Conservative management of Cervical Intraepithelial Neoplasia Grade 2 (CIN2)

Patient information factsheet

Introduction

- This leaflet will give you information about “conservative management” of cervical intraepithelial neoplasia (CIN) grade 2.
- Conservative management means careful watching and treatment without surgery. It involves things like rest, medicine, or watching to see if the problem gets better on its own.
- It is important to remember that CIN is not cancer.
- Having CIN suggests that there may be pre-cancer cells from the outer lining of the cervix (neck of the womb).
- These cells will need either treatment, or conservative management to make sure that they do not turn into cancer in the future.
- Your Doctor or Clinical Nurse Specialist will talk with you about the choices and suggest the best plan based on what they find and what you want.

What is cervical intraepithelial neoplasia grade 2 (CIN2)?

- More than 70% of women and people with wombs who are sexually active become infected with HPV virus (Human Papilloma Virus) during their lifetime. In most cases, the infection clears up by itself.
- HPV is a very common group of viruses that can affect the skin, throat and genital area.
- The cells on the outside of the cervix come into contact with the inside of the vagina.
- Some types of HPV can cause abnormal changes to the outer cells of the cervix.
- If the cells become abnormal, this can lead to CIN. CIN has been graded into 1, 2 and 3.
- Grade 2 (CIN2) means some cells are not normal and could turn into cancer if not treated. But sometimes, these cells can also go back to normal all by themselves.

What are the treatment options for CIN2?

1. Large loop excision of the transformation zone (LLETZ)

- This is a common way to take out the abnormal cells from the cervix.
- It is usually done in the colposcopy clinic with a local anaesthetic (a medicine that makes one small part of your body feel numb so you do not feel pain).
- You should not feel any pain, but you may feel some pressure inside the cervix.
- This procedure can also be done under sedation to help you relax. Please ask your Doctor or Nurse.
- This is an outpatient procedure which means you can go in, have the procedure and go home, on the same day.
- LLETZ removes the abnormal cells from the cervix and seals the tissue at the same time, which stops bleeding.

Benefits

- It removes the abnormal cells from the cervix and allows normal cells to grow back in their place.
- Reduces risk of developing cervical cancer.

Risks

- Vaginal bleeding and vaginal infection.
- Having a premature birth (baby coming too early) or a miscarriage (losing a baby during pregnancy).
- The Doctor or Clinical Nurse Specialist will discuss this with you when discussing the treatment options.
- The treatment will not make you infertile.

2. Thermal Coagulation

- This is also a very good treatment for CIN2 when all the affected area on the cervix is fully visible.
- You will be asked to lie on the examination bed and a speculum (a device to open your vagina) is inserted to see the cervix.
- The Colposcopist then applies a small, heated probe, to the cervix.

- The probe is usually applied for 20 to 30 seconds. This may be repeated depending on the size of the area being treated. During this time you may feel period-like pain.

Benefits

- Most patients handle this procedure well, but you will be given a local anaesthetic to help with any pain before it starts.

Risks

- After the procedure, you might have more discharge from your vagina for about four weeks. Sometimes, it can have a little bit of blood in it.
- Getting an infection is not common, but if you have a fever or a bad-smelling discharge, you should see your Doctor. They might give you antibiotics to help.

3. Conservative management

- This choice means carefully watching your cervix at the colposcopy clinic every six months for up to two years. At each appointment we will carry out some tests:
    - Cervical screening tests (smears) done again
    - Colposcopy exams, which is looking closely at your cervix, sometimes with a tiny piece of tissue taken for checking (called a biopsy).

Benefits

- Conservative management can be a reasonable and safe option for some women and people with wombs.
- About 50 - 60% of the cases of CIN2 will go back to normal without treatment in 24 months.
- For women or people with wombs who haven't had children yet or want to have more later, conservative management can help avoid the chance of having a premature birth or losing a baby during pregnancy.

Risks

- The chance of detecting cervical cancer during check-ups is low (about 3 out of 1000) but it can still happen.
- If the CIN2 stays the same or gets worse, treatment will probably be needed within two years.

- A higher chance of getting cervical cancer in 20 years compared to those who get treated right away.
- If the problem gets worse and treatment is done later, there is a higher chance of having a baby too early (premature).

Is conservative management the right option for me?

- The specialist team will talk with you and help decide the best plan for you.

Watching and waiting (active surveillance) might be a good choice if any of the following applies to you:

  - You are younger than 30 years old. There is no age limit, but women and people with a womb over 30 have a higher chance of getting cervical cancer in 20 years.
  - You are willing and able to come to all your check-up visits.
  - You got the HPV vaccine before you were 15 years old.
  - You want to have children in the future.

It is not suitable if any of the following applies to you:

  - You have had treatment before.
  - Your immune system is weak (immuno-compromised).
  - You are a smoker. Tobacco smoking can make the problem worse. There is currently no evidence for vaping.

What does conservative management involve?

- You will be seen in the colposcopy clinic every six months for a maximum of two years.
- At each appointment, you will have a cervical smear test, colposcopy examination and possibly a cervical biopsy.
- If your CIN2 progresses to a higher grade, we will recommend treatment.
- If after two years of close observation the CIN2 remains, then we will recommend treatment.
- If your cervical smear and colposcopy are normal, you will then be discharged and given another repeat smear in 12 months.

- **It is very important that you attend the colposcopy clinic for all of your appointments.**
- If you feel that you cannot attend the colposcopy clinic every six months, then conservative management is not the right plan for you, and we would recommend that you have a 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.

Useful websites for more information

- The British Society for Colposcopy and Cervical Pathology **www.bsccp.org.uk**
- Eve Appeal **www.eveappeal.org.uk**

Contact our service

If you need any further information, please do not hesitate to contact the **Colposcopy Admin team** on **020 7288 5118**, or at **whh-tr.colposcopy-whitthealth@nhs.net**

Contact our Trust

If you have a compliment, complaint or concern, please contact our Patient Advice and Liaison Service (PALS) on **020 7288 5551** or **whh-tr.PALS@nhs.net**.

If you need a large print, audio or translated copy of this leaflet, please email **whh-tr.patient-information@nhs.net**. We will try our best to meet your needs.

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