

*Understanding*

# Cervical Smear Test Results

*Caring for people with cancer*

## Understanding cervical smear test results

This booklet has been written to help you understand more about the cervical smear test and cervical screening. It has been prepared and checked by gynaecologists, nurses, other relevant specialists as well as women who have had smear tests and treatment. The information in this booklet is an agreed view on the cervical smear test, how it is done, what the test results mean and what kind of treatment is needed, if any.

Your doctor or nurse may wish to go through the booklet with you and mark sections that are important for you. You can also make a note below of the contact names and information you may need quickly.

Family doctor (GP) Tel: \_\_\_\_\_

Practice nurse Tel: \_\_\_\_\_

Smear taker Tel: \_\_\_\_\_

Colposcopy clinic Tel: \_\_\_\_\_

Treatments Review dates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you like, you can also add:

Your name \_\_\_\_\_

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The Irish Cancer Society is the national charity for cancer care, dedicated to eliminating cancer as a major health problem and to improving the lives of those living with cancer. This booklet has been produced by Nursing Services of the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

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## Introduction

This booklet has been written to help you learn more about cervical screening and the smear test.

Cervical screening is a check-up for any changes in the cells of the cervix (neck of the womb). It involves a test called a smear test which takes a sample of cells from the neck of the womb to examine them. In most cases, the cells are normal. Sometimes abnormal cells are present and this can be an early warning sign that treatment is needed.

Having regular cervical smear tests is the best way to find abnormal changes in the cervix early. The real problem is that abnormal changes can be present for many years without causing problems and a smear test is the only way to find them. Some abnormal changes, if left untreated, may lead to cancer over time.

By reading this booklet you can learn more about why a smear test is done, what it involves, what the results mean and how abnormal changes are treated. We hope it answers some questions you may have. If you do not understand something that has been written, please discuss it with your nurse or doctor. You can also call our information service helpline on freefone **1800 200 700**.

## What does that word mean?

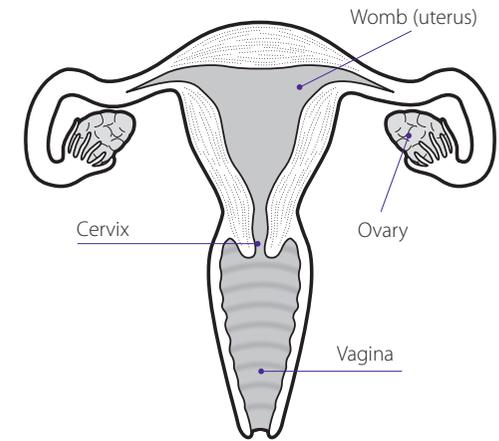
<b>Biopsy</b>	When a small amount of tissue is taken from your cervix to check the level of abnormal cells present.
<b>Cervical intraepithelial neoplasia (CIN)</b>	The cell abnormality in the cervix that smear tests try to find. It is graded from 1 to 3 to describe where the cells are found. Some of these abnormal changes get better by themselves, while others need treatment.
<b>Cervix</b>	The top of the vagina that opens into the womb. It is also known as the neck of the womb.
<b>Cold coagulation</b>	A treatment using a hot probe on the surface of the cervix to burn abnormal cells and destroy them. It is done as an outpatient treatment.
<b>Cold knife cone biopsy</b>	A treatment that removes a small cone-shaped piece of the cervix that has abnormal cells. It is done as an inpatient treatment.
<b>Colposcope</b>	A large magnifying glass or microscope with a bright light that helps the doctor or nurse look closely at the surface of the cervix. It does not go inside the vagina.
<b>Colposcopist</b>	A doctor or nurse who has been specially trained in colposcopy.
<b>Colposcopy</b>	A test where the cervix and vagina are examined more closely using a light and a microscope called a colposcope.
<b>Cytology</b>	The study of cells under a microscope. In this case, cervical cells.
<b>Dyskaryosis</b>	A term that describes cervical cells that look abnormal.

<b>Gynaecologist</b>	A doctor who specialises in treating problems of the female reproductive system (womb, vagina and ovaries).
<b>Human papilloma virus (HPV)</b>	A virus that can cause abnormal changes in the cells of the cervix or warts in the genital area. Most papilloma viruses are spread by direct skin contact.
<b>Hysterectomy</b>	An operation to remove the womb (uterus).
<b>Laser ablation/treatment</b>	A treatment that uses a strong hot beam of light to cut or destroy abnormal cervical cells. It is done in the outpatient clinic.
<b>LEEP</b>	LLETZ is also known as LEEP – loop electrosurgical excision procedure.
<b>LLETZ</b>	This stands for large loop excision of the transformation zone. It is a treatment that uses a thin wire loop with an electric current to remove the abnormal cells in the cervix. It is done in the outpatient clinic.
<b>PAP smear</b>	A test where cells are taken from the cervix and put into a bottle or liquid and sent to a laboratory for examination.
<b>Precancerous</b>	Abnormal changes which are not cancer. But if left untreated they may become cancerous over time.
<b>Smear taker</b>	The person who takes the smear. For example, your GP or nurse.
<b>Speculum</b>	An instrument used by a doctor or nurse to keep the vagina open so that it is easier to examine the cervix.
<b>Transformation zone</b>	A small area of skin at the end of the cervix where two types of cells meet and overlap. This is the area from which a smear is taken.
<b>Uterus</b>	The womb.

## Cervical screening

### What is the cervix?

The cervix is found deep inside your vagina at the lower end of your womb (uterus). It is often called the neck of the womb as it is the opening to the womb from the vagina. It is shaped like a cone and about 2.5 cm long.



Usually your cervix is closed but opens during labour to let the baby be born. The cells in your cervix are changing all the time. This is why abnormal changes sometimes happen.

The cervix

### What is cervical screening?

Cervical screening is a check-up to see if there are early changes in the cells of the cervix. Some of these changes are known as precancerous because they might become cancer cells if not found and treated. Even though this word might sound scary, it does not mean you have cancer. For most women the test results show that everything is normal. There may be changes that need to be checked again or treated for about 1 in 10 women.

It is important that women have regular cervical smears. The earlier a change is found, the easier it is to sort out.

Information Helpline 1800 200 700

>>> The earlier a change is found, the easier it is to sort out.

## National Cervical Screening Programme

In Ireland, a national cervical screening programme began in 2008. This means that women aged 25 to 60 are offered free smear tests regularly. Women register with a smearer on this programme and are called and recalled every 3 or 5 years for a smear test, depending on their age. For women aged 25–44 it is every 3 years and for those aged 45–60 it is 5 years.

For more details about this service in your area, see the National Cancer Screening Service (NCSS) website: [www.cancerscreening.ie](http://www.cancerscreening.ie) or call the Irish Cervical Screening Programme helpline at **1800 252 600**.

## What is a cervical smear test?

A cervical smear test is a sample of cells taken from the neck of the womb (cervix) which are sent to the laboratory to be examined. If any early changes are found, a closer look at the cervix needs to be taken at a colposcopy clinic.

The smear test is short and often takes less than 5 minutes. A sample of cells is taken from the skin that covers the cervix, using a small brush. In the laboratory, these cells are put on a slide and looked at under a microscope to check if the cells are normal. Abnormal changes may be present for up to 10 years without causing you any problems. Smear tests may be the only way of finding out if these changes are there.

>>> Abnormal changes may be present for many years without you noticing them. A regular smear test is the only way to pick up these changes early.

## How reliable is cervical screening?

Regular smear tests are a reliable way to find early changes in the cells of the cervix. But like all screening tests, they are not perfect or completely accurate. There is always a very small chance that abnormal cells may not show up. This may happen for a number of reasons:

- The brush may not pick up the cells from the cervix.
- The abnormal cells may be hidden from view by blood or mucus.
- The abnormal cells may look very much like the normal cells.
- There may be very few abnormal cells in the sample. This can happen in older women or depend on the time of your period.
- Sometimes it is harder to spot abnormal cells in the laboratory.

Sometimes the test may need to be done again if the cervical cells are hidden by blood or mucus, if there is infection or inflammation or if there are not enough cells. Because early changes may not show up, you must continue to go for regular smear tests.

## What causes abnormal changes in the cervix?

Abnormal changes in the cervix are mainly caused by a virus known as human papilloma virus (HPV). Smoking also increases your risk of abnormal changes. See page 19 for more about causes and risk factors.



## To sum up

- A cervical smear test is a check-up to see if there are early changes in the neck of the womb that might lead to cancer.
- Most smear test results are normal.
- Some women will have abnormal changes.
- All abnormal changes need to be followed up. Some will change back to normal naturally, while others will need treatment (colposcopy).
- Most women who have an abnormal smear do not have cervical cancer.
- The earlier a change is found, the easier it is to sort out.
- Abnormal changes are mainly caused by a virus called HPV. Smoking also increases your risk of developing abnormal changes.





## Having a smear test

### Who should have a smear test?

All women should have a check-up and smear test regularly. The first one should happen just before your 25th birthday and continue until you are at least 60 years old. How often you have the smear test depends on your age and if you have had normal smears in the past. For women aged 25 to 44, you should have a smear test every 3 years. For those aged 45 to 60, it should be every 5 years.

»» All women should have a regular smear test: every 3 years for those aged 25 to 44; every 5 years for those aged 45 to 60.

### Why don't I need a smear test if I'm under 25?

You do not need a smear test before the age of 25, even if you have had sex or not. This is because the cervix in women under the age of 25 is still developing. If you are checked up at this time, changes that are not important may be found. This may lead to unnecessary treatment. In this case, smear tests could do more harm than good to you. It is important to remember too that cervical cancer is very rare in women under the age of 25.

If you are under 25 and concerned about your risk of developing cervical cancer or your sexual health in general, especially if you have abnormal bleeding or discharge, contact your GP. If you smoke, think about stopping.

### Why don't I need a smear test if I'm over 60?

If you're over 60 and have had two negative smears one after another within a 5-year period, you no longer need a smear taken. As you grow older, your cervix changes and the smear test does not pick up changes. Women over 60 are also less likely to develop problems.

Even so, if you are aged 60 years and over and have never had a smear test, it is best that you have one done.

## Do I need a smear test if I'm not sexually active?

If you have ever had sex, you should have regular smear tests. Even if you no longer have sex now, you will still need check-ups. Women who have never had sex have a lower risk of developing abnormal changes.

## Do I need a smear test if I'm a lesbian?

If you have sex with other women, you should be tested in the usual way. It is still possible to be infected with HPV from other women if sexual contact is made.

## Do I need a smear test if I've had a hysterectomy?

Depending on the type and reason for your hysterectomy, you may need to continue having smear tests. Your gynaecologist will let you know if you need more smears. In general, you will need to continue if you had:

- A subtotal hysterectomy, where the cervix still remains.
- An abnormal smear before surgery.

After a total hysterectomy, the smear test may be taken from the top of the vagina. This is called a vault smear.

If you are unsure about what kind of hysterectomy you have had, talk to your gynaecologist or GP. They will let you know if you need to continue having smear tests.

## When is the best time to have a smear test?

The best time to have a smear test is halfway through your menstrual cycle. This is about 2 weeks (10–14 days) after your period. It is best not to be tested during your periods. However, if you are having abnormal bleeding, it is important that your doctor checks your cervix.

»»» The best time for a smear to be taken is 2 weeks after your period.

Often people think you should avoid sex before a smear test. But there is no need for this. Even so, it is best to avoid spermicides or lubricant jelly for 24 hours before the test as they may affect the test results.

## Who takes the smear?

Usually a doctor or nurse takes the smear test. It can be done at the following places:

- GP surgery
- Family planning clinics
- Well Woman centres
- Some Health Service Executive (HSE) clinics
- Some gynaecology clinics in hospitals.

The National Cancer Screening Service (NCSS) has a list of registered smertakers (doctors and nurses). Women who have never had a smear test can contact one of these smertakers to discuss having a free smear test taken.

Women who have registered with the programme will be sent a letter telling them when to make an appointment for a free smear test with a registered smertaker of their choice.

See also page 36 for a list of Well Woman clinics and family planning centres.

## How is the smear test done?

Before the test, your doctor or nurse will explain what will happen. So do ask as many questions as you like if you are anxious about it. The visit may last 15 minutes but the smear test itself takes about 5 minutes. It can be uncomfortable and for a small number of people it may be a little painful. If you are feeling tense, it can help to use relaxation techniques.

First you will be asked to undress from your waist down. If you are wearing a full skirt you may not have to remove it. You will then be asked to lie on a couch with your knees drawn up and spread apart. If you find this position hard to get into, you can ask your doctor or nurse to take the smear when you are lying on your side with your knees drawn up.

>>> The smear test takes about 5 minutes.

Once you are comfortable, the smearer puts an instrument called a speculum gently into your vagina. This is then opened to show the cervix. When the smearer can see the cervix clearly, he or she will look for the exact area of the cervix to take the cells from. Some cells are then taken from the cervix using a small brush. These cells are put in a liquid and sent to the laboratory to check for any abnormal changes. You are free to stop the smearer at any time if you are feeling anxious or upset.

### Getting the result

Your smearer will tell you how long you have to wait for the results and how you will be told. For example, you may be phoned with the result. The waiting time can vary quite a bit. It could be anything from 6 to 12 weeks. In Ireland efforts are being made all the time to reduce it to 4 weeks.

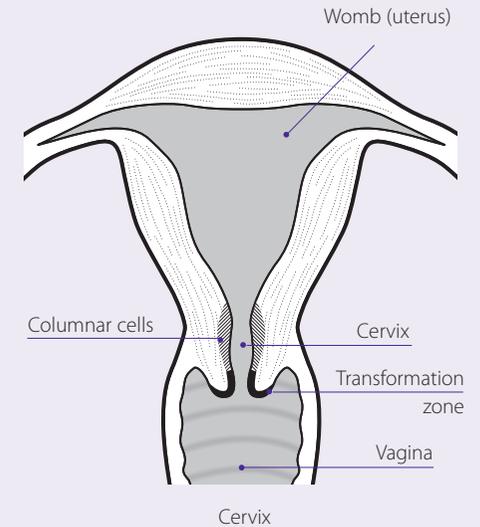
You will be contacted with the result if there are abnormal changes or not. If you get no results, this does not mean the test is negative.

When telling you the result, you will also be told when your next smear test is due. Even if the result is normal, you must come back to the doctor or nurse if you develop any unusual bleeding.



### Where are the cells taken from?

There are different types of cells in the cervix. The outside of the cervix (ectocervix) and the vagina are covered by a layer of flat cells called squamous cells. These are like skin cells. The inner part or canal of the cervix (endocervix) is lined by tall cells called columnar cells. These are like cells on the inside of your mouth. The area where these two kinds of cells meet and overlap is known as the **transformation zone**. The columnar cells lie beneath the squamous cells.



In young girls the columnar cells open onto the outside of the cervix and gradually get covered by squamous cells. This is why taking smear tests from women under 25 is not so reliable.

Because columnar cells are being changed into squamous cells in this area, abnormal cells can develop too. Other cells lining the cervical canal are glandular, which make mucus, and can sometimes change to abnormal cells as well.

## How often should I have a smear test?

How often you have a smear test depends on your age and if your previous smear test was normal or not. If the result of your smear test is normal, continue to have a smear test every 3 years if you are aged 25 to 44. Or every 5 years if you are aged 45 to 60.

If the result of your first ever smear is not normal, you may need to have a second smear and more special tests. In that case, your smertaker will let you know when to come for your next smear.

Remember that one smear test is never enough. So do discuss with your smertaker if you are unsure about when to have your next smear. In the meantime if you have any unusual bleeding or vaginal discharge, contact your doctor straight away.

Use the smear test diary on page 39 to keep track of all your smear tests and results.



### To sum up

- All women should have a smear test from just before the age of 25 until the age of 60.
- One smear test is never enough. It should be done every 3 years if you are aged 25 to 44 and every 5 years if aged 45 to 60.
- Women under 25 or over 60 do not need to continue with smear tests.
- If you have ever had sex, you must have regular smear tests.
- Women still need smear tests if they are lesbian or in some cases have had a hysterectomy.
- Women who have never had sex have a lower risk.
- The best time for a smear to be taken is halfway through your menstrual cycle. This is 2 weeks after your period, taking the first day of your period as day 1.
- The smear test is taken by a doctor or practice nurse in a surgery or clinic.
- You should be contacted with the result of your smear test.



## Smear test results

### What do the results mean?

Most smear test results are normal. This means that the cervix is healthy and there are no signs of cell changes.

A smear result that is abnormal usually means that small changes have been found in the cells on the cervix. You may come across the word **dyskaryosis** to describe these changes in general.

>>> Most smear test results are normal.

### What if my results are abnormal?

Many women become alarmed when told there are changes to the cells in the cervix. Even though it is natural for you to be worried, there is no need to be. So don't panic. An abnormal result does not mean you have cancer. Usually it means that some changes have happened but may return to normal. A closer look or treatment might also be needed.

>>> An abnormal result does not mean you have cancer.

In many cases these small changes return to normal by themselves. Often they can be due to infection or inflammation and need time to clear up. For this reason, it is important to let the smertaker know if you are taking any medicines.

Sometimes the changes are greater and less likely to return to normal on their own. In that case you are likely to be referred to a colposcopy clinic for more tests and possibly treatment.

## What is CIN?

Abnormal changes in the cells of the cervix are known as **cervical intraepithelial neoplasia** or CIN. This means that some cells on a very small area of the surface of the cervix (transformation zone) have changes. If left untreated or not rechecked, they might develop into cancer cells over time.

Sometimes changes to the glandular cells in the cervical canal are found in a smear test. These changes can be similar to CIN but are called cGIN or cervical glandular intraepithelial neoplasia. Though they can develop into cancer, it is very rare.

## What are the grades of CIN?

When the results of your smear test come back, it will say clearly what kind of abnormal result you have, if it is the case. The types of changes can differ and include the following.

### Borderline changes

Borderline changes to the cervix are very minor and may be due to infection or inflammation. You will need to have a repeat smear, usually about 6 months later. Most borderline changes disappear by themselves and are clear on the second smear. However, if after two further smears, each showing borderline changes, you will be referred to a colposcopy clinic for more tests and possibly treatment.

### Low grade or high grade CIN

Usually when discussing CIN, your doctor may refer to low grade or high grade. Low grade refers to early changes in the size, shape and number of cells on the surface of the cervix. CIN 1 is considered a low grade. High grade means there are a larger number of abnormal cells. CIN 2 and CIN 3 are considered high grade. Because CIN has no symptoms, you will not be aware if you have it or not.

### CIN 1

CIN 1 refers to mild changes in the cervical cells. It can also be called mild dyskaryosis. With this, you will need two further smear tests every 6 months to check that the cervix has returned to normal. If your next smear also shows CIN 1, you will be referred to a colposcopy clinic at the hospital. See page 21 for more about colposcopy. With CIN 1 it is very important that you have follow-up smears.

### CIN 2

CIN 2 refers to moderate changes in the cervical cells or moderate dyskaryosis. You will be referred to a colposcopy clinic after one of these smears. Not all CIN 2 need treatment but you must be followed up at the clinic.

### CIN 3

CIN 3 refers to severe changes in the cervical cells or severe dyskaryosis. This means that the full thickness of the surface layer of the cervix is affected. CIN 3 needs to be looked at more closely without delay. You will be referred to a colposcopy clinic at the hospital as soon as possible. Not all CIN 3 need treatment straightaway but you must be followed up at the clinic. Your doctor or nurse will explain this to you.

>>> CIN 1 involves mild changes to the cervical cells; CIN 2 moderate changes and CIN 3 severe changes.

## What causes CIN?

One of the most common causes of CIN is the **human papilloma virus** (HPV). This virus is usually passed on by direct skin contact during sex. Most women who have had sex will get HPV at some point in their lives. In fact, the virus is so common that even if you have only one sexual partner in your lifetime, you could still get it. Condoms do not give full protection against it.

It is important to remember that having HPV is not a problem in itself and that most women have had it. Most women get rid of the virus within a short time. Because it has no symptoms, you will be unaware if you have it. But some women can have trouble getting rid of it, especially if they smoke. In this case, it needs to be treated.

## Types of HPV

There are over 100 types of HPV and most do not cause any problems. Some are of low risk and cause genital warts. The types that cause cervical cancer are HPV 16, 18, 31 and 33.

## What are the risk factors?

There is research to say that your risk of CIN is increased if:

- You never had a smear test
- You smoke
- You have sex from an early age
- You have many sexual partners
- You have a history of both HPV infections and other sexually transmitted diseases (genital herpes, Chlamydia, etc.).

## Smoking

Smoking also increases your risk of CIN. Nicotine in cigarettes can affect how the cervix fights infection. For this reason, if you smoke, you can have trouble getting rid of HPV. You should consider quitting smoking in this case.

## Reducing your risks

The best way to reduce your risk is to have regular smear tests. It is also possible to be vaccinated against the HPV virus if you've never had sex. For this reason it is best that young girls be vaccinated. If you are concerned that you may be at high risk of developing CIN, talk to your doctor. You can also contact our information helpline 1800 200 7000 for advice in confidence.



## Getting vaccinated against HPV

Two vaccines to prevent HPV infection have been licensed for use in the EU. These vaccines are called Gardasil® and Cervarix®. They target most of the strains of HPV that are likely to cause cervical cancer. This includes types 16 and 18. The vaccine is most suitable for women who have not had sex and is licensed for females aged 9 to 26 years. It involves a course of three doses given over 6 months, which are injected into a deep muscle. If you are vaccinated, it does not mean that you no longer need smear tests. Because it is not known for how long the vaccine gives protection and it does not cover all the HPV types that cause cervical cancer, you must still continue with regular cervical smear tests as advised.



## What is a colposcopy?

A colposcopy is a check of the cervix using a bright light and a colposcope. This is a large magnifying glass or microscope that helps the doctor or nurse look closely at the surface of your cervix. The colposcope sits on the outside of the vagina and does not go inside. It can be linked up to a computer screen to see the images more clearly. The test is usually done at a colposcopy clinic in the gynaecology department of a hospital. You will be seen as an outpatient by a nurse or a gynaecologist.

>>> A colposcopy is an examination of the cervix using a bright light and large magnifying glass.

## When is the best time for a colposcopy?

Colposcopy can be done at any time. Unlike a smear test, it can be done if you are having your periods. It can also be done safely during pregnancy. However, if you need treatment it is usually postponed until after the baby is born. The colposcopy will not affect your baby nor your chances of becoming pregnant again.

## What happens before the test?

First your doctor or nurse will explain why you need the test and what is involved. You will also be told if further tests and treatment might be needed and any risks linked to these. They will also ask you some questions about:

- Your periods
- The type of contraception you use
- Any operations or illnesses you had in the past
- Any other relevant questions about your general health.



### Hints & Tips – having a colposcopy

- Have a light breakfast on the morning of the test.
- Arrange for someone to mind your children rather than bringing them to the clinic.
- Bring a friend or relative if you feel anxious or would prefer company.
- Ask your doctor or nurse as many questions as you like – even if you feel a little embarrassed.
- Remember when was the first day of your last period.



## What happens during the test?

Having a colposcopy is very like having a smear test but with a few important differences. First you lie on a couch with padded supports to rest your legs against and then the speculum is put into your vagina to keep it open. This time the cervix is painted with a special dye containing vinegar, which might sting a little. By using the dye the cells can be seen clearly.

A light is then shone on the cervix and the doctor or nurse will look through the colposcope to see the surface of the cervix. The abnormal cervical changes are seen as white areas under the colposcope. By

looking at the cervix, your doctor or nurse can then decide if you need treatment or not. You may be given suitable treatment or a sample of the cervical cells may be taken (biopsy) at this time.

»»» The abnormal cervical changes are seen as white areas under the colposcope.

Like taking a smear, the test can be a little uncomfortable. But the colposcope does not touch or go inside you, so do not worry about it being painful. This test is longer than a smear test and usually lasts about 10–15 minutes.

## What happens after the test?

Your doctor or nurse will let you know if you have CIN and what treatment, if any, is needed. Often small changes are followed closely and you may be asked to come back to the colposcopy clinic every 6 months or yearly for 1 to 2 years. Sometimes treatment is done on the same day as the colposcopy but this may vary between clinics. If you have had a biopsy, you will not be given a definite diagnosis, as it takes about 1 or 2 weeks before the results are ready.

Either way, your doctor or nurse will arrange a follow-up visit for you. They will also let you know when to have your next smear test. Once you are being seen in the colposcopy clinic, you do not need to visit your GP for further smear tests unless told to do so by the clinic. Use the smear test diary on page 39 to keep track of all your tests and results.

Once the colposcopy is over, you can carry on as before if you feel like it. You can drive, return to work or college or look after your children again. For some women the test can be upsetting, so it can help to take things easy and relax for the rest of the day.

If you've had a biopsy, it is best to rest afterwards and avoid sex, heavy lifting and tampons for 1 week to allow the cervix to heal.



## Should I stop having sex if I have abnormal changes?

There is no reason to stop having sex if you have an abnormal result, unless you've had treatment at the colposcopy clinic. Sex will not make the abnormal cells worse. There is no risk either that you will pass them on to your partner. If you have any concerns about sex or getting pregnant, talk to your nurse or doctor.



## To sum up

- Most smear test results are normal.
- Most women with abnormal smears do not have cervical cancer.
- Areas of abnormal cells are called cervical intraepithelial neoplasia (CIN).
- CIN can be either CIN 1, CIN 2 and CIN3. These refer to the level of changes in the cervical cells.
- Some CIN will need repeat smears while others will need referral to a colposcopy clinic.
- CIN is caused by the human papilloma virus (HPV) and smoking.
- A colposcopy is a test that examines the cervix using a bright light and colposcope (a large magnifying glass). It is done in the outpatient clinic at the hospital.



# Treatment and side-effects

## How is CIN treated?

The aim of treatment is to remove the abnormal cells from the cervix after they have been diagnosed. Don't be alarmed if you need treatment after a colposcopy as it is very successful. There are now a number of ways to treat the abnormal cells. This will depend on the grade of CIN and your age.

Depending on the hospital you attend and your doctor's decision, you may receive treatment on the same visit as the colposcopy or an appointment will be made for you to return to the clinic.

Your doctor will discuss your treatment options with you and explain them in detail. He or she may decide the following course of action:

**CIN 1:** No treatment is needed but you must continue with check-ups at 6, 12 and 24 months if your smears are normal.

**CIN 2 & 3:** Treatment might be needed and will depend on the results of your colposcopy. Treatments include LLETZ, laser treatment, cold coagulation or cone biopsy.

The most common type of treatment is LLETZ (see page 26). Sometimes those with CIN 1 do receive treatment for a long time, depending on their nurse's or gynaecologist's opinion.



You may receive treatment on the same visit as the colposcopy or an appointment will be made for you to return to the clinic.

## What does treatment involve?

The treatment for CIN usually involves either removing the abnormal cells or destroying them so that normal cells are allowed to grow. Usually only one treatment and one session are needed; the most common one is now LLETZ. This is also known as LEEP. All treatments

are usually done under local anaesthetic so that the cervix is numb and you will not feel any pain.

- **LLETZ (large loop excision of the transformation zone):** This treatment removes the abnormal cells in the transformation zone using an electric current. With the help of a thin wire loop your doctor removes the abnormal cells. Any areas of bleeding are stopped using the hot wire. Usually LLETZ is done under a local anaesthetic at the outpatient clinic. It does not hurt but you may feel some stinging from the fluids used to see the abnormal cells. You may get a slight burning smell during the treatment but this is nothing to worry about.
- **Laser treatment:** This treatment destroys the abnormal cells using a special laser beam. It is also called laser ablation. A strong hot beam of light is aimed at the abnormal cells and burns them. You may get a slight burning smell during the treatment but again this is nothing to worry about. The heat from the laser seals any blood vessels that are cut.
- **Cold coagulation:** This treatment destroys the abnormal cells by heat (and not freezing as you might imagine). A hot probe is put on the surface of the cervix which burns the abnormal cells and destroys them. You may get a little period-type pain during this treatment and for a while afterwards.
- **Cone biopsy:** This treatment removes a small cone-shaped piece of the cervix containing abnormal cells. It may be done if the abnormal area cannot be seen with a colposcope. Usually it is done in theatre where you are given a general anaesthetic. Because of this, you will need to stay overnight in hospital.

A small gauze pack may be put into your vagina to prevent any bleeding. Usually it is taken out about 24 hours later. You may find it a little uncomfortable when it is being removed. For a few days after the biopsy you may have some slight bleeding and discharge, but it should clear itself.

There are some small risks with a cone biopsy. These include the cervix becoming slightly weaker or more tightly closed. Your doctor will discuss these with you, especially if you are pregnant or planning a family.

All of the above treatments are given in the same way as a smear test or colposcopy. You lie comfortably on a special chair with your legs in padded supports and a speculum is used to keep your vagina open. The treatments, while they can be uncomfortable, are not painful. A local or general anaesthetic is normally given at the time. Usually the treatments last for about 5–10 minutes. Do ask your doctor or nurse any questions about the treatment. Or call our information helpline 1800 200 700 for more advice.

»»» LLETZ is the most common treatment for CIN.

### What if my CIN is high grade and comes back?

Sometimes if CIN is high grade or comes back (recurrent), your doctor may decide to remove your womb (hysterectomy). This can be done particularly if you have reached the menopause or do not want to have any more children. It can also be done if you have other gynaecological problems. Do talk to your doctor and nurse about your options or call our information helpline 1800 200 700 for advice. You will still need to have regular check-ups after a hysterectomy.

### What are the side-effects of treatment?

After treatment most people feel fine, but some may experience the following:

- Tiredness or feeling unwell – usually goes away after 10–15 minutes.
- Period-type pain – usually settles after a few hours.
- Some bleeding like a light period – usually lasts for 4 weeks after LLETZ.
- A brown discharge after the bleeding has stopped – may last a few weeks.
- A watery discharge – may also last a few weeks.

Information Helpline 1800 200 700

Though rare, treatment can also lead to the following in the long term:

- Difficulty getting pregnant due to narrowing of the cervix.
- Higher risk of miscarriage or premature labour in future pregnancies due to weakening of the cervix.

Contact your doctor or the clinic if you are worried about any of the above, especially if the bleeding gets heavier, you have abdominal pain, the discharge begins to smell, or if you have a high temperature. It can mean that you have an infection and will need antibiotics. Most women feel back to normal after about 4–6 weeks.



### Hints & Tips – treatment for CIN

- Take the day off in case you need to rest afterwards.
- Have a light breakfast on the morning of the treatment.
- Arrange for someone to mind your children so you can rest afterwards.
- Bring a friend or relative with you for support and to drive you home.
- Avoid sex or heavy lifting for at least 4–6 weeks after treatment.
- Do not use tampons for at least 4–6 weeks after treatment.
- Do not swim or use jacuzzis for 4–6 weeks after treatment.
- Let your doctor know if you are going on holiday.
- Do not travel abroad for at least 2–3 weeks after treatment.



### What follow-up do I need?

It is very important that you have regular check-ups at the clinic to see if your treatment has been a success. You will need smear tests more often. How often they are done will depend on the grade of the CIN and its treatment.

Follow-up can vary between clinics but your nurse or doctor will advise you when to come back for your next visit each time. In general, you may be advised to come back every 6 months in the first year after treatment. Sometimes you may need to come back every year for at least 5 years.

Your doctor and nurse will give you more information about this. Do ask as many questions as you like and use the fill-in form at the back of this booklet to help you. If you have any worries in between check-ups do contact the clinic for advice. You can also call our helpline 1800 200 700 for more information. Use the smear test and treatment diary on page 39 to keep track of all your tests and results.

A small number of women go on to develop cervical cancer. If this happens to you, you can contact our helpline for advice and information. A free booklet called *Understanding Cancer of the Cervix* is also available.



### To sum up

- Treatment of CIN is very successful.
- Treatment depends on the grade of CIN and your nurse's or doctor's opinion.
- There are a number of treatment options: LLETZ, laser treatment, cold coagulation and cone biopsy.
- LLETZ is the most common treatment.
- Most treatments are done under local anaesthetic at the clinic. A small number are done under general anaesthetic.
- The side-effects of treatment may include feeling tired or unwell, period-type pain, vaginal bleeding or discharge.
- The long-term side-effects can include difficulty getting pregnant or a higher risk of miscarriage and premature labour in future pregnancies. These are not common.
- If CIN is high grade or comes back (recurrent), there are other treatment options.
- Regular check-ups and smear tests are needed after treatment. How often they happen will depend on the grade of CIN and your treatment.





## What is cervical cancer?

Cervical cancer is cancer of the cells lining the cervix. Cervical cancers do not form suddenly. Normal cervical cells can change slowly over time and become cancer cells. For more information, contact the National Cancer Helpline 1800 200 70 for the booklet *Understanding Cancer of the Cervix*.



### What are the risk factors?

There are two important risk factors for getting cervical cancer. These are the virus known as human papilloma virus (HPV) and smoking.

#### Human papilloma virus (HPV)

Most women who are sexually active will have HPV at some point in their lives. HPV is a virus that is passed on by direct skin contact during sex. Usually women are unaware of having it, as it often has no symptoms. It is also possible to have the virus for many years without knowing it. In most women the virus disappears naturally over time. But some women can have trouble getting rid of it, especially if they smoke. A constant infection like HPV can bring about abnormal changes in the cells of the cervix which in turn can lead to cancer. See page 19 for more about HPV.

#### Smoking

Smoking cigarettes increases your risk of getting cervical cancer. When you smoke, the nicotine in cigarettes can affect how the cervix fights infection. This is why women who smoke have difficulty getting rid of HPV.

### How can I reduce my chance of getting cervical cancer?

- Have regular smear tests every 3 or 5 years, depending on your age, to pick up early problems.
- Quit smoking.
- If you've never had sex, you can be vaccinated against the virus. It is best that young girls in their early teens be vaccinated. Because it is not yet known for how long vaccinations give protection and because not all types of HPV are covered by the vaccine, you should continue with regular smear tests. See page 21 for more about vaccination.

## Support resources

### How can I cope with my feelings and emotions?

#### Fear and anxiety

It is not unusual for women to feel nervous or anxious about going for a smear test or colposcopy. In fact, it's not something they look forward to or like doing at all. You may be squeamish about the test or treatment and even afraid that it will hurt. These are all natural feelings to have at this time. Even so, tests and treatment are quick and do not take long. Usually they are not painful but perhaps a little uncomfortable. If you need treatment, you will get a local or general anaesthetic, depending on your situation.

Don't be afraid to ask your doctor or nurse at the surgery, clinic or hospital if you are troubled about the smear test or any of the tests or treatment for CIN. You might imagine the tests to be worse than what they are. Even if you think your questions are silly or trivial, do ask them, so that your mind can be put at rest. It can also help to talk to a close friend or someone who has had a smear test or colposcopy. On the other hand, some people prefer not to discuss things in too much detail as it can distress them even more.

#### Embarrassment

Being exposed during the smear test or colposcopy can bring feelings of embarrassment. You may feel the tests are undignified and feel vulnerable as a result. Because it is a personal matter, you may get a little emotional too. The smeaftakers have all received special training in taking smears and are sensitive to your situation. The test is done as quickly and efficiently as possible to spare your embarrassment. Look on it as a job that needs to be done to prevent further problems that might happen.

## Shame

There are many myths about abnormal smears and cervical cancer. Some people think that because HPV is passed on by sexual contact, it means that only promiscuous people get CIN or cervical cancer. HPV is a very common virus and even if you have only one sexual partner in your lifetime, you still run the risk of getting the virus. In fact, most women will have HPV at some point in their lives and it will cause no problems.

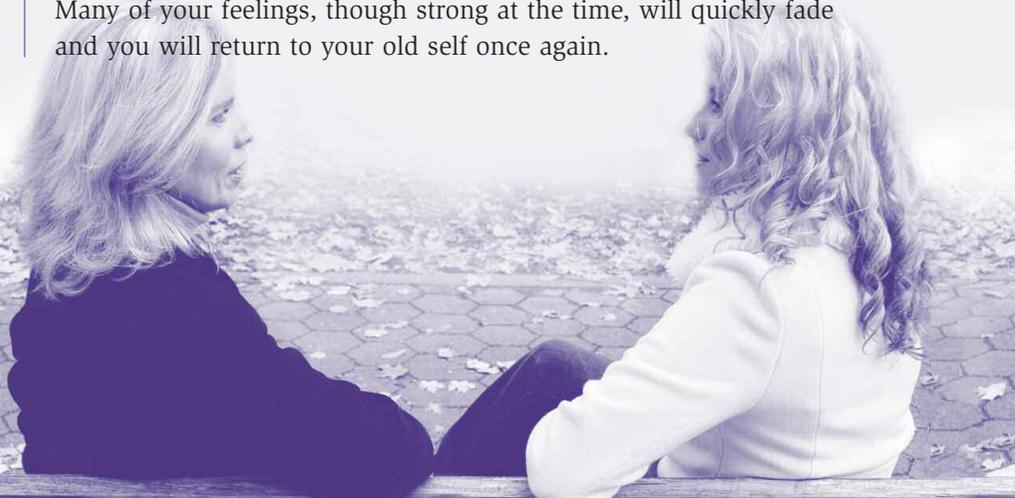
## Frustration

Many women may feel frustrated at having to go back for repeat smears. This can happen if you are advised to have them regularly like every 6 months or if there were not enough cells on the previous smear. You may even think that it is a total inconvenience. For this reason, when one repeat smear is normal, there is the temptation not to go back for the next one or to delay it for as long as possible. Though you may feel frustrated and hope for the best, do have all your check-ups and repeat smears as advised.

## Talking about your feelings

Sharing your worries can help to cope with the situation better. Because you may think cervical tests and treatment are a personal or private matter, you may not wish to discuss them with family or friends. If you would like advice, to discuss something or share your feelings in confidence, please contact our freefone information helpline 1800 200 700.

Many of your feelings, though strong at the time, will quickly fade and you will return to your old self once again.



## Irish Cancer Society Services

The Irish Cancer Society funds a range of cancer support services that provide care and support for people with cancer at home and in hospital.

### Homecare nurses

Homecare nurses are specialist palliative care nurses who offer advice on pain control and other symptoms. These nurses work with GPs and public health nurses to form homecare teams bringing care and support, free of charge, to patients in their own homes. Based in local hospitals, health centres and hospices, they can be contacted through your GP or public health nurse.

### Night nursing

The Irish Cancer Society can provide a night nurse, free of charge, for up to 70 hours (mainly hours at night) to families who are caring for a seriously ill person at home. If you need help, you can find out more about this service from a member of the homecare team, your GP or local public health nurse.

### Oncology liaison nurses

The Irish Cancer Society funds oncology liaison nurses who provide information as well as emotional and practical support to the patient and his or her family. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

### Cancer Information Service (CIS)

The Society also provides a Cancer Information Service with a wide range of services: the **National Cancer Helpline** is a freefone service that gives confidential information, support and guidance to people concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues such as prevention of cancer, risk factors, screening, dealing with a cancer

Information Helpline 1800 200 700

diagnosis, different treatments, counselling and other support services. The helpline can also put patients in contact with the various support groups that are available. The helpline **1800 200 700** operates Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm. A **Prostate Cancer Information Service** 1800 380 380 also operates at the same time.

All queries or concerns about cancer can be emailed to the CIS at **helpline@irishcancer.ie**. The **walk-in caller service** allows anyone with concerns about cancer to freely visit the Society to discuss them in private. **CancerForum** is a bulletin board on our website (**www.irishcancer.ie**) that gives the public the chance to post their comments. The CancerChat service is a live chatroom with a link to a Cancer Information Service nurse.

## Action Breast Cancer

Action Breast Cancer (ABC) is a project of the ICS that provides breast cancer information and support and also funds breast cancer research. Its services are free and confidential. They include a national helpline, publications, one-to-one support, breast awareness talks and advocacy. The ABC helpline **1800 90 30 40** operates weekdays from 9am to 5pm.

## Counselling

Coping with a cancer diagnosis can be very stressful at times. Patients and their families sometimes find it hard to come to terms with the illness. Many people feel that they cannot talk to a close friend or relative. Counselling can provide emotional support in a safe and confidential environment. Call the Cancer Helpline to find out about counselling services provided by the Irish Cancer Society and services available in your area.

## Cancer information booklets

These booklets provide information on all aspects of cancer and its treatment. They also offer practical advice on learning how to cope with your illness. The booklets are available free of charge from the Irish Cancer Society.

## Cancer support groups

The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards.

## Patient grants

A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society can provide limited financial assistance to patients in need.

If you would like more information on any of the above services, call the National Cancer Helpline 1800 200 700.

## Useful organisations

### Irish Cancer Society

43/45 Northumberland Road  
Dublin 4  
Tel: 01 231 0500  
Fax: 01 231 0555  
National Cancer Helpline 1800 200 700  
Action Breast Cancer (ABC) 1800 30 90 40  
Email: [helpline@irishcancer.ie](mailto:helpline@irishcancer.ie)  
Website: [www.cancer.ie](http://www.cancer.ie)

### Irish Cervical Screening Programme (ICSP)

[a programme of the National Cancer Screening Service]  
St Joseph's Hospital, South West Wing  
Mulgrave Street  
Freeport LK 407  
Limerick  
Freefone: 1800 252 600  
Tel: 061 461 390  
Fax: 061 481 810  
Email: [icsp@mailh.hse.ie](mailto:icsp@mailh.hse.ie)  
Website: [www.icsp.ie](http://www.icsp.ie)

### National Cancer Screening Service

King's Inns House  
200 Parnell Street  
Dublin 1  
Tel: 01 865 9300  
Fax: 01 865 9333  
Email: [info@cancerscreening.ie](mailto:info@cancerscreening.ie)  
Website: [www.cancerscreening.ie](http://www.cancerscreening.ie)

### Citizens Information Board (formerly

Comhairle)  
7th Floor, Hume House  
Ballsbridge  
Dublin 4  
Citizen Information Service: 1890 777 121  
Tel: 01 605 9000  
Email: [information@ciboard.ie](mailto:information@ciboard.ie)  
Website: [www.citizensinformationboard.ie](http://www.citizensinformationboard.ie)

### Dept of Social and Family Affairs – Information Service

Oisín House  
212–213 Pearse Street  
Dublin 2  
Tel: 1850 662 244  
Email: [info@welfare.ie](mailto:info@welfare.ie)  
Website: [www.welfare.ie](http://www.welfare.ie)

**European Institute of Women's Health**  
9 Herbert Place  
Dublin 2  
Tel: 01 676 6740  
Email: info@eurohealth.ie  
Website: www.eurohealth.ie

**HSE Health Promotion Information**  
Website: www.healthinfo.ie

## Well Woman and family planning centres

**Irish Family Planning Association (IFPA)**  
5/7 Cathal Brugha Street  
Dublin 1  
Tel: 01 8727 088 / 8742 110  
Website: www.ifpa.ie

**IFPA Clinic**  
Level 3, The Square  
Tallaght  
Dublin 24  
Tel: 01 4597 685/6

**Well Woman Centre**  
35 Lower Liffey Street  
Dublin 1  
Tel: 01 8728 051 / 8728 095  
Website: www.wellwomancentre.ie

**Well Woman Centre**  
67 Pembroke Road  
Ballsbridge  
Dublin 4  
Tel: 01 6609 860 / 6681 108

**Well Woman Centre**  
Northside Shopping Centre  
Coolock  
Dublin 17  
Tel: 01 848 4511

**Dublin Well Woman Centre**  
25 Capel Street  
Dublin 1  
Tel: 01 874 9243

**Cork Family Planning Centre**  
23 Tuckey Street  
Grand Parade  
Cork  
Tel: 021 427 7906

**Galway Family Planning Centre**  
Lismoyle House  
Augustine Street  
Galway  
Tel: 091 562 992

**Women's Health Clinic**  
1 North Quay  
Newcastle West  
Co Limerick  
Tel: 069 62933

**Limerick Family Planning Centre**  
27 Mallow Street  
Limerick  
Tel: 061 312 026

**Tralee Family Planning**  
29 Ashe Street  
Tralee  
Tel: 066 712 5322

## Useful contacts outside Republic of Ireland

**Action Cancer**  
Action Cancer House  
1 Marlborough Park  
Belfast BT9 6XS  
Tel: 028 9080 3344  
Email: info@actioncancer.org  
Website: www.actioncancer.org

**American Cancer Society**  
1599 Clifton Road NE  
Atlanta, GA 30329-4251  
Website: www.cancer.org

**Cancerbackup**  
3 Bath Place  
Rivington Street  
London EC2A 3JR  
Tel: 0044 207 696 9003  
Helpline: 0044 207 7392280  
Website: www.cancerbackup.org.uk

**Cancer Research UK**  
Website: www.cancerhelp.org.uk

**Colposcopy.co.uk**  
Website: www.colposcopy.co.uk

**Hysterectomy Support Network**  
c/o Women's Health Information Centre  
52 Featherstone Street  
London EC1Y 8RT  
Tel: 0044 7251 6580

**Jo's Trust (Cervical Cancer Charity) UK**  
Website: www.jotrust.co.uk

**Memorial Sloan-Kettering Cancer Center (US)**  
Website: www.mskcc.org

**National Cancer Institute (US)**  
Website: www.nci.nih.gov

**NHS Cervical Screening Programme**  
Website: www.cancerscreening.nhs.uk/cervical/

**Royal Marsden Hospital Foundation NHS Trust**  
Website: www.royalmarsden.org

**The Ulster Cancer Foundation**  
40/42 Eglantine Avenue  
Belfast BT9 6DX  
Tel: 048 906 63281  
Website: www.ulstercancer.co.uk

**University of Pennsylvania Cancer Center**  
Website: www.oncolink.com

## Helpful books

Leaflets on the following topics are available from the Irish Cervical Screening Programme (ICSP):

- What your cervical smear test results mean...
- About your smear test
- Colposcopy
- Hysterectomy

See page 35 for contact details.

***Understanding Cancer of the Cervix***  
Irish Cancer Society, 2008

***Having a Cervical Smear***  
Sally Haslett  
Beaconsfield Publishers, 1994

Class Publishing, 2001  
ISBN 1-85959-036-5

***Coping Successfully with Your Cervical Smear***  
Karen Evennett  
Sheldon Press, 1996  
ISBN 0-85969-734-7



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We hope that this booklet has been of help to you. If you have any suggestions as to how it could be improved, we would be delighted to hear from you. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers. After reading this booklet or at any time in the future, if you feel you would like more information or someone to talk to, please phone our helpline nurses on **1800 200 700**.

## Would you like to help us?

The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, education and research. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us.

**Irish Cancer Society, 43/45 Northumberland Road, Dublin 4.**

**Tel: 01 231 0500; Email: [info@irishcancer.ie](mailto:info@irishcancer.ie)**

The Irish Cancer Society  
is the national charity for cancer care,  
dedicated to eliminating cancer as a  
major health problem and to improving  
the lives of those living with cancer.

