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 list below any contact names and information you may need.

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

CONTRIBUTOR
Eileen O’Donovan, Cancer Information Service Nurse

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 your cervix (neck of the womb). The booklet is divided into five parts.

- **Part 1** looks at why a smear test is done and what is cervical screening.
- **Part 2** discusses what’s involved in a smear test. The test takes a sample of cells from the neck of your womb and examines them. It does not check your ovaries.
- **Part 3** gives information on smear test results and what they mean. In most cases, the cells are normal. Sometimes abnormal cells are present and this can be an early warning sign that treatment is needed.
- **Part 4** looks at how abnormal changes are treated and any possible side-effects.
- **Part 5** gives information on further sources of help and any emotions you might feel. A list of helpful organisations, books and websites is given.

Having regular cervical smear tests is the best way to find abnormal changes in your 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.

We hope the booklet 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.

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**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.

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**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.
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Abnormal changes may be present for many years without causing you any problems. Smear tests may be the only way of finding out if these changes are there.

How reliable is cervical screening?
Regular smear tests are a reliable way to find early changes in the cells of your 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 your cervix.
- The abnormal cells may be hidden from view by blood or mucus.
- The abnormal cells may look very much like 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 17 for more about causes and risk factors.
Understanding cervical smear test results

To sum up

- A cervical smear test is a check-up to see if there are early changes in the neck of your 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 go back to normal naturally, while others will need further tests at the colposcopy clinic.
- 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 after 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 never been sexually active with a man or woman, then the risk of getting cervical cancer is very low. But that does not mean there is no risk. In this situation, you might decide not to accept the invitation for screening at this time. If you are not sexually active at present but have had partners in the past, then it is best to continue screening.

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.

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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

You will receive a letter of invitation from CervicalCheck to have a free smear test with a registered smeartaker. For details of registered smeartakers, contact CervicalCheck on 1800 45 45 55 or visit their website: [www.cervicalcheck.ie](http://www.cervicalcheck.ie). Remember to bring your personal public service number (PPS) when you go for your smear test.

See page 35 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 smearsaker puts an instrument called a speculum gently into your vagina. This is then opened to show the cervix. When the smearsaker 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 smearsaker 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 smearsaker. Most smear test results are found to be normal.

You will be contacted by your smearsaker with the result if there are abnormal changes or not. If you get no results, this does not mean the test is negative. Do ring your smearsaker if you have heard nothing after 4 weeks.

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.

If your result is not normal, you may need another free smear test or a more detailed exam of your cervix. This exam is called a colposcopy and uses a special type of microscope. A colposcopy is free as part of the CervicalCheck programme.

Where are the cells taken from?

There are different types of cells in your cervix. The outside of your cervix (ectocervix) and vagina are covered by a layer of flat cells called squamous cells. These are like skin cells. The inner part or canal of your 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 squamous cells are growing over columnar cells to cover them, abnormal changes can occur in the new cells. 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. No matter when you had your first CervicalCheck smear test, you must have two normal smears before you continue on the screening programme schedule of 3-year or 5-year intervals.

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 smearable will let you know when to come for your next smear.

Remember that one smear test is never enough. So do discuss with your smearable 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 42 to keep track of all your smear tests and results.

Smear test results

Most smear test results are normal. This means that your 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. Another method to describe the abnormal changes is the Bethesda system. It uses the term low-grade squamous intraepithelial lesion (LSIL) if the cells in the cervix show mild cell changes. High-grade squamous intraepithelial lesion (HSIL) refers to moderate to severe cell changes in your cervix.

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. Sometimes the changes are greater and less likely to return to normal on their own. In this case, you may have a detailed exam of your cervix. This is called a colposcopy.

To sum up

- All women should have a smear test from 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 smearable (GP or practice nurse) in a surgery or clinic.
- You will be contacted by your smearable with the result of your smear test.

Information Helpline Freefone 1800 200 700
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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, depending on how many abnormal cells are present. 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. You will be told in advance when your next smear test is due. 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 or LSIL on a smear result. 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 19 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 or HSIL. 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 our information helpline on 1800 200 700 and speak to a nurse in confidence.

If you have low or high grade changes, you will need either 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.
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No treatment for HPV
HPV can lead to abnormal changes over time. This might be a risk for cancer in the future. If these changes persist for a number of years as low grade or if they become high grade, they may need to be treated. This will prevent cervical cancer happening.

Types of HPV
There are over 100 types of HPV and most do not cause any problems. They are known by a number, for example, 1, 2, 3, 4... The two most common high-risk HPVs are 16 and 18. They are responsible for most of the abnormal high grade changes that are a risk for cervical cancer. HPV 6 and 11 are low-risk types that can cause genital warts.

What are the risk factors?
A risk factor is anything that increases your chance of getting a disease. Research studies show 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 abnormal changes. Chemicals in cigarettes can affect how your cervix fights HPV infection. For this reason, if you smoke, you can have trouble getting rid of HPV infection. 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 already been exposed to the virus. For this reason, it is best that young girls be vaccinated. If you are older, talk to your doctor about possible vaccination.

If you are concerned that you may be at high risk of developing abnormal changes, again do talk to your doctor. You can also contact our information helpline on 1800 200 700 for advice in confidence.

Being vaccinated against HPV
Two vaccines to prevent HPV infection have been licensed for use in the EU. These vaccines are called Gardasil® and Cervarix®. Gardasil® protects against HPV 16, 18, 6 and 11, while Cervarix® protects against HPV 16 and 18. The vaccine is licensed for girls and women aged 9–26, but it 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.

In Ireland, the Human Papillomavirus School Immunisation Programme started in 2010. It vaccinates all girls in the first year of secondary school against HPV using Gardasil®. Most girls are vaccinated by HSE immunisation teams.

What is a colposcopy?
Depending on your results, you may need a more detailed exam of your cervix, for example, a colposcopy. This exam of your cervix is done in the same way as a smear test. It uses an instrument called a colposcope that looks like large binoculars. By shining a bright light, it 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.
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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 that is like a weak vinegar solution, 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 a biopsy or treatment is needed. You may be given suitable treatment at this time. If high grade abnormal changes are suspected, treatment may be offered on the day or a plan made to have this done.

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...
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Treatment and side-effects

How are low and high grade changes treated?

The aim of treatment is to remove the abnormal cells from your 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 abnormal changes 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.

What does treatment involve?

The treatment for high and low grade changes usually involves either removing the abnormal cells or destroying them so that normal cells are allowed to grow. Usually only one kind of 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. Treatments include:

- **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 or nurse colposcopist removes the abnormal cells. Any areas of bleeding are stopped using ball diathermy, which means the blood vessels are sealed using heat. 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

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).
- If you have low or high grade changes, you may need repeat smears or referral to a colposcopy clinic.
- Low and high grade changes are caused by the human papilloma virus (HPV).
- Smoking is a known risk for cervical cancer.
- Having regular smear tests can prevent cervical cancer.
- A colposcopy is a test that examines your cervix using a bright light and colroscope (a large magnifying glass). It is done in the outpatient clinic at the hospital.

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 42 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 your cervix to heal.
What if my cell changes are high grade and they come back?

Sometimes if the cell changes are high grade or come back (recurrent), your doctor may decide to repeat the treatment or occasionally 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 on 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**: This usually goes away after 10–15 minutes.
- **Period-type pain**: This may be present during the first week after treatment. Mild painkillers usually relieve it.
- **Some bleeding like a light period**: This usually lasts for 4 weeks after LLETZ.
- **A brown discharge after the bleeding has stopped**: This may last a few weeks.
- **A watery discharge**: This 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 you have a heavy bleed, offensive smell or a high temperature. It can mean that you have an infection and will need antibiotics. But these do not happen very often. Most women feel back to normal after about 4–6 weeks.
What follow-up do I need?

It is very important that you have regular check-ups at the clinic. This is known as follow-up. You will be told how often to attend and about the need for frequent smear tests. How often they are done will depend on the grade of the abnormal changes and the treatment you receive.

After treatment at the colposcopy clinic, you will be recalled for a smear test in 6 months’ time. It will also be tested for HPV in the laboratory. If this is negative, the test is repeated 12 months later. This is about 18 months after treatment. If both are negative, then you return to routine 3-yearly smears. If any test is abnormal, you will return to the colposcopy clinic.

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 smearaker or CervicalCheck at 1800 45 45 55 for advice. You can also call our helpline on 1800 200 700 for more information. Use the smear test and treatment diary on page 42 to keep track of all your tests and results.

Hints & Tips – treatment for abnormal changes

- 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.

To sum up

- Treatment of low and high grade changes is very successful.
- Treatment depends on the grade of cell changes and the opinion of your nurse or doctor.
- 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 the cell changes are high grade or come back (recurrent), there are other treatment options.
- Regular check-ups and smear tests are needed after treatment. After treatment at the colposcopy clinic, you will be recalled for a smear test in 6 months’ time.
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 can 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 abnormal changes. 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 smear takers 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.

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 on 1800 200 70 and ask 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 17 for more about HPV.

**Smoking**

Smoking cigarettes increases your risk of getting cervical cancer. When you smoke, chemicals from the cigarettes travel to your cervix and can affect how you fight HPV infection. This reduces your chances of getting rid of the virus.

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. Older women should talk to their GP about vaccination. 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 19 for more about vaccination.
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 abnormal changes 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 freefone information helpline on 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 support services that provide care and support for people with cancer at home and in hospital.

- Cancer Information Service (CIS)
- Daffodil Centres
- Cancer support groups
- Survivors Supporting Survivors
- Counselling
- Night nursing
- Oncology liaison nurses
- Cancer information booklets and factsheets
- Financial support
- Care to Drive transport project

Cancer Information Service (CIS)

The Society provides a Cancer Information Service with a wide range of services. The National Cancer Helpline 1800 200 700 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. These include prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The helpline can also put you in contact with the various support groups that are available. The helpline is open Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm.

- The website www.cancer.ie provides information on all aspects of cancer.
- All queries or concerns about cancer can be emailed to the CIS at helpline@irishcancer.ie
- Message Board is a discussion space on our website to share your stories and experiences with others.
- The CancerChat service is a live chatroom with a link to a CIS nurse.
- The walk-in caller service allows anyone with concerns about cancer to freely visit the Society to discuss them in private.
- Find us on Facebook and follow us on Twitter (@IrishCancerSoc).
Understanding cervical smear test results

Daffodil Centres

Daffodil Centres are located in a number of Irish hospitals. They have been set up by the Irish Cancer Society in partnership with each hospital and are an extension of the Cancer Information Service. They are generally found near the main entrance of the hospital and are open during the day. Staffed by a specialist nurse and trained volunteers, they provide a range of information, advice, help and support on all aspects of cancer, free of charge.

Daffodil Centres give you a chance to talk in confidence and be listened to and heard. If you are concerned about cancer, diagnosed with cancer or caring for someone with cancer, you are welcome to visit the centre. Do check to see if there is a Daffodil Centre in your hospital.

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.

Survivors Supporting Survivors

Being diagnosed with cancer can be one of the hardest situations to face in your lifetime. Survivors Supporting Survivors is a one-to-one support programme run by the Irish Cancer Society. It provides emotional and practical support to newly diagnosed patients. It can provide you and your relatives with information, advice and emotional support from time of diagnosis and for as long as is needed. All the volunteers have had a personal experience of cancer and understand the emotional and physical impacts of the disease. They are carefully selected after recovery and are trained to provide information and reassurance on the phone. The service is provided on a one-to-one basis and is confidential. If you would like to make contact with a volunteer, call the National Cancer Helpline on 1800 200 700.

Counselling

Coping with a diagnosis of cancer can be very stressful at times. Sometimes it can be hard for you and your family to come to terms with your illness. You might also find it difficult to talk to a close friend or relative. In this case, counselling can give you emotional support in a safe and confidential environment. Call the National Cancer Helpline on 1800 200 700 to find out about counselling services provided by the Irish Cancer Society and services available in your area.

Night nursing

The Society can provide a night nurse, free of charge, for up to 10 nights if you need end-of-life care at home. The night nurse can also give practical support and reassurance to your family. You can find out more about this service from your GP, local public health nurse, a member of the homecare team or the palliative care services at the hospital. Homecare nurses can offer advice on pain control and managing other symptoms.

Haematology/oncology liaison nurses

The Society funds some haematology or oncology liaison nurses who can give you and your family information as well as emotional and practical support. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

Cancer information booklets and factsheets

These booklets provide information on all aspects of cancer and its treatment, while the factsheets deal with very specific topics. The booklets also offer practical advice on learning how to cope with your illness. These booklets and factsheets are available free of charge from the Irish Cancer Society by calling 1800 200 700. They can also be downloaded from www.cancer.ie or picked up at a Daffodil Centre.

Financial support

A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society may be able to provide limited financial help to patients in great need. You may be suitable for schemes such as Travel2Care or Financial Aid.
Travel2Care is funded by the National Cancer Control Programme (NCCP) and managed by the Irish Cancer Society. The scheme can help with your travel costs if you have genuine financial hardship due to travelling to a designated cancer centre or approved satellite centre. It will help with the costs of public transport, such as trains or buses, private transport costs, or petrol and parking. If you are travelling to a Rapid Access Diagnostic Clinic, you may qualify for the Travel2Care scheme.

Travel2Care: If you would like to request this kind of help, contact your oncology nurse or the Irish Cancer Society at (01) 231 6643 / 231 6619 or email: travel2care@irishcancer.ie

Financial Aid: A special fund has been created to help families in financial hardship when faced with a cancer diagnosis. If this applies to you, contact the medical social work department in your hospital. You can also speak to your oncology nurse or contact the Irish Cancer Society at (01) 231 6619.

Care to Drive transport project
Care to Drive is a scheme operated by the Irish Cancer Society. It provides free transport for patients to and from their chemotherapy using volunteer drivers. All of the volunteers are carefully selected, vetted and trained. You are collected from your home, driven to your appointment and brought back home again. Call (01) 231 0522 for more information.

If you would like more information on any of the above services, call the National Cancer Helpline on 1800 200 700. You can also visit the website www.cancer.ie or a Daffodil Centre.

Useful organisations

Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
National Cancer Helpline: 1800 200 700
Email: helpline@irishcancer.ie
Website: www.cancer.ie

CervicalCheck Access Officer
Tel: 061 406 500 / 406 551
Email: access@cervicalcheck.ie
Website: www.cervicalcheck.ie

CervicalCheck: The National Cervical Screening Programme
PO Box 161
Limerick
Freefone: 1800 45 45 55
Email: info@cervicalcheck.ie
Website: www.cervicalcheck.ie

National Cancer Screening Service
King’s Inns House
200 Parnell Street
Dublin 1
Tel: 01 865 9300
Email: info@cancerscreening.ie
Website: www.cancerscreening.ie

Citizens Information
Tel: 0761 07 4000
Email: information@citizensinformation.ie
Website: www.citizensinformation.ie

European Institute of Women’s Health
33 Pearse Street
Dublin 2
Tel: 01 254 9700
Email: info@eurohealth.ie
Website: www.eurohealth.ie

HSE Health Promotion Information
Website: www.healthpromotion.ie

Well Woman and family planning centres
Irish Family Planning Association (IFPA)
5/7 Cathal Brugha Street
Dublin 1
Tel: 01 872 7088 / 874 2110
Website: www.ifpa.ie

IFPA Clinic
Level 3, The Square
Tallaght
Dublin 24
Tel: 01 459 7685 / 459 7686

Well Woman Centre
35 Lower Liffey Street
Dublin 1
Tel: 01 872 8051 / 872 8095
Email: info@wellwomancentre.ie
Website: www.wellwomancentre.ie

Well Woman Centre
67 Pembroke Road
Ballsbridge
Dublin 4
Tel: 01 660 9860 / 668 1108

Well Woman Centre
Northside Shopping Centre
Coolock
Dublin 5
Tel: 01 848 4511 / 848 4264

Cork Family Planning Centre
23 Tuckey Street
Grand Parade
Cork
Tel: 021 427 7906
Website: www.corkfamilyplanning.com

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

Information Helpline Freefone 1800 200 700
Useful contacts outside Republic of Ireland

British Society for Colposcopy and Cervical Pathology
Website: www.bsccep.org.uk/women

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

The Hysterectomy Association (UK)
2 Princess Court
Puddletown
Dorchester
Dorset, DT2 8UE, UK
Email: info@hysterectomy-association.org.uk
Website: www.hysterectomy-association.org.uk

Helpful booklets

Leaflets on all cervical topics are available from CervicalCheck: The National Cervical Screening Programme. They include:

- 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, 2014
Understanding cervical smear test results

What does that word mean?

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Biopsy</td>
<td>A small amount of tissue is taken from your cervix to check the level of abnormal cells present.</td>
</tr>
<tr>
<td>Cervical intraepithelial neoplasia (CIN)</td>
<td>This term describes how abnormal the cells on the surface of the cervix look. It is graded from 1 to 3, depending on how mild or severe the changes are. CIN is not cancer.</td>
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<tr>
<td>Cervix</td>
<td>The top of your vagina that opens into your womb. It is also known as the neck of the womb.</td>
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<tr>
<td>Cold coagulation</td>
<td>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.</td>
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<tr>
<td>Cold knife cone biopsy</td>
<td>A treatment that removes a small cone-shaped piece of the cervix that has abnormal cells. It is done as an inpatient treatment.</td>
</tr>
<tr>
<td>Colposcope</td>
<td>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.</td>
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<tr>
<td>Colposcopist</td>
<td>A doctor or nurse who has been specially trained in colposcopy.</td>
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<tr>
<td>Colposcopy</td>
<td>A test where your cervix and vagina are examined more closely using a light and a microscope called a colposcope.</td>
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<tr>
<td>Cytology</td>
<td>The study of cells under a microscope. In this case, cervical cells.</td>
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<tr>
<td>Dyskaryosis</td>
<td>A term that describes cervical cells that look abnormal.</td>
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<tr>
<td>Gynaecologist</td>
<td>A doctor who specialises in treating problems of the female reproductive system (womb, vagina and ovaries).</td>
</tr>
<tr>
<td>High-grade squamous intraepithelial lesion (HSIL)</td>
<td>When the cell changes in the cervix are moderate to severe (CIN 2, CIN 3).</td>
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<tr>
<td>Human papilloma virus (HPV)</td>
<td>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.</td>
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<tr>
<td>Hysterectomy</td>
<td>An operation to remove the womb (uterus).</td>
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<tr>
<td>Laser ablation/treatment</td>
<td>A treatment that uses a strong hot beam of light to cut or destroy abnormal cervical cells. It is done in the outpatient clinic.</td>
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<tr>
<td>LEEP</td>
<td>LLETZ is also known as LEEP in some countries. It stands for loop electrosurgical excision procedure.</td>
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<tr>
<td>LLETZ</td>
<td>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.</td>
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<tr>
<td>Low-grade squamous intraepithelial lesion (LSIL)</td>
<td>When the cell changes in the cervix are mild (CIN 1).</td>
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<td>PAP smear</td>
<td>A test where cells are taken from the cervix and put into a bottle or liquid and sent to a laboratory to be examined.</td>
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<tr>
<td>Precancerous</td>
<td>Abnormal changes which are not cancer. But if left untreated they may become cancerous over time.</td>
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<tr>
<td>Speculum</td>
<td>An instrument used by a doctor or nurse to keep your vagina open so that it is easier to examine your cervix.</td>
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<tr>
<td>Transformation zone</td>
<td>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.</td>
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<tr>
<td>Uterus</td>
<td>The womb.</td>
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Questions to ask your doctor

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

5
Answer

6
Answer

7
Answer
Your smear test & treatment diary

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<tr>
<th>Date</th>
<th>Test/Treatment</th>
<th>Results</th>
<th>Notes</th>
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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 call our information helpline on 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.

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. This includes patient information booklets. 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 or email: fundraising@irishcancer.ie.

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4
Tel: 01 231 0500 Email: info@irishcancer.ie Website: www.cancer.ie