

Having a Cold Coagulation Procedure

**Families Division
Patient Information Leaflet**



This leaflet aims to answer your questions about having cold coagulation (heat treatment) under local or general anaesthetic following a colposcopy. It explains the benefits, risks and alternatives of the procedure, as well as what you can expect when you come to hospital.

If you have any further questions or concerns, please speak to a doctor or nurse caring for you.

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What is cold coagulation?

Cold coagulation is a procedure used to treat women with abnormal cells on their cervix (neck of the womb) by destroying the abnormal cells with a heated probe. It is only suitable for some women and the doctor or nurse caring for you will have decided if it is the right treatment for you and your particular condition.

Cold coagulation may also be performed on women who have delicate soft cells on their cervix which bleed easily when touched (these women do not necessarily have an abnormality on their cervix).

The procedure cauterises (burns) the soft cells so that they become hardened and less likely to bleed when touched.

Why should I have cold coagulation?

We are performing the procedure to destroy the abnormal cells on your cervix which have been identified during your colposcopy examination (a detailed examination of your cervix).

Or

We are performing the procedure on your cervix to harden the soft cells that are causing you to bleed (possibly after you have sexual intercourse). You will have already had a colposcopy examination before this is performed.

What are the risks?

Bleeding:

You may experience a very watery, blood-stained discharge, which is produced from the area of your cervix we have treated. It is similar to having a burn on your hand which weeps as it heals. Heavy bleeding is not expected.

In the unlikely event that you have heavy bleeding, which is heavier than your normal period, or if you are passing blood clots, we would advise you to attend the Emergency Department (A&E) at Blackpool Victoria Hospital, or your nearest Emergency Department.

If you need further advice please contact the Colposcopy Unit (Monday to Friday, 9.30am to 4pm). You will find further contact details on the back page of this leaflet.

Infection:

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 go to your GP, who may prescribe you antibiotics.

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) between finishing one pack and starting another.

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.

I have a coil fitted, what happens now?

If you have a coil (IUCD or IUD) or Mirena® (IUS) fitted, the clinician may take it out at the time of your treatment if they think it necessary. In many cases we are able to leave it in place.

A coil can be refitted four weeks after your treatment. The best time to fit your new coil will have to be agreed with your GP/family planning clinic.

You should use an additional method of contraception (such as a condom) as well as the coil, or not have sexual intercourse, for seven days before your planned procedure.

What if I am pregnant?

It is not possible for us to undertake surgery on your cervix if you are pregnant. In order to ensure that you are not pregnant on the day of your surgery we ask that you have protected sexual intercourse leading up to your operation 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 attending to you. They may perform a pregnancy test on you which will be done by testing a sample of your urine.

If you are pregnant when you are due to have the procedure, we will defer your treatment until after you have had your baby. (Please let us know your expected date of delivery when you come to see us).

If you are having the cold coagulation to treat abnormal cells, the doctor or nurse looking after you may want to monitor the abnormal cells throughout your pregnancy. They will do this by asking you to come for another colposcopy while you are pregnant, but this does not harm your baby. You will also be asked to come back to the Colposcopy Unit 12 weeks after the birth of your baby so that we can have another look at your cervix. We may also carry out the treatment at this time.

Are there any alternatives?

The other treatment available is only suitable for women with an abnormality on their cervix. This is called a loop diathermy. 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.

If you are having the procedure to treat bleeding from the soft cells on your cervix, the loop diathermy is not a suitable option. The alternative is to monitor your symptoms.

If you have any questions about why we have recommended this procedure for you, please contact the Colposcopy Unit using the details on the back page.

How can I prepare for the cold coagulation procedure?

If you are having a local anaesthetic, you can carry on as normal before the procedure. It is important that you eat and drink before the procedure and do not starve yourself.

You may want to bring someone with you to take you home after the procedure, but it is not essential.

Although it is very uncommon to have a cold coagulation under a general anaesthetic, it is occasionally done. If you are having the general anaesthetic, we will give you instructions in your admission letter about when you need to start fasting (stop eating and drinking certain liquids) depending on the time of your operation. Fasting means that you cannot eat or drink anything (except water) for six hours before surgery. We will give you clear instructions on when to start fasting. It is important to follow these instructions. If there is food or liquid in your stomach during the anaesthetic it could come up to the back of your throat and damage your lungs.

I'm going on holiday, what should I do?

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 do not travel abroad for at least two weeks following the treatment. This is because of the risk of bleeding and other complications.

Giving my consent (permission)

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead under local anaesthetic, you will be asked to verbally agree to the procedure. If you decide to go ahead under general anaesthetic, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what is involved.

Remember, it is your decision. You can change your mind at any time (as long as this is before the doctor or nurse has actually started the treatment procedure) even if you have signed the consent form. Let staff know immediately if you change your mind. Your wishes will be respected at all times. If you would like more information about our consent process, please speak to a member of staff caring for you.

What happens before and during the cold coagulation procedure?

If you are having a local anaesthetic you will be seen in the same department as you were seen in for your previous colposcopy appointment(s). This is the Colposcopy Unit which is located within the Gynaecology Day Suite (Ground floor Women and Children's Unit Blackpool Victoria Hospital).

If you are having a general anaesthetic you will also be seen in the Colposcopy Unit for an appointment where you will discuss

the operation with a doctor and sign your consent form. You will have your actual treatment performed in the Day Surgery Unit.

As with your previous appointment(s) you will have a consultation with the colposcopist. You will be taken to the examination area where you will be asked to undress from the waist down (a loose skirt does not need to be removed). The nurse who will be looking after you and assisting the colposcopist will then 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 to examine your cervix. They may then apply some liquid to the cervix to show any abnormal looking areas.

The area is then numbed if you are having the procedure under local anaesthetic. (If you are having a general anaesthetic, you will already be asleep).

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 removed 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.

Will I feel any pain?

You should not feel any pain during the procedure. If you have a general anaesthetic you will be asleep. If you have a local anaesthetic, you should not feel any pain during the procedure, although you may feel some pressure on your cervix.

It is unusual to feel discomfort after the treatment. You may experience a mild period-like pain. If this occurs, we advise that you take your normal pain-relieving medication.

What happens after the procedure?

If you have had a local anaesthetic, we ask you to stay in the department for about 10 minutes after the procedure. During this time a nurse will check on you and will go through the instruction leaflet and answer any questions you may have. We advise that you bring someone with you, so that they can take you home following the procedure. You can eat and drink as normal.

Following a general anaesthetic, you will be asked to stay in the Day Surgery Unit for at least two hours. You must have someone who can take you home following a general anaesthetic and a responsible adult needs to stay with you overnight.

What do I need to do after I go home?

We advise you to 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. If your appointment is late in the afternoon, you may wish to book the following day off work.

If you have had a general anaesthetic, you should rest on the day of your operation. You do not need to stay in bed the following day, but we would advise that you have a restful day. Ideally, we

would recommend that you have someone staying with you for the first 24 hours.

With both the local and general anaesthetic, we recommend that you return to work depending on how you feel, taking into consideration the demands of your job. You should be able to self-certify a sick certificate for seven days. Please avoid any heavy lifting (at home or at work) for the next two weeks.

A general anaesthetic may affect your judgement and coordination for up to 48 hours.

In the first 24 hours we suggest that you avoid:

- operating any machinery
- driving any vehicle, including a bicycle
- attempting to cook, using sharp utensils or
- pouring hot or boiling liquids
- drinking alcohol or smoking
- taking sleeping tablets
- making any important decisions or signing any contracts.

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 can bathe as normal following your treatment. We would advise you to shower where possible; however, if you do not have access to a shower, please have a warm bath (not hot).

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 Unit (details at end of this leaflet).

Will I have a follow-up appointment?

If you have had cold coagulation to treat an abnormality on your cervix, it is very important that you have your first cervical cytology test (smear) and Human Papilloma Virus (HPV) test six months after your treatment at your GP. You will be informed of this at the time of your cold coagulation appointment.

If you have had cold coagulation to treat the soft cells on your cervix, we may discharge you after the treatment. We will also inform you at the time of your appointment when you need to have your next cervical cytology test.

Further information

The websites below are run by cancer charities, but this does not mean that you have cancer. These websites are the ones we believe have the most detailed information which we hope may help you to answer more of your questions.

- www.cancerhelp.org.uk
- www.macmillan.org.uk
- www.jostrust.org.uk
- www.cancerscreening.nhs.uk/cervical
- www.bsccp.org.uk

Useful contact details

Colposcopy Unit:

Monday to Thursday 9.30am - 4pm Friday, 9.30am - 12.00 noon.

Telephone: Secretaries **01253 955534** or **01253 953488**

Telephone: Nurses **01253 953995**

Outside these hours please contact your own doctor for advice

Hospital Switchboard: **01253 300000**

Patient Relations Department

The Patient Relations Department offers impartial advice and deals with any concerns or complaints the Trust receives. You can contact them via tel: **01253 955588** or by email: befwh.patientrelations@nhs.net

You can also write to us at: **Patient Relations Department, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: www.befwh.nhs.uk

References

Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397** or befwh.trustpolicyteam@nhs.net

Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call: **01253 955520**



Our Four Values:

People Centred Compassion	Positive Excellence
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