecologist will explain the benefits and risks of having a colposcopy, and will also discuss the alternatives to the procedure.

About the procedure

Your gynaecologist will use a speculum to view the cervix, in a similar way to having a smear test. The colposcope remains outside the body, and is positioned so the doctor can look more closely at the cells of the cervix.

For most women the examination does not cause any pain, but it may be a bit uncomfortable. If you feel more than slight discomfort or feel faint, you should tell your gynaecologist or nurse.

A solution of acetic acid (dilute vinegar) is gently wiped on the cervix. This may sting a little. The acetic acid turns any abnormal cells white. If there are no abnormalities, you will not need treatment. However, you should continue to have regular smear tests.

If any abnormalities show up, a solution of iodine may be applied to the rest of the cervix to more accurately identify the affected area. With iodine, normal cells stain black and abnormal cells stain yellow. At this point, a small piece of tissue may be cut out for a biopsy.

If there is an obvious abnormality, or if you have had a previous positive biopsy result, treatment may be needed. The most common form of treatment is loop excision. This can be done during the same appointment, or may be carried out at a later visit.

For loop excision, a local anaesthetic will be injected into the cervix to numb the area. The injection will feel like a pinprick. A loop of fine wire with an electric current flowing through it is then used to remove abnormal cells.

Following the procedure, most women experience some vaginal discharge and/or bleeding similar to a light period. This usually clears up after two weeks but may last for up to six weeks.

If you have a biopsy, the results will be ready one to two weeks later and will usually be sent to your gynaecologist. He or she will either send you a letter explaining the results, or may discuss them with you at a follow-up appointment.

Colposcopy is generally a safe procedure. For most women the benefits of having a clear diagnosis, or quick and effective treatment, are much greater than any disadvantages. However, all medical procedures carry an element of risk.

A small number of women will have heavy bleeding after the procedure. Occasionally an infection may develop. This may need treatment with antibiotics or, in very rare cases, surgery.

The chance of complications depends on the exact type of procedure you are having and other factors such as your general health. You should ask your gynaecologist to explain how any risks apply to you.

To find out more about having colposcopy in a Spire Healthcare hospital, please contact your local Spire hospital.



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