

Management of unsatisfactory Colposcopy (UC) at Western Sussex Hospitals Colposcopy units, Is it challenging to colposcopist ??

Hend Hadawi ST5, Miss Khine Lead colposcopist

Colposcopy

It is designed to diagnose premalignant cervical neoplasia with main goal being prevention of cervical cancer. Transformation zone (TZ) is critical area on the cervix where many premalignant and malignant lesions most often arise in more than 90% of cases. If the full TZ can be seen, the colposcopy is deemed satisfactory, if not, the colposcopy is considered unsatisfactory.

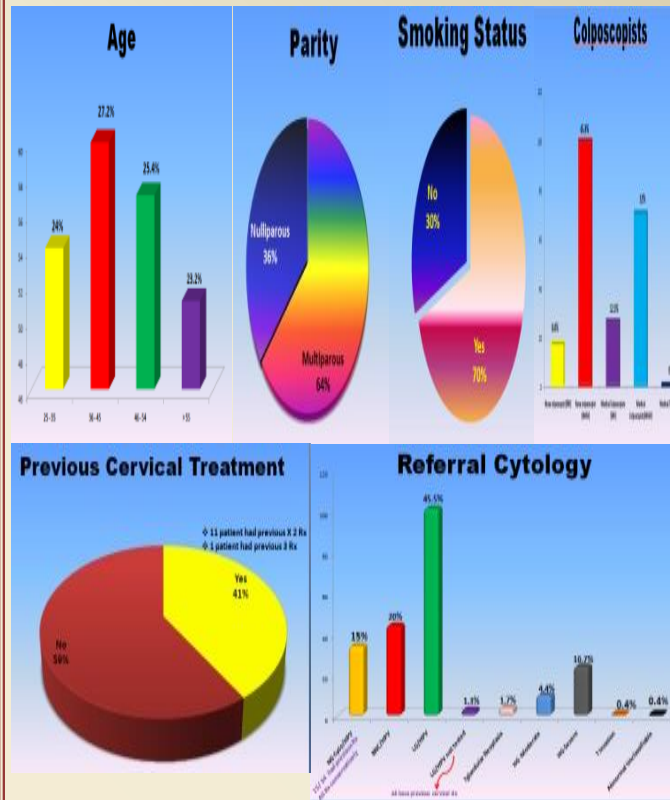
Method

Retrospective data collection. 222 patients identified had unsatisfactory Colposcopy in the Colposcopy units at Western Sussex Hospitals NHS Foundation Trust between 1/10/2015 and 31/12/2018

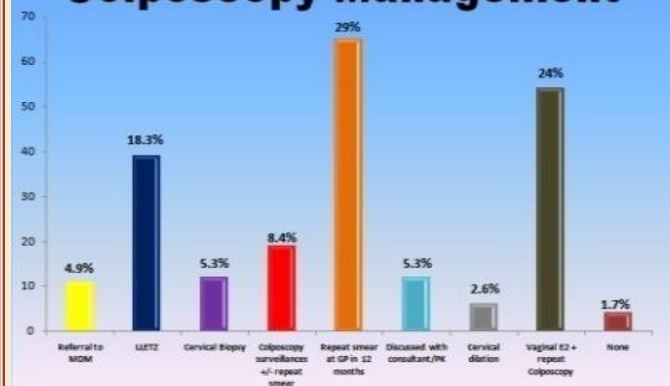
Results

36% of patients were nulliparous. 70% were smokers. 45.5% were referred with low grade cytology and high risk -HPV and only 15% had high grade cytology. 41% of the women had previous cervical treatment. 58% of colposcopy were performed by Nurse Colposcopists and 42% by medical Colposcopists. 18% had LLETZ on first visit, 29% were discharged for repeat smear in the community in a year. 24% was given vaginal E2 and scheduled to repeat Colposcopy. 8.4% listed for Colposcopy surveillance. 5% of the cases were discussed at multidisciplinary team (MDT) meetings. Among the women referred with high grade cytology, 29 had LLETZ on first visit, and 3 women had hysterectomy. After discussion at MDT meetings, 7 had hysterectomy, 2 had LLETZ, and decision for repeated smear was made in 2 cases

Factors influencing management of UC



Colposcopy Management



Conclusion

Excisional treatment or hysterectomy was the chosen option for the women with high risk factors. The cases were also discussed at MDT meetings. Majority were discharged for repeat smear in the community. Unsatisfactory colposcopy remains challenging for all practising colposcopists.