

Cold Coagulation of Cervical Abnormalities

Information for Patients

What is cold coagulation ?

Cold coagulation is a commonly performed procedure in the colposcopy clinic and it is used to treat selected cases of abnormal cervical cells, known as cervical intraepithelial neoplasia (CIN). The abnormal cells are destroyed in the affected area, so that normal cells can grow back in their place.

Cold coagulation may also be performed on women who have delicate soft cells on their cervix which bleed easily when touched (Ectropion or Erosion). The procedure cauterises (burns) the delicate tissue. When the tissue heals, it is replaced by a stronger type of tissue, less likely to bleed when touched.

During the procedure, a hot probe is used to cauterize (burn) the cells on the surface of the cervix.

How can I prepare for the cold procedure?

You can carry on with your day as normal before the procedure. It is important that you eat and drink before the procedure and do not starve yourself. You may like to bring someone with you to take you home after the procedure, but it is not essential.

What happens during the procedure?

After a discussion with the colposcopist, the nurse who will be looking after you and assisting the colposcopist will help you to get into a comfortable position on the examination couch. The procedure usually takes between 15-20 minutes. During the examination an instrument called a speculum is inserted into your vagina to hold back the vaginal walls so the clinician is able to see your cervix. The colposcopist then uses the colposcope (an instrument with magnifying lens and bright light) to examine your cervix. They may then apply a solution to the cervix to show any abnormal looking areas. The area then may be numbed with local anaesthetic although this is often not required. When the local anaesthetic has taken effect, the colposcopist will proceed with the treatment. They will use a heated probe on the cervix. This will be positioned in one place for between 20-30 seconds. This application may be repeated a number of times and the probe may be repositioned to ensure all affected areas of the cervix are treated.

After the examination has finished, the speculum will be taken out and you will be asked to rest on the examination couch for a few minutes. The assisting nurse will then tell you when to get up and dressed. Once you are dressed you will go back to see the colposcopist who will talk to you about the procedure.

What are the risks of the procedure?

Pain: While the cervix does not feel the heat from the probe, you may experience a period-like pain during the procedure. Similar mild pain may persist for a few minutes after the procedure.

Bleeding: It is normal to have some light bleeding and discharge for up to four weeks following the treatment to your cervix. Heavy bleeding is not expected and if you experience heavy bleeding with clots we would advise you to attend the nearest A&E department .

Infection: Infection is an uncommon complication of cold coagulation. It is normal to experience discharge following the procedure. It can be watery or initially appear grey or blood stained and this usually settles within two to three weeks. If you have a vaginal discharge which has an offensive (bad) smell, a fever or severe ongoing lower abdominal (tummy) pain, it may indicate that you have an infection. Please contact your GP, who may prescribe you antibiotics. If you are still bleeding after four weeks, please call the Colposcopy Unit as this may be a sign of infection and we may advise you to go to your GP for an examination of your cervix.

Stenosis (narrowing) of the cervical os (the small opening of the cervix): Following cold coagulation to your cervix there is a small risk (less than two out of every 100 women) that the cervical os may close over. You can help prevent this by allowing your period to come as normal following the procedure. If you take a 21 day contraceptive pill this means that you should not run two packs together; instead you should make sure you leave a week (the seven day break).

Will the treatment affect my ability to have a baby?

The treatment should not affect your ability to become pregnant. Cold coagulation has not been associated with any increased risk of having a premature birth.

What if I am pregnant?

This procedure cannot be performed in pregnant women. In order to ensure that you are not pregnant on the day of your appointment we ask that you have protected sexual intercourse leading up to your procedure date. We will also ask you about dates of your last period. If there is any chance you are pregnant, please inform the doctor or nurse seeing you. They may perform a pregnancy test on you which will be done by testing a sample of your urine. If you are pregnant, your procedure is normally postponed until three months after the end of the pregnancy.

Are there any alternatives to cold coagulation?

There is another treatment available but it is only suitable for women with an abnormality on their cervix. This is called a loop diathermy or excision. If you decide to have this treatment as an alternative, you will need to discuss this with the doctor or nurse caring for you. There is a separate information leaflet for this procedure.

What precautions should I take after the procedure?

We advise that you go home after the procedure and rest for the remainder of the day. If you have had a local anaesthetic, you should be able to go to work the following day.

We recommend that you avoid swimming until the vaginal discharge has stopped, ideally for at least four weeks. If you attend the gym, please refrain from going for two weeks following your procedure, after which you can slowly build up going again. If you start to bleed during/following a gym session, please avoid going for a further week. When you get your menstrual period, only use sanitary towels. Do not use tampons or have sexual intercourse for four weeks after your treatment. This allows time for the cervix to heal and reduces the risk of infection and bleeding. You should avoid hot or prolonged baths and preferably shower where possible.

If you are planning to go abroad and we have sent you an appointment for treatment, please call us to let us know. We would normally suggest that you avoid travelling abroad for two weeks following treatment in case there is a problem like bleeding or infection that needs to be addressed.

What should I do if I have a problem?

If you have any concerns following your treatment please do not hesitate to contact-
The Colposcopy Office on 01484 355792.

For out of hours advice you can contact-

The Gynaecology Assessment Unit in Calderdale Royal Hospital on 01422 224415. Alternatively call **NHS 111**. This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

Your GP may be able to assist you if you are concerned that you are developing an infection after the procedure.

If you are experiencing heavy bleeding with clots following the procedure please attend your nearest A&E department.

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, please contact the complaints department.

Telephone: 01484 343800 (PALS)

Email: patientadvice.andcomplaintsservice@cht.nhs.uk

If you have any comments about this leaflet or the service you have received you can contact :

The Colposcopy Office

Telephone: 01484 355792

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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