

**Patient advice and liaison service (PALS)**

If you have a question, compliment, comment 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 3081. We will try our best to meet your needs.

**Whittington Health**  
Magdala Avenue  
London  
N19 5NF  
Phone: 020 7272 3070

Date published: 25/04/2017  
Review date: 25/04/2019  
Ref: WH/Colp/ETACC(CC)/02

© Whittington Health  
Please recycle

**Excisional treatment for  
abnormal cells on the cervix  
(colposcopy clinic)**

**A patient's guide**



## What is an abnormal smear?

It usually means that small changes have been found in the cells on the surface of the cervix (neck of the womb). In many cases these changes return to normal by themselves, but it is important that these changes are checked by attending for a Colposcopy. In some instances these changes will need treatment, which is 95 per cent effective. Infection with the Human Papilloma Virus (HPV) is known to be the main cause of abnormal cells.

In all women there is a special area on the cervix called the transformation zone, which changes due to natural hormones. This area is particularly vulnerable to infection with Human Papilloma Virus. This virus can change the normal process of cell development and produces abnormal cells.

Most abnormalities are mild and will disappear over time; but some require treatment. The abnormal cells are called Cervical Intraepithelial Neoplasia (CIN). This is graded one - three depending how abnormal the cells are. If you have Cervical Intra-epithelial Neoplasia CIN two or Cervical Intra-epithelial Neoplasia CIN three the colposcopist will usually recommend that you have some treatment to remove it to prevent cancer developing in the future.

### Treatment

Treatment is called Large Loop Excision of the Transformation Zone (LLETZ). It is a minor operation to remove pre-cancer cells from the cervix using a hot wire loop. This will be performed in the outpatient colposcopy clinic where your colposcopy examination was carried out.

**Closure of the cervix (cervical stenosis)** – this may occur in up to two 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 and in this instance difficulty in becoming pregnant.

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 the colposcopist before your operation if you have any concerns about these risks.**

**For further information** Please contact the colposcopy department on 020 7288 5118 Monday – Friday 9.00 am to 5.00 pm

## Pg5

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 changed from 14 weeks pregnant. On rare occasions it may be necessary to manage this by inserting a stitch in the cervix.

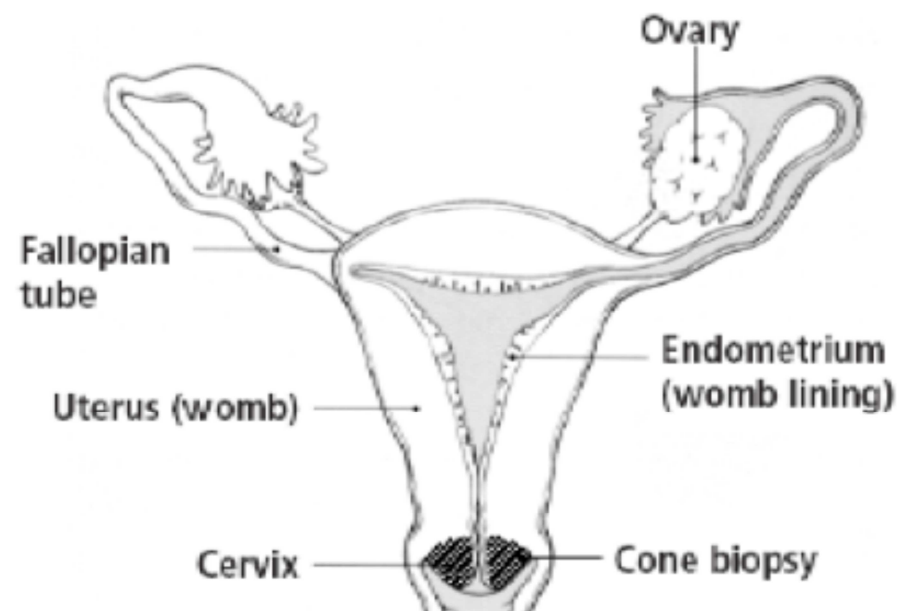
**Infection** – five per cent of women undergoing treatment may develop an infection. Most commonly this occurs ten days after the procedure. If the vaginal discharge becomes offensive smelling or you develop a fever you should contact your GP as you may need a prescription for a course of antibiotics.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

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

## Pg2

Please eat as normal and you can bring someone with you if you want. There will be a nurse present with you, who will talk to you during the procedure and support you. A speculum will be inserted and the solutions applied to the cervix, the same as when you had a colposcopy examination.

Local anaesthetic is then given to numb the affected area and then the abnormal cells are removed. Once the local anaesthetic has been given you may feel heat and movement but no pain. The area is then removed and will then be sent off to be retested.



## Pg3

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 are important.

**If you have a coil fitted this may need to be removed before the colposcopist removes the abnormal cells. You need to use an additional method of contraception (condoms) or abstain from sexual intercourse for seven days prior to your appointment.**

After the treatment it would be best to have the day off work as you may feel some slight period cramps type of pain. You will be able to return to work the following day. The procedure will not usually alter the timing 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 procedure.

The bleeding can be as heavy as a period on some days. It is best to avoid using a tampon, having sexual intercourse and swimming for four weeks to reduce the risk of bleeding and infection. Avoid lifting heavy items that need two hands and avoid strenuous physical exercise for two weeks. This is also to reduce the risk of heavy bleeding.

## Pg4

Avoid travelling abroad during your recovery period (four weeks) unless the colposcopist agrees that it is safe for you to do so. You will usually receive a letter four - six weeks after, informing you of your results and when you need to return for your follow-up appointment.

### **Risks and Complications**

This is a very safe procedure, but there are some risks 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.

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