A guide to

Treatment of CIN

LONDON GYNAECOLOGY

What is CIN?

CIN stands for Cervical Intra-Epithelial Neoplasia. These are pre-cancerous changes within the cervical epithelium (lining cells of the neck of the womb). There are three grades of CIN (CIN1, 2 & 3) and even CIN3 starts 10 years before cervical cancer. CIN2 & CIN3 are high grade changes and need to be treated to prevent future risk of cervical cancer, whereas CIN1 (low grade changes) will often resolve spontaneously.

There are various ways of treating CIN, the common options are:

LLETZ (Large Loop Excision of Transformation Zone)

Also known as LEEP (Loop Electrosurgical Excision Procedure, an American term). This procedure is performed for treatment of CIN2 & CIN3 and persistent CIN1. The information in this leaflet mainly relates to this procedure.

Cone Biopsy (Extended or deeper excision)

Carried out by laser, knife or needle.

What does the treatment involve?

As an experience, this treatment is very similar to the colposcopy procedure or smear test. It takes approximately 10 minutes. After numbing the cervix with local anaesthetic, a wire loop is used to remove the abnormal cells. It is a quick and easy procedure and there is some discomfort, but no sharp pain. A nurse will be present during the procedure to assist you and the doctor. The specimen is sent for histological analysis to confirm the grade of abnormal cells and whether they were completely excised. This report is usually available within 10-14 days.

What anaesthesia is required?

It is commonly carried out as an office (outpatient clinic)procedure under local anaesthesia. Local anaesthesia is administered by using a dental syringe directly into the cervix. The cervix does not have many nerve endings and usually there is no pain during administration of local anaesthesia. The anaesthetic drug also contains adrenaline and you may experience palpitations or shakes or some dizziness as a result. Occasionally, general anaesthesia or sedation may be required. This procedure is then carried out as a day case procedure, where you will usually go home on the same day.

What precautions should I take?

If you are having it done under local anaesthesia, you will go home straight after the procedure.

Please do...

- Eat something before the procedure, there is no need to be starved
- Bring somebody with you if possible
- Take the day off work, you are usually able to go back to work the next day
- Ask the doctor any questions that you may have before the procedure

What activities should I avoid after treatment?

- Use of tampons
- Penetrative sexual intercourse
- Strenuous exercise
- Travel abroad

The purpose is to avoid risk of infection while the cervix is healing. Strenuous exercise can sometimes cause the scab on the healing cervix to come off and start bleeding. Travel to remote destinations may mean unavailability of a qualified colposcopist should there be any problem and hence should be avoided. These restrictions apply for four weeks after treatment.

What should I expect after treatment?

Bleeding: There is usually some bleeding which is less than a light period and lasts for up to seven days. Occasionally, it may last up to four weeks.

Discharge: You may get some brown-black discharge from the healing cervix.

Heavy bleeding: This is uncommon and please contact your doctor if the bleeding is heavier than a heavy period and lasts for over two hours.

Discomfort: There may be some period-like discomfort which, if present, can be easily addressed by paracetamol or simple pain-killers.

Next period: May be slightly unpredictable and heavier.

Signs of infection:

- Heavy bleeding
- Offensive discharge
- Lower abdominal bleeding
- Feeling unwell or feverish

If you experience any of these symptoms of infection please contact your physician.

What follow-up is required?

Your doctor may see you two weeks after the procedure to discuss the results and review your healing. A check-up in the form of smear, HPV-test and colposcopy is required in six months. If all these tests are negative, risk of recurrence is low. Follow-up after that will depend on your circumstances.

What are the short term or long term risks of this procedure?

Short term risks:

- Bleeding
- Infection
- Recurrence of abnormality (5-8%)
- Repeat treatment (5%)
- Cervical stenosis (2%) - closure of the cervix, more commonly associated with post menopausal women.

Long term (pregnancy related) risks:

After Loop treatment, there is an increased risk of pre-term(early) delivery. This risk is 7% for all women and goes up to 11% after treatment (4% increase in the risk). This increased 4% risk of pre-term delivery is between 31 and 37 weeks and the baby is unlikely to come to any serious harm. There is no increase in the risk of extreme prematurity (delivery before 31 weeks) or of increase risk for the new-born baby. There is also a slightly greater likelihood of needing a caesarean delivery.

How successful is this procedure?

This procedure is about 95% successful and 1 in 20 women need a repeat procedure. A histology report from treatment, your individual circumstances and results from six-months follow-up colposcopy will determine your risk.

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