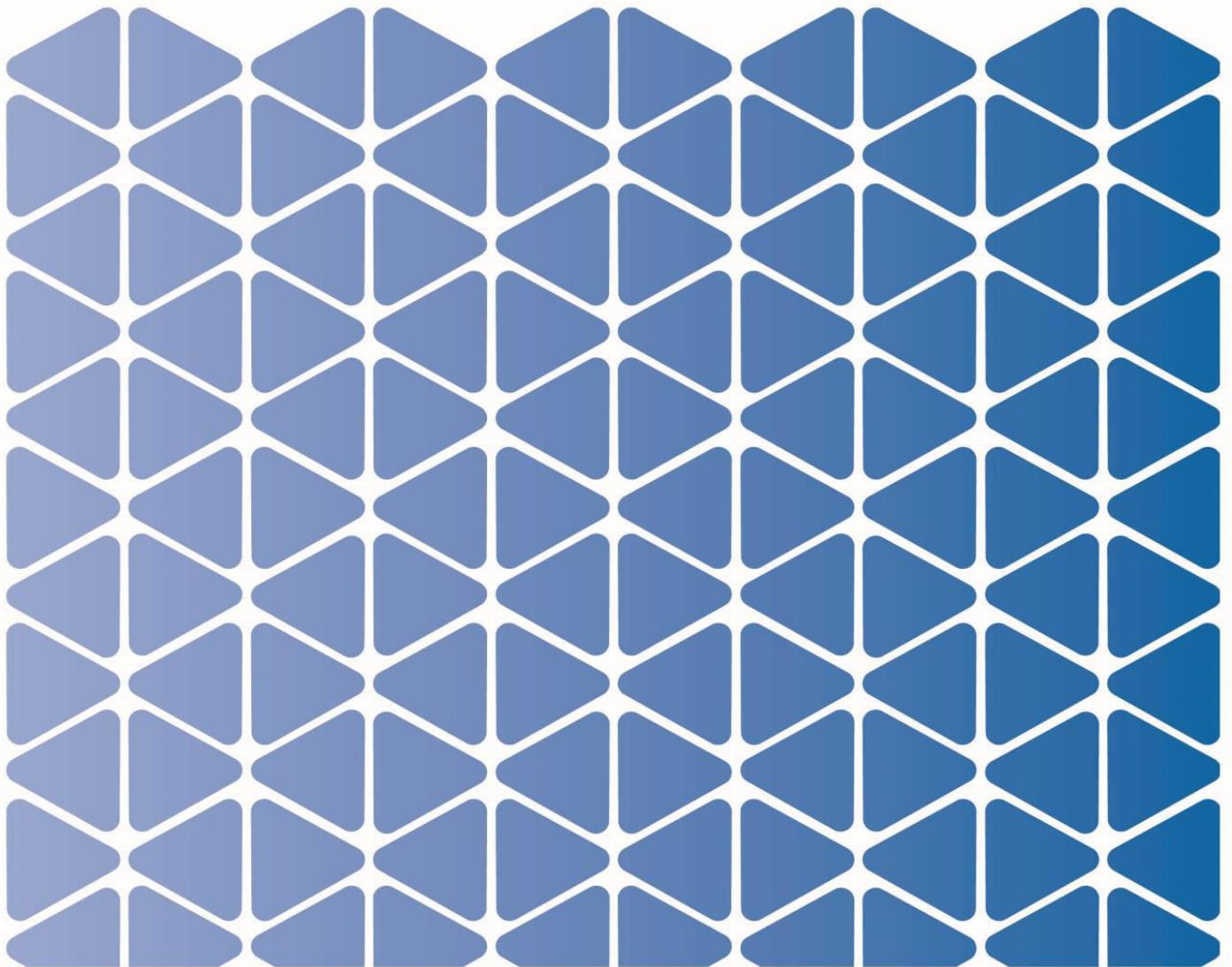


# CONSERVATIVE MANAGEMENT CERVICAL INTRAEPITHELIAL NEOPLASIA GRADE 2 (CIN2)



## **Information for patients - Colposcopy**

### **Introduction**

The purpose of this leaflet is to provide you with information following the diagnosis of Cervical Intraepithelial Neoplasia (CIN) Grade 2.

It is important to remember that CIN is not cancer, but indicates precancerous changes to the cells in the neck of the womb (cervix). This can be managed with either treatment or conservative management (close monitoring) to ensure that it does not progress to cancer in the future.

Your case has been discussed at a specialist colposcopy meeting and your results have been reviewed. Following this meeting it was thought appropriate to discuss with you the options of either treatment to the neck of the womb or conservative management.

### **What is CIN2?**

The cervix is lined by cells called squamous cells. These cells are on the outside of the cervix and come in to contact with the environment inside the vagina. The Human Papilloma Virus (HPV) is a very common virus that can affect the skin and mucous membranes (moist lining in parts of your body), there are more than one hundred different strains. Some of these strains can cause changes to the squamous cells of the cervix. If the cells undergo change and become abnormal this can lead to CIN.

There are different grades of CIN (1 – 3). The grades describe how far the abnormal cells have gone into the surface layer of the cervix. Grade 2 means they have involved two-thirds of the lining of the cervix.

There is a small potential for the cells to develop into cancer if they are not treated or do not spontaneously go back to normal without treatment.

### **What are the Options for the treatment of CIN2?**

#### **Conservative Management**

This option involves regular monitoring with regular visits to the colposcopy clinic for repeated cervical screening tests (Smears) and possible further cervical biopsies (small pieces of tissue from the cervix) for up to 2 years.

Studies have shown that in time CIN2 can return to normal in approximately 50% of cases without any treatment. It may take up to 2 years for the CIN2 to resolve/go away. This is important because there can be risks associated with large loop excision of the transformation zone of the cervix (LLETZ) treatments.

## **Is conservative management a suitable option for me?**

This will depend on your individual circumstances. This option is most appropriate for women and people with a cervix who have not completed their family or are uncertain about their fertility wishes and, therefore, is an option worth considering.

It is very important that you attend colposcopy clinic for all your appointments. If you feel that you are not able to attend the clinic regularly then conservative management is not for you.

## **What does conservative management involve?**

You will be seen in the colposcopy clinic at 6 monthly intervals where you will have a colposcopic examination, a cervical screening test and possibly a cervical biopsy if necessary. The results are reviewed at the twice monthly colposcopy meeting to confirm that conservative management is still appropriate to continue.

- You will be seen every 6 months until your cervical screening test becomes HPV negative, this means the CIN has gone away. You will then be discharged from the colposcopy clinic and your cervical screening tests will be performed by your GP as part of the routine NHS cervical screening programme.
- If at any point your CIN2 progresses to a higher grade a LLETZ treatment will be recommended.
- During the 2-year period if the area of CIN2 becomes larger, or the cervical screening result or biopsy result suggests progression to CIN3, a treatment will be recommended.
- Your options may be discussed with you again at any point if your CIN2 does not regress. If after 2 years of close observation the CIN2 remains it is likely a LLETZ treatment would be recommended.

## **What are the benefits of conservative management?**

- In women and people with a cervix who have not yet had any children, or may wish a further pregnancy, conservative management can avoid the risk of premature birth/mid trimester miscarriage (between 13 – 26 weeks' gestation).
- Conservative management avoids risks of LLETZ treatment.
- Half of all women/individuals with a cervix the CIN2 will revert back to normal.

## **What are the risks of conservative management?**

- Less than 1 in 200 women/ people with a cervix with CIN2 will develop cervical cancer in a 2-year conservative management period.
- The rate of progression to a higher grade of CIN is about 1 in 10 (10%) in women/people with a cervix under 30 years of age, and 1 in 5 (20%) of any age.

- Persistence and progression of CIN2 means half of women/people with a cervix will require a LLETZ within two years of diagnosis.

### **What else can I do?**

We know that in people who smoke, CIN2 is more likely to progress to CIN3, which requires treatment. Stopping smoking will make it more likely that conservative management will work and the CIN2 will go away.

### **What if I change my mind about conservative management?**

You can change your mind at any time. You can contact the colposcopy department if you are feeling worried or concerned about your treatment and speak to a member of the specialist team.

### **Large loop excision of the transformation zone (LLETZ)**

This is a common procedure to remove abnormal cells from the neck of the womb (cervix). It is usually performed in the colposcopy clinic with local anaesthetic. It is a minor procedure using a thin, loop shaped tool, which is heated with an electric current. This removes the abnormal cells from the cervix and seals the tissue at the same time. This should not be painful but you may feel some pressure inside the cervix.

### **What are the benefits of a LLETZ?**

The benefit of this treatment is that it removes the abnormal cells from the cervix and allows normal cells to grow back in their place.

### **What are the Risks of a LLETZ?**

The main complications are heavy vaginal bleeding and vaginal infection.

With treatment there is a potential risk of having a premature birth/mid trimester miscarriage (13 – 26 weeks' gestation) as removing the abnormal cells can weaken the cervix. The risk is usually determined by the amount of cervix removed during the treatment. Treatments deeper than 10mm may increase the risk of pre-term birth.

There is a slight risk of cervical stenosis (narrowing of the neck of the womb). Potentially this could cause difficulty in obtaining a reliable screening test (smear) in the future. The treatment is not associated with any increased risk of infertility.

Conservative management may allow you to avoid a LLETZ procedure and its associated risks.

### **Who can I contact if I have any questions?**

If you need any further information, do not hesitate to contact the colposcopy team on 01527 505739

### **Useful contacts/ information**

The British Society for Colposcopy and Cervical pathology [www.bsccp.org.uk](http://www.bsccp.org.uk)

Jo's Cervical Cancer Trust [www.jostrust.org.uk](http://www.jostrust.org.uk)

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

### **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

### **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

### **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PALS@nhs.net](mailto:wah-tr.PALS@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.