

Patient Information for Consent

OG13 Colposcopy and LLETZ

Expires end of June 2021

Local information

You can get information locally from your ward or consultant's secretary as below

Belfast Trust Hospitals

Belfast City Hospital 028 90 329241

Royal Victoria Hospital 028 90 240503

Emergency Surgical Unit (EmSU)

Ward 6C 028 9063 4355

Ward 6B 028 9063 5549

Assessment area 028 9063 1907

Mater Hospital 028 90 741211

Ward Name	Ward Direct Line Number	Consultant's Name	Consultant's Secretary Telephone Number

Get more information and references at www.aboutmyhealth.org

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Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit <https://www.gov.uk/coronavirus> for up-to-date information.

Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus. It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay or not have the procedure until you feel happy to go ahead, or if you want to cancel, tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched anyone or anything that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

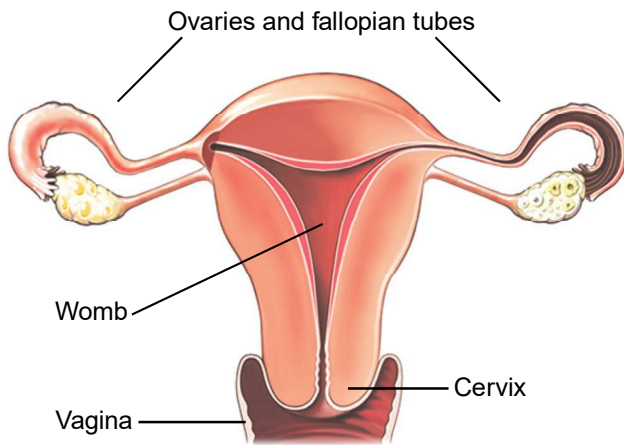
Even if you have had the first or both doses of a Covid vaccine, you will still need to practise social distancing, hand washing and wear a face covering when required.

If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. Chairs and beds will be spaced apart. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly — your healthcare team will have the most up-to-date information.

What is a colposcopy?

A colposcopy is a procedure to examine your cervix (neck of your womb). For some women treatment can be performed at the same time.



The womb and surrounding structures

Your gynaecologist has recommended a colposcopy. However, it is your decision to go ahead with the procedure or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your obstetrician or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point before the procedure.

What are the benefits of a colposcopy?

A colposcopy is usually recommended if you have high-risk human papilloma virus (the virus that causes cervical cells to become abnormal) and your smear test has shown there is a problem with the cells in your cervix, or a number of smear tests have failed to get a good enough sample of cells to make a diagnosis.

It is important to look carefully at any abnormal cells to find out how serious the problem is and to decide on the best treatment. This should help to prevent any problem from getting worse.

Abnormal cells could change into cancer cells, so early treatment is best. Most women who have abnormal cells that show up on a smear test do not get cervical cancer. Sometimes a colposcopy is recommended if you have an abnormally-shaped cervix, or you have symptoms such as bleeding after sex.

Are there any alternatives to a colposcopy?

If you have abnormal cells, a colposcopy is the only way of finding out the type of abnormality and how serious the problem is.

What will happen if I decide not to have a colposcopy?

Your gynaecologist may not be able to find out what the problem is. If you have abnormal cells, the abnormality may develop into a cancer.

If you decide not to have a colposcopy, you should discuss this carefully with your gynaecologist.

What does the procedure involve?

Before the procedure

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the procedure you are having.

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

Your gynaecologist may ask you to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy so let your gynaecologist know if you could be pregnant.

In the treatment room

A colposcopy involves an examination using a speculum (the same instrument used for a smear test) and usually takes 10 to 20 minutes. You will need to put your legs in 'stirrups', so your gynaecologist can examine your cervix. Your gynaecologist may use a small brush to remove cells from your cervix. The cells can be used to repeat a smear test.

Your gynaecologist will use acetic acid (similar to weak vinegar) and sometimes iodine to stain your cervix. Any abnormal cells show up as white patches. They can perform biopsies (removing small pieces of tissue) to help make the diagnosis.

If your gynaecologist decides it is best to treat the problem straightaway, they will usually perform a LLETZ (large loop excision of the transformation zone). A LLETZ is a minor operation to remove part of your cervix. Your gynaecologist will inject a local anaesthetic into your cervix to make it numb. They will use an instrument to remove the abnormal cells and then stop any bleeding. The area should heal over with normal cells.

Other treatments include NETZ (needle excision of the transformation zone), laser treatment and freezing (cryocautery). Sometimes a treatment using heat is used (cold coagulation). Your gynecologist will be able to tell you if any of these treatments are more suitable for you.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

The possible complications of a colposcopy and LLETZ are listed below.

- Pain can be controlled with simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen.
- Infection (risk: 1 in 70). You may be given antiseptic cream to use to reduce this risk. Let the healthcare team know if you get an unpleasant-smelling discharge or bleeding that settles and then gets worse.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your gynaecologist know if you have any allergies or if you have reacted to any medication or tests in the past.

- Bleeding, which can be heavy (risk: 1 in 70). Your gynaecologist will usually stop any bleeding during the operation. If the bleeding is heavy, you may need a stitch and a pack (like a large tampon) in your vagina. You may need a general anaesthetic for stitching and to put the vaginal pack in place. You may need to stay overnight to make sure the bleeding settles.

- Incomplete removal of the abnormal cells (risk: less than 1 in 10). You may need further treatment or to come back to the clinic more frequently.

You should ask your doctor if there is anything you do not understand.

How soon will I recover?

The healthcare team will tell you what was found during the colposcopy and discuss with you any treatment or follow-up you need.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

You will have some vaginal bleeding that should last for only 1 to 2 days. If you had a LLETZ, the bleeding can last up to 4 weeks.

The bleeding will be fresh (bright red) to begin with and then turn brown and watery.

You should be able to return to work and normal activities the day after your colposcopy. If you had a LLETZ, while you are bleeding use sanitary pads, not tampons. Do not have sex, swim or do strenuous exercise during this time.

The healthcare team will send you the results of any biopsy or treatment within about 4 weeks of your colposcopy. They will discuss with you any further treatment or follow up you need.

You may be asked to come back to the clinic after about 6 months to have tests to check if your treatment has been successful. Depending on the results, you may need to have a test for human papilloma virus (HPV) and more frequent smear tests. You may need another colposcopy.

If you had a LLETZ and become pregnant in the future, you may have a small increase in the risk of premature delivery or premature rupture of your membranes (your waters breaking).

Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

A colposcopy and LLETZ is usually a safe and effective way of finding and treating any problem with your cervix. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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