

# Your Options Following a Diagnosis of CIN2: Treatment or Conservative Management

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The purpose of this patient information is to provide you with information about your options following a diagnosis of cervical intraepithelial neoplasia (CIN) 2. It is important to know that CIN is **not** cancer but a pre-cancerous condition that requires either treatment or conservative management (monitoring), to ensure that it does not progress to cancer in the future. The colposcopist looking after you will discuss these options and recommend the best approach based upon their assessment, your circumstances and wishes.

## What is cervical intraepithelial neoplasia grade 2 (CIN2)?

CIN2 is **not** cervical cancer but a pre-cancerous change in the cells of the cervix. It can be monitored or treated, depending on the area of cell changes and your personal situation.

CIN2 is caused by an infection of the Human Papilloma Virus (HPV). The cervix is lined by cells called squamous cells. These cells are on the outside of the cervix and come into contact with the environment inside the vagina. HPV is a very common group of viruses that can affect the skin and the moist lining inside parts of the body (mucous membranes). The virus is most common inside the mouth, throat and genital area. There are more than 100 types of HPV. Some types of HPV referred to as high-risk HPV (hr-HPV), can cause abnormal changes to the squamous cells of the cervix known as cervical intraepithelial neoplasia (CIN). Abnormal cells are graded either as CIN 1, 2, or 3 on biopsy. Grade 2 means that these abnormal cells have the potential to develop into cancer if they are not treated or they can spontaneously go back to normal without treatment.

## What is the treatment option for CIN2?

- **Large loop excision of the transformation zone (LLETZ)**

This is a common treatment to remove abnormal cells from the cervix. It is performed in the colposcopy clinic under local anaesthetic. It is a simple procedure using a thin wire loop which is heated with an electric current. This removes the abnormal cells from the cervix and seals the tissue at the same time. This should not be painful, but you may feel some pressure inside the vagina and cervix.

## **Benefits**

The benefit of this treatment is to remove the abnormal cells from the cervix and allow normal cells to grow back in their place.

## **Risks**

The most common complications following this treatment are heavy vaginal bleeding and vaginal infection. An aftercare leaflet will be given containing contact numbers in case of any heavy bleeding. Vaginal infection can usually be treated with antibiotics from your GP. This treatment is also associated with a potential risk to having a premature birth or mid-trimester miscarriage (between 13 to 26 weeks gestation). This is because removing the abnormal cells can weaken and shorten the cervix. The absolute risk is very small and depends on several factors; such as the amount of cervix removed during the treatment and the number of treatments performed on your cervix. The majority of women will go on to have a normal (term) pregnancy. It is important to be aware of this association and to mention it at any future pregnancy assessments. Scans are sometimes offered during pregnancy to check the depth of your cervix. The doctor or nurse specialist will discuss this with you when discussing the treatment options. The treatment is not associated with any increased risk of infertility.

- **Conservative Management Option**

This option involves regular monitoring at a colposcopy clinic for repeated cervical screening tests (smears) and colposcopy examinations, with or without a cervical biopsy (small piece of tissue removed from the cervix) for up to 2 years. Studies have shown that CIN2 can return to normal in approximately 50% of women who do not have treatment and up to 60% of women who are less than 30 years old. It may take up to 24 months for CIN2 to resolve. This option avoids the risks associated with LLETZ treatments including effect on the woman's reproductive health. In women who have not yet had any children, or wish for a further pregnancy, conservative management can potentially avoid the risk of premature birth/mid-trimester miscarriage (between 13 to 26 weeks gestation).

## Is conservative management a suitable option for me?

It is important to understand that conservative management of CIN2 is not suitable for all women as it depends on your individual circumstances. Monitoring for CIN2 is more likely to be suitable for younger women (less than 30 years) in whom a small area of CIN2 is seen on the cervix.

The Colposcopist will discuss these options with you and make a recommendation based on your individual circumstances. If you are in a younger age group, have not had any children then conservative management is an option worth considering.

## What does conservative management involve?

You will be seen in the colposcopy clinic at 6 monthly intervals. At the appointment, you will have a colposcopy examination, a cervical screening test and possibly a cervical biopsy if necessary. You will be seen every 6 months until you have had 2 hr-HPV Negative cervical screening tests; this means the CIN and HPV has resolved. You will then be discharged from the colposcopy clinic and return to routine cervical screening with your GP every 3 years. If at any point your CIN2 progresses to a higher grade, we will recommend a LLETZ. If after 2 years of close observation the CIN2 remains, then we will re-discuss your options and likely recommend a LLETZ as per national guidelines.

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

## What are the risks of conservative management?

Less than 1 in 200 women with CIN2 will develop cervical cancer in a 2 year conservative management period. The rate of progression to a higher grade of CIN will occur in approximately 1 in 10 women under 30 years of age and 1 in 5 of women of any age within 2 years. If development is detected in the 2 year monitoring period a LLETZ treatment will be offered.

## What else can you do?

We know that in women who smoke, CIN2 cells are more likely to get worse so that they need treatment. If you smoke, we would encourage you to stop as this will make it more likely that the CIN2 cells go back to normal. For help to stop smoking please visit: [www.oneyoulincolnshire.org.uk](http://www.oneyoulincolnshire.org.uk)

## What if I change my mind about conservative management?

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

## Who can I contact if I have any questions?

If you need any further information, please do not hesitate to contact the Colposcopy Admin team.

Lincoln      01522 573261/01522 573214      Boston      01205 445415

Or email [colposcopy@ulh.nhs.uk](mailto:colposcopy@ulh.nhs.uk)

A nurse will contact you to answer any queries if required.

## Useful websites for more information

- The British Society for Colposcopy and Cervical Pathology [www.bsccp.org.uk](http://www.bsccp.org.uk)
- NHS Cervical Screening Programme
- [www.gov.uk/government/collections/cervical-screening-information-leaflets](http://www.gov.uk/government/collections/cervical-screening-information-leaflets)
- The eve appeal - [eveappeal.org.uk](http://eveappeal.org.uk)
- [Facts and Tips for Cervical Screening | The Eve Appeal](#)
- [FAQ: Treatment for cervical cell changes | The Eve Appeal](#)

For any comments on this patient information please email [colposcopy@ulh.nhs.uk](mailto:colposcopy@ulh.nhs.uk)

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