

### For further information

Please contact the colposcopy department on 020 7288 5118, Monday – Friday 9.00 am to 4.00 pm

Clinical Advise: Nurses Line: 0207 288 3138. Please leave a message; response within 24 hours (weekdays).

### Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or [whh-tr.whitthealthPALS@nhs.net](mailto:whh-tr.whitthealthPALS@nhs.net)

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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Date published: 29/04/2020  
Review date: 29/04/2022  
Ref: ACW/WH/ETACC(DTC)/03

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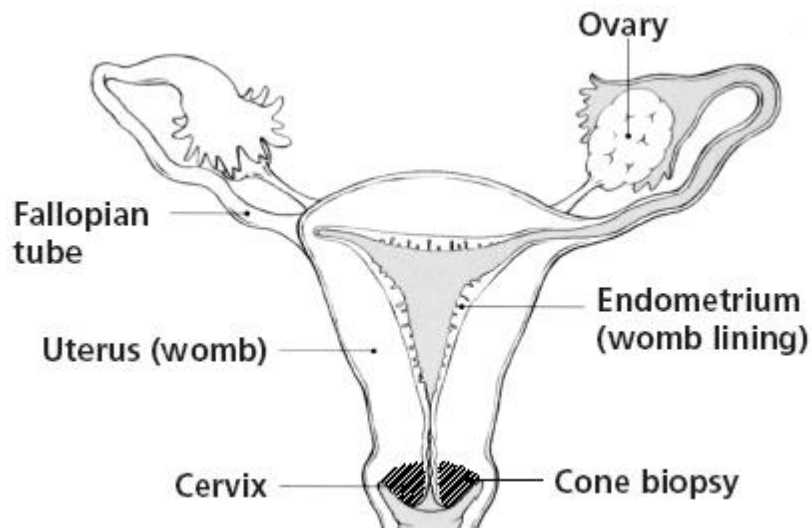
## Excisional treatment for abnormal cells on the cervix (day treatment centre)

### A patient's guide



## What is an excisional treatment?

It is a minor operation to remove an area of the cervix (neck of the womb) that has abnormal cells. A sample is then sent to a laboratory for further investigation. It may be performed using a laser or a heated loop or a fine needle.



**Preterm labour** - there is no evidence that this operation may affect your fertility. However, when pregnant there is a small risk, about an additional five per cent chance of pre-labour rupture of the membranes before 37 weeks hence an early labour.

It is therefore important that you inform your GP and obstetrician when you are pregnant so that monitoring of the length of the neck of the womb can be arranged from 14 weeks pregnant.

**Closure of the cervix (cervical stenosis)** – this may occur in up to three per cent of women after the procedure. Those most at risk of this rare complication are women having infrequent or no periods, because of the menopause, breast feeding after pregnancy, contraceptive injections or hormonal disorders. The cervical opening becomes constricted, which can result in painful periods.

To reduce this risk, postmenopausal women undergoing treatment will usually be advised to use hormone replacement therapy for three months (if there are no contraindications) to create monthly bleeds whilst the cervix heals. Those with a hormonal imbalance or using contraception that stops periods are advised to use a combined oral contraceptive pill for at least three months (if there are no contraindications).

**Please talk to your surgeon before your operation if you have any concerns about these risks.**

**Risks and complications** - this is a very safe operation, but there is some risk associated with most procedures. They include:

**Bleeding** - as described earlier, some bleeding is to be expected but three per cent of women will experience heavier bleeding, which may require further cautery (burning away of tissue).

If you have a heavy bleed that is not your period and soaks through a sanitary towel within two hours you should contact your GP or attend the Accident and Emergency Department of the Whittington Hospital or any other NHS Hospital.

You may need to have a vaginal pack or some more treatment to stop the bleeding.

**Infection** – five per cent of women undergoing treatment may develop an infection. Most commonly this occurs ten days after the procedure. If the vaginal discharge becomes offensive smelling or you develop a fever you should contact your GP as you may need a prescription for a course of antibiotics. As 95 per cent of women remain well, it is not usual to routinely prescribe antibiotics to all.

Although this procedure is often performed under local anaesthesia in clinic, in some circumstances it may be necessary to advise that the treatment be performed with sedation or under general anaesthesia in the day treatment centre.

### **Reasons for having this procedure**

Cervical pre-cancer may have been diagnosed by an earlier colposcopy examination and from a small (punch) biopsy in the clinic.

This procedure has the advantage of providing a tissue sample, which when assessed confirms the type of abnormal tissue present, how extensive it is and whether the abnormal area has been completely removed.

Ninety five per cent of women who undergo treatment will have their follow-up smear return to normal.

For the remaining five per cent some further treatment may be necessary at a later stage. It is for this reason that regular follow-up smears with your doctor are important.

## Preparation for day treatment

A week or two before your operation you will have a medical check-up with a nurse. This may include some or all of the following checks:

- Your medical history
- Your blood pressure
- A blood test
- Your height and weight
- A chest x-ray
- A heart tracing called an electrocardiogram (ECG)

**Please bring any medications that you are taking with you in their containers.**

If you take warfarin, or any other blood thinning drug you will need to stop taking it a few days before your operation under the supervision of the doctor. Please discuss this with the nurse. If you are taking aspirin we advise that you to stop this seven days before your operation.

- Please tell the nurse if you have diabetes or any allergies.

**If you do not attend the check-up the operation cannot go ahead.**

- **Avoid** lifting heavy items that need two hands and avoid strenuous physical exercise for two weeks. This advice is to reduce the risk of heavy bleeding after the procedure.

- Avoid travelling abroad during the time of recovery unless your specialist doctor agrees that it is safe for you to do so.

- You can usually return to work the next day after your operation, provided it does not involve heavy lifting.

## Follow-up appointment

This is usually six months after your operation. You will have a smear test and a human papillomavirus (HPV)-DNA test, to ensure that the virus responsible for the changes has disappeared. If both tests are reported as normal, you will be discharged back to the care of your GP to have annual smears for a further nine years. If with the smear test or HPV-DNA test are positive, you will be asked to attend a further colposcopy.

**It is best to avoid becoming pregnant before this appointment.**

- Do not drink alcohol, drive or use machinery (this includes a kettle) or make important decisions for 24 hours to allow the effects of the general anaesthetics to wear off.
- Most women who undergo treatment can resume most of their everyday activities within a day.
- If you have pain you should take painkillers as directed, but the pain usually wears off a few hours after the operation.
- The operation will not usually alter the timings of your next period.
- You can expect to have some light blood-stained and messy discharge or light bleeding for up to one month following your operation.
- The bleeding is usually very light but some days it may be like a period. For heavier bleeding see the “risks and complication” section of this leaflet.
- It is best to **avoid** using a tampon for four weeks and use the sanitary towels instead.
- **Avoid** sexual intercourse for four weeks. Both pieces of advice are to reduce the risk of infection after the procedure.

**If you are having sedation you must not eat anything for six hours before your operation. You may sip water until two – three hours before surgery.**

### **On the day of your operation**

- Before you come in the hospital, please remove any nail varnish and any jewellery (including rings from belly button, labia or clitoris/vulva).
- Please come into the day surgery unit at the date and time given in your letter.
- A nurse will check you in and give you a gown to change into.
- Your surgeon will see you and ask you to sign a consent form to confirm that you understand the procedure and agree to go ahead with it. You may sign this earlier at your medical check-up.
- Your anaesthetist will see you to discuss your anaesthetic.
- Please ask any questions that you may have about your operation.
- You will be taken to the operating theatre.

## The operation in the day treatment centre

- You will usually have sedation and local anaesthetic or a general anaesthetic and be asleep throughout.
- The surgeon will insert a speculum and perform a colposcopy examination exactly as you had done in the clinic. The abnormal area will be removed.
- The removed sample will be sent to the laboratory for further investigation.
- The operation will take about twenty minutes.
- Sometimes a gauze dressing may be placed inside the vagina- this is called a vaginal pack.

## After the operation

- You will return to the day surgery ward to rest for two – three hours.
- You can have a hot or cold drink and a snack as soon as you feel like it.

- Please ask the nurse for painkillers if you have any period type pains.
- If you have a vaginal pack in place, the nurse or doctor will remove it before you go home.
- You can go home after a nurse has checked that it is safe for you to do so.
- A letter will be sent to your GP and you can be given a copy if you wish.

You and your GP will receive a letter with the results and a follow-up appointment in the smear clinic or colposcopy clinic. We aim for you to receive your results by four weeks. In the rare circumstances of needing further treatment shortly after the procedure, we may arrange an earlier appointment.

## Going home

- You must arrange for a relative or friend to take you home and stay with you for 24 hours (if you have had general anaesthesia).