

**WHAT TO EXPECT FROM YOUR COLPOSCOPY APPOINTMENT**  
PLEASE ANSWER THE QUESTIONS AT THE END AND BRING THIS PAPER WITH YOU

Your doctor has asked us to offer you a Colposcopy appointment. Colposcopy is a test to examine the cervix to find out why a smear is abnormal. However, there are also other reasons for a colposcopy examination.

At this appointment we will talk to you about your options. Most women agree to a colposcopy examination and we can do this at this visit. When we examine the cervix, we may find abnormalities that can be managed in different ways. Some abnormalities can be kept under surveillance, but others may need treatment. If treatment is advisable, we can remove and treat the abnormal cells at this appointment if you agree. After treatment, approximately one in three women experiences period type discomfort that lasts more than 4 hours. It is therefore worth having some form of pain relief at home to deal with this. One in three women experiences a vaginal discharge that lasts more than a week, and a small number experience bleeding that requires a visit to the GP. Further information about the effects of treatment will be given to you in the clinic. Please read the enclosed colposcopy leaflet for further information and ring us if you have any questions.

A confidential medical record is kept of all patients who attend the clinic and undergo treatment. You can ask to see your medical record at any time. The record may include computer-generated images and samples that are sent to the laboratory for analysis. These data may be monitored as part of your care or used by relevant local and national health professionals to ensure that a high quality service is maintained and audited. Your GP and the cervical screening service will also be informed of your care. If you would like to see your medical record, all you have to do is write to the general manager and be prepared to cover the cost of copying your medical record. You may also want a copy of the letter that is sent to your GP. Please bring a stamped addressed envelope with you and we will try to organise this.

Please tick the boxes below to tell us what you want, and return this form to us at your colposcopy visit. Obviously you can change your mind at any time but it is helpful for us to know what you are expecting.

Name ..... Date of Birth .....

I would like a colposcopy examination during this appointment if it is necessary. Yes  No

I want treatment at this visit if it is necessary. Yes  No

A pictorial record (image) may be taken of any abnormality: This may form part of your confidential health record and may be used for training or audit. This is acceptable Yes  No

Specimens (including smears or tissue) will be kept as part of your health record. These may be used for training, audit or laboratory quality control. This is acceptable Yes  No

I have seen and read the leaflet about colposcopy. Yes  No

Health authority agencies require the data, usually in an anonymised form. The data is stored on computer, and will be subject to quality control and audit. This is acceptable Yes  No

Signature .....

Date of signature .....

If you are undecided, leave the boxes blank because you can always tick them later.