

### Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or [whh-tr.whitthealthPALS@nhs.net](mailto:whh-tr.whitthealthPALS@nhs.net)

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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# Colposcopy Results

## A patient's guide

### Colposcopy Service



If a swab was taken when you had a colposcopy and this showed any infection, we will write to you with the result. We will also inform your GP and tell them what medication is needed.

The biopsy that may have been taken will show how abnormal the area of the cervix is. This may show the following:

- Human Papilloma Virus (HPV): this indicates that the specimen shows some of the cells are infected with HPV, but the cells are not actually abnormal. Abnormal cells of the cervix are called Cervical Intra-epithelial Neoplasia (CIN) and these are graded 1-3. This is similar to having an abnormal smear result of Mild (low grade), Moderate or Severe dyskaryosis (high grade). Columnar or Glandular cells on the cervix are called Cervical Intra-epithelial Neoplasia (CGIN), and the smear may report it as glandular neoplasia.
- CIN 1 are low grade changes on the cervix which can be monitored. In 60% of women these changes will go on their own and the cervix will return to normal. It is important that you attend your follow-up appointment so this can be monitored to ensure they have gone or if they do become worse they can be dealt with. It can take up to two years to clear this and for some women longer than this. If CIN 1 persists at two years, we will offer treatment but you may wish to continue with regular surveillance.

- CIN 2 and CIN 3 are high grade changes on the cervix which are usually treated. For 43% of young women with CIN 2, the changes may regress, so depending on the size of the lesion and one's personal circumstances, these situations are usually discussed at a regular Multidisciplinary Team Meeting (MDT); the plan may be to closely monitor and these changes do not necessarily need treatment straight away. If CIN 2 persists, treatment is offered. In CIN 3 cases, treatment is offered as these changes are unlikely to resolve and if left untreated this may carry a significant risk of developing into cancer.
- CGIN will be discussed with you and will be treated as high grade changes, so treatment will be the next step.
- If a vaginal biopsy is taken due to an abnormal area, this may be reported as HPV or with the presence of abnormal cells; these are called Vaginal Intra-epithelial Neoplasia (VaIN) and are also graded 1-3. The level of changes are usually monitored or treated in the same way as the cervix.

These are all abnormal cells NOT cancer cells.

If treatment is necessary, you will be provided a specific leaflet for the type of treatment you will have.

For further information please contact the Colposcopy Nurses on 0207 288 3138 (Please leave a message if you do not get an answer).