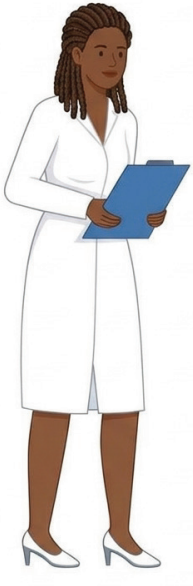
HEALTH CITY
Cayman Islands

Your Colposcopy Experience





This booklet will take you through the Colposcopy Procedure.

You may be invited for a Colposcopy following the result of your cervical screening test (previously known as a smear test).

This is usually for one of the following reasons:

- Abnormal cells were found on your cervix along with an infection with human papillomavirus (HPV).
- You have an HPV infection that has not cleared.
- Previous screening tests were inconclusive.
- Your cervix did not appear as healthy as expected during screening.

Most people referred for a Colposcopy do not have cervical cancer.

What is a Colposcopy?

A Colposcopy is a detailed examination of the cervix to check for abnormal cells and assess their severity.

It is usually carried out in a hospital clinic or procedure room.

During the procedure:

- A specialist uses a magnifying instrument called a colposcope.
- The colposcope remains outside the body and does not touch you.
- A small tissue sample (biopsy) may be taken if needed.

If abnormal cells are confirmed, treatment may be recommended to prevent cervical cancer.



Before Your Appointment

Consider the following as you prepare for your Colposcopy:

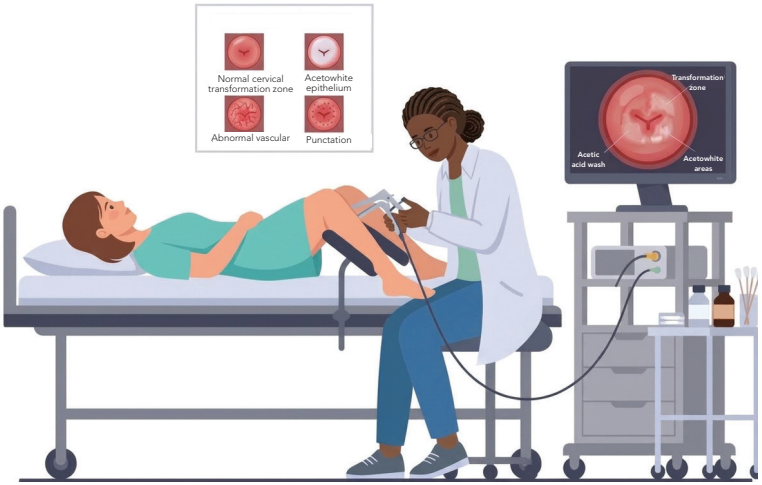
- Advise the clinic in advance if you prefer a female doctor or nurse.
- If you expect your period, you may reschedule, although attendance during your period is still possible.
- Avoid sexual intercourse, vaginal creams, lubricants, or medications for 24 hours before your appointment.
- Bring a pad or panty liner, as you may experience discharge afterwards.
- You may bring a companion for support if you wish.

What to Expect on the Day

At your appointment:

- You will be asked to undress and change into a gown.
- You will lie on an examination bed with your knees bent.
- Your legs will be supported on padded rests.
- A sheet or towel will be provided for comfort and privacy.

The examination usually takes 10 to 20 minutes.



A speculum will be gently inserted into the vagina (similar to a screening test), and the cervix will be examined using the colposcope.

The colposcope:

- Does not enter your body
- Stays approximately 30 cm away
- May display images on a screen for better visibility.

Special liquids may be applied to highlight any abnormal cells.

If needed, a small biopsy may be taken for laboratory testing.

During the Procedure

You may feel some discomfort during the examination.

If a biopsy is taken:

- You may feel a brief sharp sensation
- Mild cramping may occur.

If you feel pain or discomfort at any time, please inform the nurse or doctor so adjustments can be made to improve your comfort.

After Your Appointment

Most patients are able to return to normal activities immediately.

However, some may prefer to rest.



You may experience:

- Brownish vaginal discharge (from the liquids used)
- Light bleeding for a few days, especially if a biopsy was taken.

For the next few days:

- Avoid sexual intercourse
- Do not use tampons
- Avoid vaginal creams or medications.

These precautions help reduce the risk of infection and support healing.

Results

In some cases, the doctor may discuss findings with you immediately.

If a biopsy is taken, results are usually available within 2 weeks.

Understanding Your Results

Result Type	What It Means	What Happens Next
Normal Result	• About 4 in 10 people will have a normal result. • Your cervix appears healthy. • Your risk of cervical cancer is low.	You will return to routine screening.
Abnormal Cells (CIN)	• About 6 in 10 people will have abnormal cells. These are called CIN (cervical intraepithelial neoplasia). CIN is not cancer, but it may develop into cancer over time.	Further assessment will determine if monitoring or treatment is required.
CIN 1 (Low Grade)	• Low risk of developing cervical cancer • Often clears naturally	Follow-up screening is usually recommended in 12 months.
CIN 2 or CIN 3 (High Grade)	• Higher risk of developing cervical cancer	Treatment is usually recommended to remove abnormal cells.
Cervical Cancer	• In rare cases, Colposcopy may detect cervical cancer.	You will be referred to a specialist team. Early detection improves treatment outcomes significantly.

Treatment – Removing Abnormal Cells

The most common treatment is called LLETZ (Large Loop Excision of the Transformation Zone).

This procedure:

- Removes abnormal cells
- Preserves as much healthy tissue as possible.

If you are pregnant, treatment is usually delayed until after delivery.

Risks of Treatment

Although treatment is effective, there are some risks.

Possible complications include:

- Infection
- Bleeding.

Contact your doctor if you experience:

- Heavy or prolonged bleeding
- Unusual vaginal discharge with odour
- Persistent abdominal pain.

Future Pregnancy Considerations

Most women are not at increased risk of early delivery after standard treatment.

However, if more tissue is removed:

- There may be a slightly increased risk of premature birth.
  - This affects approximately 16% of women undergoing more extensive treatment.

FAQs

These are some common questions about Colposcopy.



Q: Does being referred for a Colposcopy mean I have cervical cancer?

A: No. Most people referred for a Colposcopy do not have cervical cancer.

Q: Will the procedure be painful?

A: You may feel some pressure or discomfort. If a biopsy is taken, you may feel a brief sharp sensation or mild cramping.

Q: Can I attend if I am having my period?

A: Contact the clinic to confirm if this is possible.

Q: When will I receive my results?

A: The doctor may discuss the findings with you immediately. If a biopsy is taken, results are usually available within two weeks.

Q: Can I bring someone with me?

A: Yes, you may bring a friend, partner, or family member.

Q: Can I return to work afterwards?

A: Most people can return to normal activities the same day.

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