

COLPOSCOPY AND TREATMENT (LLETZ) FOR CERVICAL ABNORMALITIES

Getting an abnormal cervical screening result (CST) is often a scary experience. The most important thing to remember is that it is highly unlikely that you have cervical cancer. The purpose of the CST (previously called a pap smear) is to detect any abnormalities (pre cancerous) and perform treatment well before progression to a cancer occurs. The CST is a 'screening' test, which means that it acts like a filter to help determine who requires more thorough testing, with a colposcopy (diagnostic examination of the cervix and vagina with a microscope).

COMMON CST RESULTS:

The CST checks for the presence of certain types of human papilloma virus (HPV) which in some cases, cause precancerous changes of the cervical tissue. If not identified and treated some of these cases may become cancerous.

If these types of HPV are identified or if there is a history of abnormal symptoms (e.g. bleeding with sexual intercourse) then the cervical cells will also be examined for any abnormality which can be graded as follows:

Normal

HPV Low grade lesion

CIN1 Low grade lesion

CIN2 High grade lesion

CIN3 High grade lesion

Sometimes a result is classified as 'Unsatisfactory' and the test needs to be repeated in 6-12 weeks.

WHEN MAY A COLPOSCOPY BE REQUIRED?

Not all abnormal CST results require a colposcopy. However, the following situations commonly require colposcopic examination:

- Any CST result which is associated with abnormal bleeding (e.g. after sexual intercourse)
- The presence of certain type of HPV i.e. Types 16, 18 or other
- Recurrent 'low grade' changes
- A high or suspected high grade abnormality
- Abnormal glandular cells seen on pap smear
- Follow up after cervical treatment.

WHAT HAPPENS DURING A COLPOSCOPY?

A colposcopy is where the cervix and vagina are examined with a microscope. It is not performed during menstruation. It takes a little longer than a CST (about 10-15 minutes) and is a little more uncomfortable, as a biopsy is often taken. A speculum instrument is inserted into the vagina. Acetic acid solution is applied to the cervix to allow any abnormal cells to become visible. A second iodine solution is sometimes also applied, to assist in demonstrating the abnormal areas. The cervix is examined with the microscope. Often a biopsy (pinching sensation) is performed so that the pathologist can confirm and grade the level of abnormality. There is usually a small amount of bleeding from the biopsy site and this needs to be controlled before the procedure is completed.

After the procedure it is normal to experience a small amount of bleeding and brown discharge. A sanitary pad is required, as tampons should be avoided, to prevent introducing infection into the area. Strenuous activity, including sexual intercourse, need to be avoided until the vaginal discharge returns to normal (usually between 3-7 days). Paracetamol or ibuprofen can also be taken for any associated mild discomfort.

MANAGEMENT AFTER THE COLPOSCOPY

This is determined by the colposcopic findings and the cervical biopsy result. If there is no abnormality confirmed or only a low-grade abnormality identified then a repeat CST in 12 months may be all that is required. However, it is essential to attend for the recommended follow up. If a high grade abnormality is confirmed then treatment is recommended (usually a LLETZ – large loop excision of the transformation zone).

LLETZ

LLETZ is a procedure where the abnormal areas are cut out of the cervix using an electrical wire loop. Only a small portion of the cervix is removed. The tissue is sent for examination by the pathologist. It can be done under local or general anaesthetic. The procedure can be done anytime during your menstrual cycle, except during your period. If you have an IUD (intrauterine device) in place, then this will need to be removed and reinserted.

AFTER CARE

There is usually some bleeding after the procedure, for which you will require a sanitary pad. The cervix takes approximately 3-4 weeks to heal. During this time you may experience bleeding, black/brown discharge, pink- yellow discharge. It is important not to traumatize the cervix or introduce infection into the area. Strenuous activity, douching, tampons, sexual intercourse, baths and swimming should be avoided during this time.

COMPLICATIONS

Any procedure may be associated with some complications. Those particular to the LLETZ procedure include:

- Heavy bleeding (soaking a pad in an hour or less)
- Infection – pelvic pain or discomfort, fever and/or bad smelling vaginal discharge and heavy bleeding.

These usually respond to treatment, including antibiotics.

Other complications that rarely occur include:

- Cervical scarring – can prevent the passage of menstrual blood through the cervix, causing symptoms such as severe period pain but no or little blood loss during the time of the period.
- Cervical incompetence – this is when the cervix is weakened and leads to complications in pregnancy, including premature delivery or miscarriage.

FOLLOW UP

This is essential after treatment, to ensure the abnormalities are resolving. Your initial follow-up occurs at 4-6 weeks and then 12 months after the treatment.