What treatments are available?

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 if the transformation zone).

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. You should talk to the Doctor about when it is best for you to have this done.

What are some of the risks of 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. Signs of infection that you need to see your Doctor about are:

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

Having abnormal cells removed may affect any future pregnancies you have. Women who get pregnant after having abnormal cells removed are not at increased risk of having their baby early if they undergo standard treatment. However, if more cervical tissue needs to be removed, women are slightly more likely to have their baby 1-2 months early. This may affect around 16% of women (16 in 100) who have had this more extensive treatment and then have a baby. *

**Castanon, A and others (2014). Risk of preterm delivery with increasing depth of excision for cervical intraepithelial neoplasia in England: nested case-control study. British Medical Journal; 349: g6223*

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

To be completed by the Patient

I, hereby give consent to the procedure of _____ on myself named _____. I acknowledge that the nature, purpose and effects of the procedure have been explained to me by **Dr Shilla Mariah Yussof** and translated to me in _____ (language / dialect).

_____ _____ _____ _____

Full Name of Patient NRIC / Passport No Signature Date

_____ _____ _____

Name of Doctor Signature of Doctor Date

Shilla Mariah CLINIC FOR WOMEN

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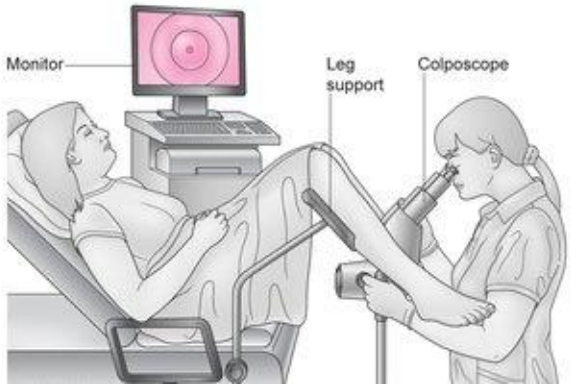
Abnormal Pap Smear & Colposcopy

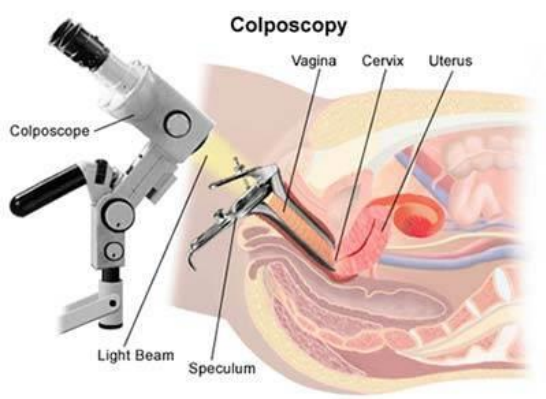


Your Pap smear result is abnormal and you have been referred for Colposcopy. What does this mean?

While you may have an abnormal Pap smear result, it does not mean you have cancer. A pap smear is a test to screen for cells on the cervix that have the potential to become cancerous in future. These are called pre-cancerous cells. Pap smear is able to pick up cancerous or non-cancerous related changes. Early detection of these changes is important because they can be completely treated.

What is Colposcopy?

A Colposcopy is a simple examination to allow the specialists to see the abnormal cells on your cervix. It is done using a Colposcope which functions like magnifying glass. It helps the doctor to examine the changes on your cervix and identify the most suitable treatment for you.



Is there anything I should do before I come for my Colposcopy appointment?

Doing a Colposcopy can be very stressful for some women. You can bring your partner or a friend for support if you wish. It is recommended to do Colposcopy when you are not menstruating. The entire procedure usually takes 15 mins.

What happens during Colposcopy?

A nurse will bring you to the procedure room where you will sit on a special couch. When you are comfortably positioned on the couch, a speculum is gently inserted into your vagina (similar to a Pap smear examination) so that the vaginal walls are held apart to allow the Doctor to see your cervix clearly. In order to identify abnormal cells on the cervix, the Doctor will gently dab different liquids on your cervix which will highlight the abnormal cells.

If an abnormal area is identified, the Doctor may take a small sample of tissue. This is called a cervical punch biopsy. This biopsy is the size of a pinhead. You may feel a slight stinging sensation when the biopsy is taken but it will not be painful. The biopsy will be sent for analysis in the laboratory to check for any abnormal cells that will require treatment. You will be given an appointment in 1-2 weeks' time to return to the clinic to discuss the result.

What happens after your Colposcopy?

Most people feel well enough to go about their day-to-day activities straight away, but 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 3-5 days. Its best to avoid sex, using tampons, and any vaginal medications, lubricants or creams until the bleeding stops.

Results

Your 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 1 week.

A normal result

About 4 in 10 people who have a Colposcopy will have a normal result. If you have normal Colposcopy result, this means that 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 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 6 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 a woman with 'low grade' CIN. We will normally offer you treatment to remove the abnormal cells as this 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 late stage cancers.