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Introduction

If screening for cervical cancer is to be effective, women with low-grade abnormal cervical smears require follow-up. One common follow-up option is referral for a hospital-based colposcopy examination. Some women may also require punch biopsies or other procedures like a LLETZ (large loop excision of the transformation zone) to remove cervical abnormalities. It is widely known that undergoing colposcopy and related interventions can be a distressing experience for women. Much less is known about the psychological after-effects.

Methods

In-depth Interviews were conducted with women who had undergone colposcopies at two colposcopy clinics in Dublin, Ireland. A total of 23 women were interviewed.

Interviews were face-to-face and semi-structured around a topic guide developed from literature review.

Interviews were audio-recorded, transcribed verbatim and anonymised. Transcripts were analysed thematically using the Framework Approach.

Results

A key dimension that emerged in relation to women's differing experiences of distress following colposcopy was duration. This led to the development of a typology of psychological after-effects, based on women's experiences of short- or long-term distress: (1) women with short-term distress (2) women with long-term distress (3) women with both short- and long-term distress and (4) women without distress. Women with short-term distress were distressed immediately following their colposcopy and were upset while still at the clinic or when they left the clinic to go home. These women described crying, feeling 'shaken up' or being in 'shock' after the procedure. Women with long-term distress were worried about longer-term issues like their fertility, cervical cancer and having sex. Many women in this group had these worries despite their procedure being performed awhile back. The factors that emerged from the analysis as being important for each of the four groups are shown in Figure 1.

Aims

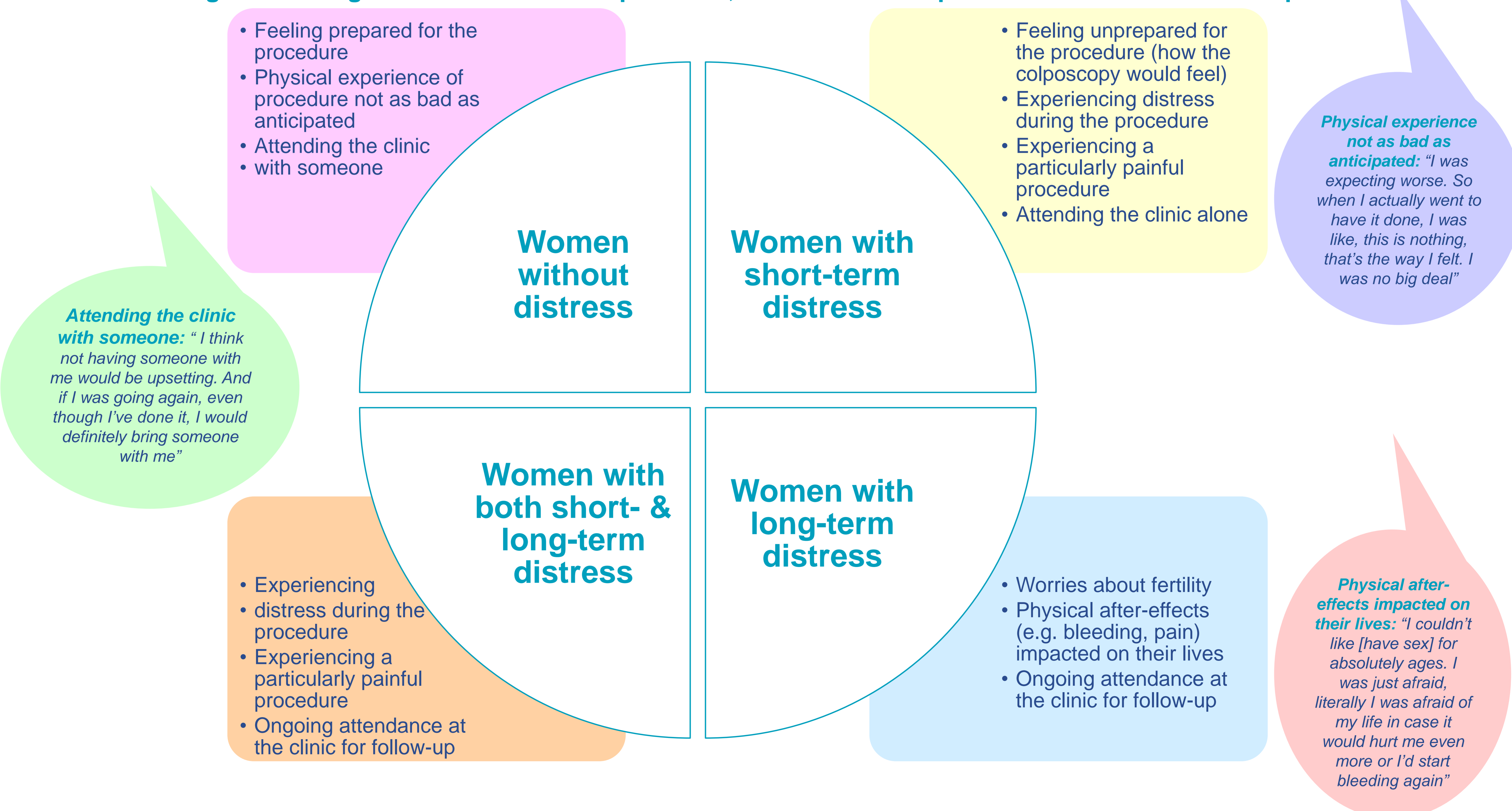
(1) To examine women's differing experiences of psychological distress and (2) to explore what factors are associated with, or protective against short and long-term distress following colposcopy and related procedures.

Feeling unprepared for the procedure: "Maybe if I had known it [colposcopy] was going to be more painful, I would have prepared myself mentally for it"

Experiencing a particularly painful procedure: "I found it really painful and it's not something I wanted to repeat again...it did shake me up, I just wasn't expecting the level of pain"



Figure 1. Categories of unanswered questions, with illustrative quotes from interview transcripts



Conclusions

Our qualitative data show that colposcopy and related procedures can lead to short-term and/or long-term post-procedural distress. These results suggest a lack of sensory and procedural preparation, lack of support while attending the clinic, fertility worries and on-going monitoring by the colposcopy clinic may affect post-colposcopy psychological distress. Targeted psycho-educational interventions to help alleviate distress after colposcopy are required. If these issues are not addressed, women's experiences of colposcopy and distress following colposcopy could impact negatively on their long-term psychological well-being.