

Patient Information for Conservative Management of Cervical Intraepithelial Neoplasia Grade 2 (CIN2)

This leaflet will provide you with the information that you need about conservative management following a diagnosis of Cervical Intraepithelial Neoplasia Grade 2.

It is important to remember that CIN is not cancer, but is a change in the cervix (neck of the womb) requiring either treatment or conservative management (surveillance) to ensure that cancer does not develop in the future. Your doctor or clinical nurse specialist will discuss the options with you and recommend the best approach based upon your wishes.

What is Cervical Intraepithelial Neoplasia Grade 2 (CIN2)?

The cervix is lined by cells called squamous cells. These cells are on the outside of the cervix and come into contact with the environment inside the vagina.

The Human Papilloma Virus (HPV) is a very common virus with more than one hundred different types.

Some of these types can cause changes to the squamous cells of the cervix. If the cells undergo change and become abnormal this can lead to Cervical Intraepithelial Neoplasia (CIN).

There are different grades of CIN. Grade 2 means that these abnormal cells have the potential to develop into cancer if they are not treated or if they do not spontaneously go back to normal without treatment.

What are the treatment options for CIN2?

Large Loop Excision of the Transformation Zone (LLETZ)

This is a commonly used treatment to remove abnormal cells from the cervix. It is usually performed in the colposcopy clinic with a local anaesthetic. An electric wire is used to remove a ring or a cone of unhealthy tissue from the cervix.

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.

The main complications following this treatment are vaginal bleeding and vaginal infection.

This treatment can create a potential risk of having a premature birth /mid-trimester miscarriage (between 13-26 weeks gestation) in women who have not yet had any children or wish for a further future pregnancy, as removing the abnormal cells can weaken the cervix.

The risk is usually determined by the amount of cervix removed during the treatment. The doctor or clinical nurse specialist will discuss this with you when discussing the treatment options. The treatment is not associated with any increased risk of infertility.

Conservative management

This involves regular monitoring with repeated cervical screening tests (smears), visits to the colposcopy clinic and/or cervical biopsies (small piece of tissue removed from the cervix).

This treatment option is beginning to be offered as studies have shown that in time, CIN 2 can return to normal in approximately 50% of women who have no treatment, and in up to 60% of women who are less than 30 years old.

This is important because there can be risks associated with LLETZ treatments. In more recent years, studies have also shown that conservative management does not have a significant effect upon a woman's reproductive health.

In women who have not yet had any children, or wish for a further future pregnancy, conservative management can potentially avoid the risk of premature birth / mid-trimester miscarriage (between 13-26 weeks gestation).

Is conservative management a suitable option for me?

This will depend on your individual circumstances. The specialist team will discuss the options with you and make a recommendation based on your individual circumstances.

If you are in a younger age group, have not had any children or wish to have a future pregnancy then conservative management is a treatment option worth considering.

What does conservative management involve?

You will be seen in the colposcopy clinic at 6 monthly intervals where you will have a colposcopy examination, a cervical screening test and possibly a cervical biopsy.

You will be seen every 6 months until your cervical cells return to normal. Return to three yearly screening will be after two negative cytology results. You will then be discharged from the colposcopy clinic and your subsequent 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 we will recommend a LLETZ.

If after 2 years of close observation the CIN 2 remains, then we will re-discuss your options and likely recommend a LLETZ.

It is very important that you attend the colposcopy clinic for your appointments. If you feel that you are not able to attend the colposcopy clinic at 6 monthly intervals then conservative management is not an appropriate treatment for you and we would recommend that you have a LLETZ.

What are the risks of conservative management?

Less than 1 in 200 women with CIN 2 will develop cervical cancer in a 2 year conservative management period.

1 in 5 women with conservatively managed CIN 2 will progress to a higher grade of CIN within 2 years, but at this time they will be offered a LLETZ. About 50 in 100 cases of CIN2 will go back to normal without treatment.

What if I change my mind about conservative management?

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

Who can I contact if I have any questions?

Colposcopy Specialist Nurse on 01603 286302 (answer phone)

For further information

What is cervical Screening?

<http://www.cancerscreening.nhs.uk/cervical/screening.html>

What Happens – Colposcopy

[Colposcopy - What happens - NHS \(www.nhs.uk\)](http://www.nhs.uk/colposcopy-what-happens)