

Colposcopy and cell changes

Jo's cervical cancer trust



About this information

If you have been invited to colposcopy, you may feel worried about why you've been invited, as well as feeling unsure about practical things, like what will happen at the appointment. We want you feel as comfortable and confident as possible, so in this information we talk through:

- why you may have been invited to colposcopy
- what happens at a colposcopy appointment
- colposcopy results.

What is colposcopy?

Colposcopy is an examination to take a closer look at your cervix. An expert, called a colposcopist, does the examination. This is a different expert to the one at your cervical screening (smear test).

Colposcopy is used to both diagnose and treat cell changes (abnormal cells). If you need treatment, you may:

- be diagnosed and treated during your first appointment
- be invited to a separate appointment for treatment.

Most cell changes go away on their own, but some may develop into cervical cancer. Colposcopy helps identify whether cell changes need treatment to stop this happening.

Why have I been invited to colposcopy?

After cervical screening, you may be invited for colposcopy because:

- You have an abnormal result. This means you may have cell changes on your cervix. These cell changes are not cancer.
- You have high-risk human papillomavirus (HPV).
- You have had 3 cervical screening tests in a row with inadequate results.
- The nurse or doctor who did your cervical screening test thought your cervix didn't look as healthy as it should.

If you live in Northern Ireland

A cervical screening result may show cell changes that are not very extensive. These are usually called low-grade cell changes or low-grade dyskaryosis.

In Northern Ireland, these cell changes are also tested for high-risk HPV as part of cervical screening. If you don't have high-risk HPV, you do not need to go to colposcopy as the cell changes are unlikely to develop into cervical cancer.

Before colposcopy

Colposcopy is usually done in a hospital and takes between 15 and 30 minutes. You can go home shortly after the appointment.

Things to think about before your appointment:

- You can eat and drink as normal.
- It is common to have some light bleeding (spotting) after colposcopy. You may want to bring a sanitary pad or panty liner with you.

Contact the hospital if:

- you think you may get your period at the same time as your appointment – you will probably still be able to have colposcopy, but they may ask you to go another day
- you are pregnant – colposcopy is safe during pregnancy, but any biopsies or treatment may happen a few months after you give birth.

Your colposcopy appointment

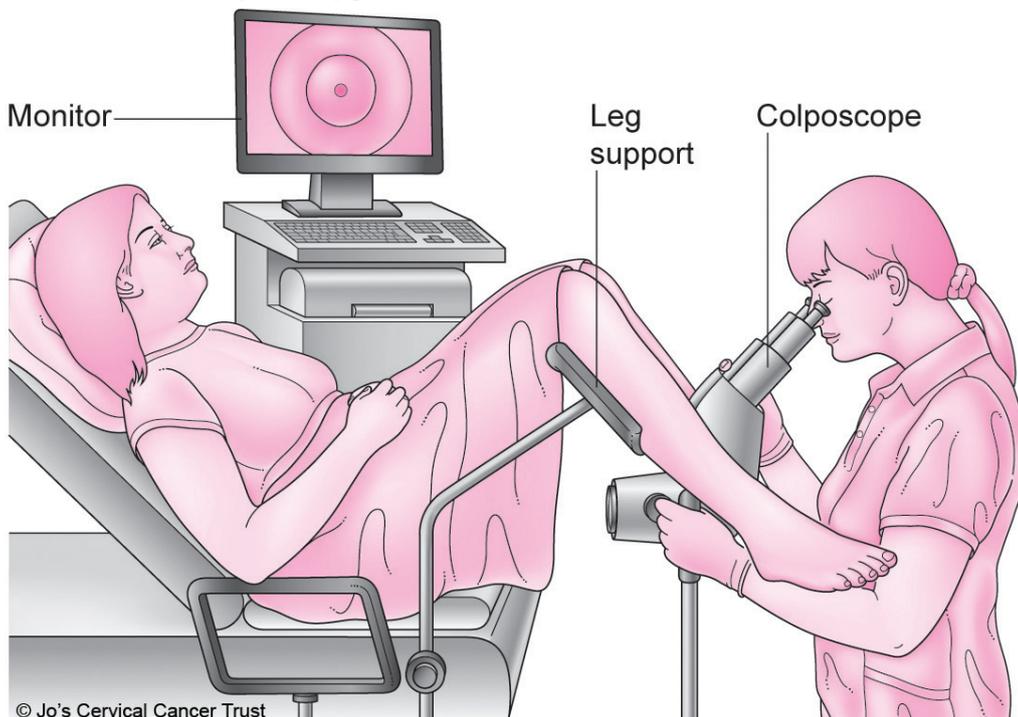
At the start of the appointment, your colposcopist will invite you into an examination room. They will explain why you have been invited and what will happen during the appointment. You can use this time to ask any questions.

Your colposcopist will give you a private space to undress from the waist down and ask you to lie on an examination bed. Some colposcopy clinics have an extra screen next to the bed, in case you want to watch the examination.

Like during cervical screening, your colposcopist will gently put a new, clean speculum into your vagina. A speculum is usually a plastic cylinder with a round end – sometimes a metal speculum is used.

Your colposcopist will use a microscope with a light at the end to have a detailed look at your cervix. This is called a colposcope. The microscope stays outside your body.

Someone at colposcopy



Liquid tests

Your colposcopist usually puts some liquid on your cervix. This helps show any areas where there are cell changes.

Most colposcopists use a combination of acetic acid and Schiller's iodine tests:

- Acetic acid is a very weak acidic liquid. It is sometimes called dilute vinegar. The colposcopist gently applies it to your cervix using a cotton wool ball or with a spray. It shows cell changes by turning them white.
- Schiller's iodine test uses an iodine solution. It stains normal cervical tissue dark brown. Cell changes may not stain, so the colposcopist can see them.

Taking a biopsy

Your colposcopist may take a sample of tissue from your cervix. This is sometimes called a punch biopsy.

A biopsy only takes a small sample of tissue, so most people don't have local anaesthetic. If you would like local anaesthetic, ask your colposcopist.

Your colposcopist will explain the biopsy before they take it. Some people find it uncomfortable, but it should not be painful. Remember, you are in control. If it hurts, ask your colposcopist to stop.

Your colposcopist will take between 1 to 3 biopsies to make sure they have enough tissue from different areas of the cervix. They send the sample of tissue to a laboratory for testing.

If cell changes are treated during the same appointment

Sometimes, your colposcopist can tell that cell changes need treatment during your first colposcopy appointment. If this happens, your colposcopist will explain what the treatment is and why they want to do it, to make sure you are happy with their suggestion. If you are, they will remove areas where there are cell changes.

Read our information about treatment for cell changes at jostrust.org.uk/abnormalities

Colposcopy results

Your colposcopy results tell you:

- what the colposcopist saw during your appointment
- if you had one, what your biopsy showed.

It's important to know that colposcopy results are different to cervical screening results. This can be confusing, but if you have any questions, your colposcopist or GP will be able to explain exactly what your results mean.

Normal result

About 4 in 10 colposcopy results are normal. This means no cell changes were found in your cervix during colposcopy or biopsy.

If you have a normal result, you do not need any treatment and are at low risk of developing cervical cancer. You will usually be advised to continue going to cervical screening when invited, in case cell changes develop in future. You will be invited in 3 or 5 years, depending on your age.

You can have a normal colposcopy result even if you had an abnormal cervical screening result. This is because cervical screening does not diagnose cell changes. Instead, it offers a snapshot of cervical cells that suggests whether you need further tests. Colposcopy is a much more detailed look at your cervix, which is why the results can be different.

Abnormal result

About 6 in 10 colposcopy results are abnormal. This means the tests done during colposcopy or biopsy have confirmed you have cell changes.

Possible abnormal results include:

- cervical intraepithelial neoplasia (CIN)
- cervical glandular intraepithelial neoplasia (CGIN).

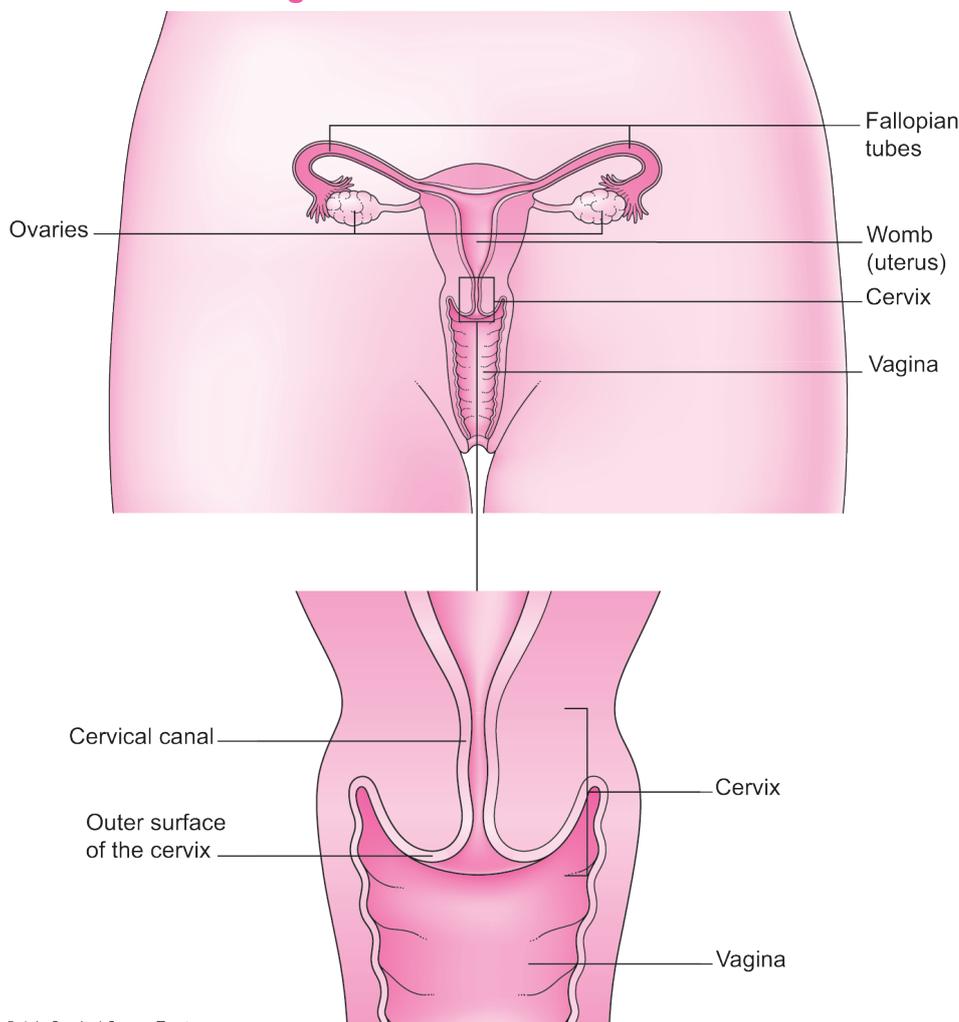
Rarely, a colposcopy result will show cervical cancer. If this happens, you'll be referred to a team of specialists to discuss treatment.

CIN and CGIN

It is important to know that CIN and CGIN are not cervical cancer. CIN and CGIN are named for the part of the cervix they affect:

- CIN affects cells on the outer surface of the cervix.
- CGIN affects cells up inside the cervical canal. It is less common than CIN.

The cervix showing the outer surface and cervical canal



How is CIN graded?

CIN is graded from 1 to 3. The number shows how deep the cell changes go into the outer surface of the cervix. Sometimes, the terms low grade or high grade are also used.

CIN1 (low grade)

One-third of the thickness of the outer surface is affected.

It is unlikely these cell changes will develop into cervical cancer. They will probably go back to normal by themselves. You do not need treatment and will be invited for cervical screening in 12 months to check the cell changes are gone.

CIN2 (high grade)

Two-thirds of the thickness of the outer surface is affected.

There is a higher chance these cell changes may develop into cervical cancer. Depending on your situation, you may be offered:

- treatment to remove the cell changes
- an appointment (monitoring) every 6 months to check if the cell changes go back to normal by themselves.

You can discuss options and your preference with your colposcopist.

CIN3 (high grade)

The full thickness of the outer surface of the cervix is affected.

If not treated, it is more likely these cell changes will eventually develop into cervical cancer, so you will be offered treatment to stop that happening.

How is CGIN graded?

CGIN is usually described as:

- low grade
- high grade.

If you have any grade of CGIN, you will be offered treatment.

Will CIN and CGIN develop into cervical cancer?

Most cell changes do not develop into cervical cancer. Once cell changes are found and graded, colposcopists can monitor or treat them as needed.

If CIN is not monitored or treated, it may develop into squamous cell cervical cancer. This type of cervical cancer is named after the squamous cells on the outer surface of the cervix.

If CGIN is not treated, it may develop into adenocarcinoma. This type of cervical cancer affects the glandular cells up inside the cervical canal.

If you are worried or have specific questions, ask your colposcopist to talk you through your individual situation. They can give support and may be able to reassure you.

Treating cell changes

If you need treatment and didn't have it at your first colposcopy appointment, you should be invited for it within 4 to 6 weeks. Your colposcopist should be able to help with any questions or concerns about timeframes.

Treatment depends on the type and grade of the cell changes. Common treatments for cell changes are:

- large loop excision of the transformation zone (LLETZ)
- cone biopsy.

Other treatments for cell changes are laser therapy, cold coagulation (also called thermoablation) and cryotherapy.

Read our information about treating cell changes at jostrust.org.uk/abnormalities

More information and support

We hope this information has helped you feel prepared for colposcopy or explained more about your results. If you have general questions or want to talk through your experience, we are here for you.

For emotional support, call our free Helpline on **0808 802 8000** – check the opening hours at jostrust.org.uk/helpline

If you have a question, you can ask our experts at jostrust.org.uk/ask-expert We cannot give you medical advice or answers about any results. In this case, it is best to speak with your GP or nurse.

If you would find it reassuring to talk with others who have been to colposcopy or had cell changes, join our online forum at jostrust.org.uk/forum

Can you help Jo's reach more people?

We rely on your generous donations to help us provide free support and information to the people who need it. If you find this information helpful, please consider making a donation at jostrust.org.uk/donate

Thanks and references

Thank you to everyone affected by cervical cancer who helped us develop this booklet and who shared their stories in it.

All of our information is reviewed by experts for clinical accuracy – thanks to those who reviewed this. For references, email info@jostrust.org.uk

Version 1.0. Updated March 2020. Next planned review 2022. This information was correct at the time of publication.

Registered in England and Wales. Company Limited by Guarantee: 7111375. Charity Number: 1133542. Registered Scottish Charity Number: SC041236.