



Cervical screening: having a colposcopy

Information for patients from Women's Health

Why do I need a colposcopy?

We have invited you to have a colposcopy because of the result of your cervical screening test (previously called a smear test). This is usually for one of the following five reasons.

- We found some abnormal cells in your cervix and an infection with human papillomavirus (HPV).
- You have an HPV infection which has not gone away.
- You have had several screening tests where we were unable to give you a result. It is likely there is nothing wrong, but a colposcopy can find out for sure.
- The nurse or doctor who carried out your screening test thought your cervix did not look as healthy as it should.
- Your GP has referred you due to your symptoms.

Most people who have a colposcopy do not have cervical cancer.

What is a colposcopy?

A colposcopy is an examination to:

- check whether there are abnormal cells on your cervix; and
- if so, how serious they are.

This is a follow-up to your cervical screening test.

Colposcopy usually takes place in a hospital outpatient clinic.

A doctor or nurse will take a close look at your cervix using a magnifying lens with a light (a colposcope). They may take a small tissue sample (a biopsy) to check any areas of your cervix which look unusual. If the

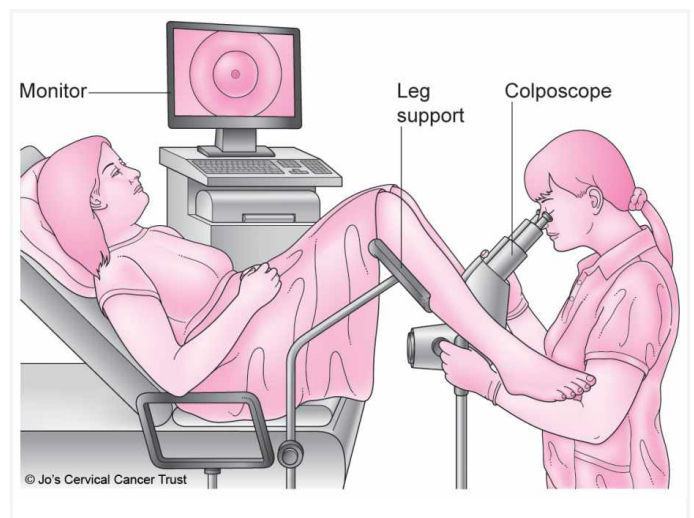
colposcopy confirms there are abnormal cells on your cervix, you may need to have them removed to help prevent cervical cancer.

Is there anything I can do to prepare for my appointment?

- If you would like a female nurse or doctor to carry out your colposcopy, please call the clinic to ask for this when you receive your appointment.
- If you think you might have your period on the day of your appointment, you may want to call the clinic to arrange a different appointment. But you can come for your appointment during your period if you want to.
- Please do not have sex or use vaginal medications, lubricants, or creams for at least 24 hours before your appointment. This makes it easier to look at your cervix during your colposcopy.
- Take a panty liner to your appointment, as you may have a small amount of vaginal discharge after your colposcopy. If you have a small tissue sample taken (a biopsy), you may have some bleeding too.
- You can bring a friend, partner, or member of your family with you if you want.

What happens during my appointment?

- You will need to undress from your waist down, and lie down on a bed with your knees bent.
- A member of staff will ask you to place your legs onto some padded supports. A paper sheet or towel will cover your stomach and hips.
- The nurse or doctor will use a colposcope to take a close look at your cervix. The colposcope does not go inside you, or even touch your skin. It stays about 30cm outside your vagina. The image of your cervix from the colposcope will sometimes be on a screen. This helps the nurse or doctor see your cervix more clearly.
- The nurse or doctor will dab different liquids onto your cervix. The liquids make any abnormal cells a different colour, so that they can be seen more easily. If the nurse or doctor finds anything unusual they may take away a small tissue sample, a few millimetres across (a biopsy). The biopsy will be checked in the laboratory.
- The examination takes about 10 to 20 minutes.
- The examination can feel uncomfortable and some people may feel pain. If it feels painful, tell the nurse or doctor and they will try to make it more comfortable for you.



What happens after my appointment?

- Most people feel well enough to go about their day-to-day activities straight away. Some may need to go home and rest for a while.
- You may have some brownish discharge from your vagina, from the liquids that were used during your colposcopy.
- For the next few days, you may have some light bleeding from your vagina, especially if you have had a biopsy. This is normal and usually stops after 3 to 5 days. Avoid sex, using tampons, and any vaginal medications, lubricants, or creams until the bleeding stops.

When will I get my results?

The nurse or doctor may be able to tell you what they have found straight away. If you have had a biopsy taken, it will need to be checked in the laboratory. If this happens, you will get your results by post about 4 weeks later.

- **A normal result**

About 4 in 10 people who have a colposcopy will have a normal result. If you have a normal colposcopy result, this means:

- your cervix looks healthy; and
- you have low risk of developing cervical cancer before your next screening test.

You can have a normal colposcopy result even if you had an abnormal result in your cervical screening test.

- **Abnormal cells confirmed**

About 6 in 10 people will have abnormal cells found at colposcopy. The medical term for abnormal cells is CIN (cervical intraepithelial neoplasia). CIN is not cancer, but it can sometimes go on to develop into cancer.

Your colposcopy and biopsy results will show if you need to have the abnormal cells removed or whether they can be left alone for now. This will depend on whether your CIN is 'low grade' or 'high grade' (see below).

CIN 1 ('low grade')

You are unlikely to develop cervical cancer. Often the abnormal cells will go away on their own when your immune system gets rid of the HPV. This happens in most cases. We will normally invite you for another cervical screening test in 12 months to check whether you still have HPV.

CIN 2 or CIN 3 ('high grade')

You have a higher chance of developing cervical cancer than someone with 'low grade' CIN. We will normally offer you treatment to remove the abnormal cells, as this will lower your risk of developing cervical cancer.

- **Cervical cancer**

Rarely, someone having a colposcopy will be found to have cervical cancer. If this happens to you, we will refer you for care and treatment from a team of specialists. Cancers diagnosed through screening are usually found at an earlier stage. People who have early stage cancers are more likely to survive than people with later stage cancers.

What is the treatment for removing abnormal cells on the cervix?

The usual treatment for high grade abnormal cells is to remove them, taking care not to damage the healthy parts of the cervix. The treatment most often used to remove abnormal cells is LLETZ (large loop excision of the transformation zone). For more information, please ask a member of staff for a copy of the **LLETZ** leaflet. (<https://leaflets.ekhft.nhs.uk/large-loop-excision-transformation-zone-lletz/html/>)

People sometimes need to come back for another colposcopy to have treatment. However, often it is possible to remove the abnormal cells during your first colposcopy. If you need to come back for treatment this will also be in an outpatient clinic.

We usually use a local anaesthetic for the treatment, so you will be awake but will not feel any pain.

After treatment we will invite you to have a cervical screening test sooner than usual to check that the treatment was successful.

If you are pregnant, we will be able to remove the abnormal cells after you give birth. Talk to the nurse or doctor about when it is best for you to have this done.

What are the risks to having this treatment?

Although it is an effective way of preventing cervical cancer, treatment has some risks.

There is a risk of infection from having abnormal cells removed. If you have any of the following signs of infection, please speak to your GP.

- Heavy bleeding.
- Bleeding that does not go away.
- Vaginal discharge that smells.
- Pain in your tummy that does not go away.

Having abnormal cells removed may affect any future pregnancies you have. If you become pregnant and undergo standard treatment after having abnormal cells removed, you are not at increased risk of having your baby early. However if more cervical tissue needs to be removed, you are slightly more likely to have your baby one to two months early. This may affect around 16 in 100 women (16%) who have had this more extensive treatment and then have a baby. There is also a small chance of cervical stenosis due to scarring.

Not everyone who has abnormal cells removed would have gone on to develop cervical cancer. We offer treatment to everyone with serious abnormal cells, as it is not possible to tell who will and who will not develop cervical cancer.

What are the symptoms of cervical cancer?

Cancer can start to develop between your regular screening tests. It is important to look out for anything that is unusual for you, especially:

- bleeding between your periods, during or after sex, or after the menopause; and / or
- a change to vaginal discharge.

If you have any of these changes, please see your GP as soon as possible. Usually these symptoms will not mean you have cancer. But if you are found to have cancer, getting it diagnosed and treated early can mean you are more likely to survive.

What happens to my tissue samples after my colposcopy?

The laboratory may keep your tissue samples for at least 10 years. Staff who work elsewhere in the NHS may see your colposcopy results. This is so they can make sure the service is as good as possible and to improve the skills of specialist staff.

What if I need more information and support?

For more information:

- speak with your GP or practice nurse;
- visit the NHS website (<https://www.nhs.uk/conditions/colposcopy/>);
- visit www.gov.uk (<https://www.gov.uk>) and search for 'cervical screening'; and /or
- call the Jo's Cervical Cancer Trust helpline on 08088 02 80 00.

This leaflet has been produced with the acknowledgement of NHS England (<https://www.gov.uk/government/publications/cervical-screening-colposcopy/cervical-screening-having-a-colposcopy>).

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More information

The NHS Screening Programmes use personal information from your NHS records to invite you for screening at the right time. Public Health England also uses your information to make sure you receive high quality care and to improve the screening programmes. Find out more about how your information is used and protected, and your options (<https://www.gov.uk/government/publications/patient-confidentiality-in-nhs-population-screening-programmes>).

Find out more about how to opt out of screening (<https://www.gov.uk/government/publications/opting-out-of-the-nhs-population-screening-programmes/opting-out-of-screening>).

Public Health England (PHE) created this information on behalf of the NHS.

What do you think of this leaflet?

We welcome feedback, whether positive or negative, as it helps us to improve our care and services.

If you would like to give us feedback about this leaflet, please fill in our short online survey. Either scan the QR code below, or use the web link. We do not record your personal information, unless you provide contact details and would like to talk to us some more.

Giving feedback about this leaflet



<https://www.smartsurvey.co.uk/s/MDOBU4/>

If you would rather talk to someone instead of filling in a survey, please call the Patient Voice Team.

- **Patient Voice Team**

Telephone: 01227 868605

Email (ekhuft.patientvoice@nhs.net)

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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