Understanding

Cervical Smear Test Results
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:
Smeartaker  Tel:
Colposcopy clinic  Tel:
Treatments  Review dates

If you like, you can also add:
Your name
Address
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.

CERVICAL SMEAR TEST ADVISERS
Dr Grainne Flannelly, Consultant Obstetrician & Gynaecologist/ Gynaecological Oncologist
Mary Martin, Colposcopy Nurse Specialist
Elaine Buckley, Clinical Nurse Manager in Colposcopy

EDITOR
Antoinette Walker

SERIES EDITOR
Joan Kelly, Nursing Services Manager

ILLUSTRATOR
Michael H. Phillips

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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 that looks for any changes in the cells of the cervix (neck of the womb). It does not check the ovaries as some people believe. It involves a test called a smear test, which takes a sample of cells from the neck of the womb and examines 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 freephone 1800 200 700.

What does that word mean?

Biopsy
A small amount of tissue is taken from your cervix to check the level of abnormal cells present.

Cervical intraepithelial neoplasia (CIN)
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.

Cervix
The top of your vagina that opens into your womb. It is also known as the neck of the womb.

Cold coagulation
A treatment using a hot probe on the surface of your cervix to burn abnormal cells and destroy them. It is done as an outpatient treatment.

Cold knife cone biopsy
A treatment that removes a small cone-shaped piece of the cervix that has abnormal cells. It is done as an inpatient treatment.

Colposcope
A large magnifying glass or microscope with a bright light that helps your doctor or nurse look closely at the surface of your cervix. It does not go inside your vagina.

Colposcopist
A doctor or nurse who has been specially trained in colposcopy.

Colposcopy
A test where your cervix and vagina are examined more closely using a light and a microscope called a colposcope.

Cytology
The study of cells under a microscope. In this case, cervical cells.

Dyskaryosis
A term that describes cervical cells that look abnormal.
Gynaecologist
A doctor who specialises in treating problems of the female reproductive system (womb, vagina and ovaries).

Human papilloma virus (HPV)
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.

Hysterectomy
An operation to remove the womb (uterus).

Laser ablation/treatment
A treatment that uses a strong hot beam of light to cut or destroy abnormal cervical cells. It is done in the outpatient clinic.

LEEP
LEEP is also known as LLETZ – loop electrosurgical excision procedure.

LLETZ
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 your cervix. It is done in the outpatient clinic.

PAP smear
A test where cells are taken from the cervix and put into a bottle or liquid and sent to a laboratory to be examined.

Precancerous
Abnormal changes which are not cancer. But if left untreated they may become cancerous over time.

Smeartaker
The person who takes the smear. For example, your GP or nurse.

Speculum
An instrument used by a doctor or nurse to keep your vagina open so that it is easier to examine your cervix.

Transformation zone
A small area of skin at the end of your cervix where two types of cells meet and overlap. This is the area from which a smear is taken.

Uterus
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.

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 you have regular cervical smears. The earlier a change is found, the easier it is to sort out.

>>> The earlier a change is found, the easier it is to sort out.
Understanding cervical smear test results

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.

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.
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 when you have had 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.

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 have a smear test 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 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 quitting.

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. Because of the nature and history of cervical cancer, you are highly unlikely to develop the disease if you are in this age group. But if you are aged 60 years and over and have never had a smear test, you should have one taken. Contact CervicalCheck for a free smear test.
If you are over 60 and worried about your risk of developing cervical cancer, discuss it with your GP.

**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?**
In general, the need to continue having smear tests will depend on whether you have a cervix or not. You will need to continue with smear tests if:
- You had a subtotal hysterectomy and still have a cervix
- You had cervical cell changes before surgery
- Cervical cell changes were found at the time of surgery
- You had a hysterectomy to treat cervical abnormalities (cancer or precancerous conditions)

After a total hysterectomy, the smear test may be taken from the top of your 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?**
The person who takes your smear is called a smeartaker. This can be your GP or practice nurse. You can choose to have your smear test with any registered smeartaker with CervicalCheck.

It can be done at the following places:
- GP surgery
- Family planning clinics
- Well Woman centres

Women will receive a letter of invitation from CervicalCheck to have a free smear test with a registered smeartaker.

See 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. 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.

Once you are comfortable, the smeartaker puts an instrument called a speculum gently into your vagina. This is then opened to show the cervix. When the smeartaker 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 smeartaker at any time if you are feeling anxious or upset.

Getting the result

CervicalCheck will send you a letter with your results within 4 weeks of your smear test. The results of your test will also be available from your smeartaker. Most smear test results are found to be normal.

You will be contacted by your smeartaker 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.
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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 smeartaker will let you know when to come for your next smear.

Remember that one smear test is never enough. So do discuss with your smeartaker 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 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 smeartaker (GP or practice nurse) in a surgery or clinic.
- You will be contacted by your smeartaker with the result of your smear test.

Smear test results

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.

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 over time. A closer look or treatment might also be needed.

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 smeartaker 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. These changes can be low grade or high grade. Sometimes the grade is called CIN 1, 2 or 3. If left untreated or not rechecked, these changes 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 are called cGIN or cervical glandular intraepithelial neoplasia. Though they can develop into cancer, it is very rare.

What do the results mean?

When you receive the smear test results from your smeartaker, it will clearly say one of the following:

- No abnormality detected
- Unsatisfactory or inadequate
- Low grade changes
- High grade changes

No abnormality detected

This means that your cervical cells appear normal. If you are aged 25 to 44, your next smear test will be in 3 years’ time. If you are 45 to 60, your next smear will be in 5 years’ time.

Unsatisfactory or inadequate

This means the laboratory could not read your smear clearly. You will need a repeat smear test in 3 months’ time to check the cells again.

Low grade changes

This means the test found some minor changes in the cells of your cervix. These are early changes in the size, shape and number of cells on the surface of your cervix. It can also be called mild dyskaryosis. These cells often return to normal by themselves. It does not mean you have cancer. You will have a free repeat smear test in 6 months to check the cells again. If the low grade changes continue, you may be referred to a colposcopy clinic at the hospital. See page 21 for more about colposcopy. With low grade changes it is important that you have follow-up smears.

High grade changes

This means that the test has found a larger number of abnormal cells in your cervix. This can also be called moderate to severe dyskaryosis. These cells are less likely to return to normal by themselves. This does not mean you have cancer but you will be referred to a colposcopy clinic at the hospital.

If you have questions about your results, contact your smeartaker or CervicalCheck at 1800 45 45 55. You can also contact the National Cancer Helpline 1800 200 700 and speak to a nurse in confidence.

If you have low or high grade changes, you may need repeat smears or referral to a colposcopy clinic.

What causes abnormal changes in the cervix?

One of the most common causes of low and high grade changes 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 be infected. 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. The high-risk ones that can cause cervical cancer are types 16 and 18. The low-risk ones that can also cause genital warts are types 6 and 11.

What are the risk factors?
A risk factor is anything that increases your chance of getting a disease. There is research to say that your risk of abnormal changes (CIN) is increased if:
- You never had a smear test
- You don’t have regular smear tests
- 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. Chemicals 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 HPV if you have not been exposed to the virus before. 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 200 700 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®. The vaccines target the high-risk HPV types that cause cervical cancer – types 16 and 18. The vaccine is proven to work best for girls or women who have not been exposed to the virus. 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.

A national cervical vaccination programme is planned in Ireland but has yet to start up. This programme recommends that all girls in the first year of secondary school should receive the HPV vaccine.

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 your doctor or nurse look closely at the surface of your cervix. The colposcope sits on the outside of your 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 specialist nurse or a gynaecologist.

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 your 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.

**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 more clearly.

A light is then shone on your cervix and the doctor or nurse will look through the colposcope to see the surface of your cervix. The abnormal cervical changes are seen as white areas under the colposcope. By looking at your 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 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 smeartaker will let you know if you have low grade or high grade changes 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. Your colposcopy nurse or gynaecologist will let you know when to return to the clinic.

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 able. 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.
Treatment and side-effects

How are low and high grade changes 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 more 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 might 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.

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).
- If you have low or high grade changes, you may need repeat smears or referral to a colposcopy clinic.
- Low and high grade changes (CIN) are caused by the human papilloma virus (HPV), not having regular smear tests, 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.

What does treatment involve?

The treatment for high and low grade changes (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 your 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 your 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 your 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.

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**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.

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. This is known as follow-up. You will also need smear tests more often. How often they are done will depend on the grade of the CIN and its treatment.

Your smeartaker will advise you when to come back for your next visit or for any follow-up visits. 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 follow-up. 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 your smear taker or Cervical Check at 1800 45 45 55 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.

To sum up

- Treatment of low and high grade changes (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.

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.
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 to 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 recurring 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 chemicals 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 have not been exposed to the HPV virus, you can be vaccinated against it. 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 you 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, to put your mind 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 smearakers 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 you to cope with the situation better. You may think that cervical tests and treatment are a personal or private matter, and so 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 freephone 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.

- Cancer Information Service (CIS)
- Cancer support groups
- Peer-to-peer support
- Counselling
- Night nursing
- Oncology liaison nurses
- Financial aid
- Cancer information booklets
- Night nursing
- Cancer Information Service nurse
- Message Board is a bulletin board on our website (www.irishcancer.ie) that gives you the chance to post your comments.
- The CancerChat service is a live chatroom with a link to a Cancer Information Service nurse.

The Breast Cancer Information Service (formerly Action Breast Cancer) provides breast cancer information and support. It 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. Contact 1800 200 700 for more information.

**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.

**Peer-to-peer support**
Many patients find it helpful to talk to someone who has had a diagnosis of cancer and who has recovered. The Society can put you in touch with someone who has been trained to provide emotional and practical support for you. All volunteers have had a personal experience of cancer and understand the emotional and physical impact of the disease. If you would like to make contact with a volunteer, please call the National Cancer Helpline 1800 200 700.

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

**Night nursing**
The Irish Cancer Society can provide a night nurse, free of charge, for up to 70 hours (mainly 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. Homecare nurses are specialist palliative care nurses who offer advice on pain control and other symptoms. ICS night nurses provide care to the patient and support to families in their own home.

**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.

**Financial aid**
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 help to patients in need. You may be suitable for schemes such as Travel2Care or Financial Aid. If you would like to request this kind of help, contact your oncology or medical social worker at the hospital where you have been treated. He/she should fill in an application form and return it the Irish Cancer Society. If there is no social worker, another health professional involved in your care may apply on your behalf.

**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.

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

**Useful organisations**

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<th>Irish Cancer Society</th>
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<tr>
<td>43/45 Northumberland Road, Dublin 4</td>
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<tr>
<td>Tel: 01 231 0500</td>
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<tr>
<td>Fax: 01 231 0555</td>
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<tr>
<td>National Cancer Helpline 1800 200 700</td>
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<tr>
<td>Email: <a href="mailto:helpline@irishcancer.ie">helpline@irishcancer.ie</a></td>
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<tr>
<td>Website: <a href="http://www.cancer.ie">www.cancer.ie</a></td>
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<tr>
<th>CervicalCheck: The National Cervical Screening Programme</th>
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<tr>
<td>PO Box 161, Limerick</td>
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<tr>
<td>Freefone: 1800 45 45 55</td>
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<tr>
<td>Email: <a href="mailto:info@cervicalcheck.ie">info@cervicalcheck.ie</a></td>
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<tr>
<td>Website: <a href="http://www.cervicalcheck.ie">www.cervicalcheck.ie</a></td>
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Understanding cervical smear test results

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
Website: www.cancer.org

Macmillan Cancer Support (UK)
89 Albert Embankment
London SE1 7UQ
Tel: 0044 207 840 7840
Email: cancerline@macmillan.org.uk
Website: www.macmillan.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: Fighting Cervical Cancer in Ireland
Website: www.cervicalcancer.ie

Helpful books

Leaflets on the following topics are available from CervicalCheck: The National Cervical Screening Programme:
- What your 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
Questions to ask your doctor or nurse

Here is a list of questions that you may like to ask your doctor or nurse. There is also some space for you to write down your own questions if you would like.

- Why do I need a smear test?
- What happens during the test?
- When will I get my smear test results?
- What is a colposcopy?
- Do I need treatment?
- Why am I having this treatment?
- Are there any risks to the colposcopy or treatment?
- Is there anything special I should do after a colposcopy or treatment?
- When should I come back for a check-up or smear test?

Your own questions

1

Answer

2

Answer

3

Answer

4

Answer

Your smear test & treatment diary

<table>
<thead>
<tr>
<th>Date</th>
<th>Test/Treatment</th>
<th>Results</th>
<th>Notes</th>
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Eileen O’Donovan, Cancer Information Nurse
CervicalCheck: The National Cervical Screening Programme
Olive Stanley-Wetzel, Patient Reviewer
Debbie Kenny, Patient Reviewer

Would you like more information?

We hope this booklet has been of help to you. If you feel you would like more information or someone to talk to, please phone our National Cancer Helpline 1800 200 700.

Would you like to be a patient reviewer?

If you have any suggestions as to how this booklet could be improved, we would be delighted to hear from you. The views of patients, relatives, carers and friends are all welcome. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers. Please fill in the postcard in the pocket inside the back cover, and post it back to us for free.

If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at reviewers@irishcancer.ie. If you prefer to phone or write to us, see contact details below.

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 on CallSave 1850 60 60 60.

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4
Tel: 01 231 0500 Email: info@irishcancer.ie Website: www.cancer.ie
The mission of the Irish Cancer Society is to play a vital role in achieving world-class cancer services in Ireland, to ensure fewer people get cancer and those that do have better outcomes. Our goals are focused around prevention, survival and quality of life, with three programme areas to achieve them: advocacy, cancer services and research.