



Colposcopy Results

Information for patients

- During your colposcopy appointment, if a swab was taken and this showed an infection, we will write to you with the result. We will also inform your GP and tell them what medication you need.
- You may also have had a biopsy (a medical procedure that takes a small sample of body tissue so it can be examined under a microscope). A biopsy will show us if you have any abnormal cells in your cervix.
- Abnormal cells of the cervix are called Cervical Intra-epithelial Neoplasia (CIN) and these are graded 1 to 3. This is like having an abnormal smear result of Mild (low grade), Moderate or Severe (high grade).
- If columnar or glandular cells (Cervical Glandular Intra-epithelial Neoplasia (CGIN)) are found on the cervix, the results of your procedure may report it as 'glandular neoplasia'. Glandular neoplasia are changes in the cells inside the cervix. These cells could develop into a type of cervical cancer called adenocarcinoma if not treated.

The results of your procedure may show the following:

- **Human Papilloma Virus (HPV):** Your biopsy may show us that you have HPV, which mean that a high-risk HPV is detected from the sample, but the cells are normal. HPV can be in your cervix and not cause problems. Please see our leaflet on HPV.
- **Cervical Intraepithelial Neoplasia (CIN) 1:** These are low grade changes to cells on your cervix (we call them 'lesions' and they look like a cut or graze) which can be monitored by a clinician. In 60% of patients these changes will clear up on their own and the cervix will return to normal. **You must attend your follow-up appointment** so that we can monitor these changes. We do this to check if they have gone or if they have worsened. If they have worsened, they can be treated. It can take up to two years to clear them and for some patients, longer. If CIN 1 does not clear up after two years, we will offer treatment, but you may wish to continue with regular monitoring.



- **Cervical Intraepithelial Neoplasia (CIN) 2 and (CIN) 3:** These are high grade changes on the cervix which are usually treated. For 43% of young women with CIN 2, the changes may regress. Depending on the size of the lesion and your personal circumstances, CIN 2 will be closely monitored, as these changes do not always need treatment straight away. If CIN 2 persists, treatment is offered. In CIN 3 cases, treatment is offered as these changes are unlikely to get better by themselves and if left untreated, may develop into cancer.
- **Cervical Glandular Intra-epithelial Neoplasia (CGIN):** These are high grade changes on the cervix that will need to be treated. We will discuss this with you.
- **Vaginal Intra-epithelial Neoplasia (VaIN)1-3:** A vaginal biopsy, if taken, will also show us if you have any abnormal cells, and these cell abnormalities are also graded 1-3. We monitor these changes in the same way as the cervix.

These are all pre-cancerous cells, NOT cancer cells.

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

More information

For further information please contact the Colposcopy Nurses on 020 7288 3138. Please leave a message if you do not get an answer.

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.PALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please email whh-tr.patient-information@nhs.net. We will try our best to meet your needs.

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Whittington Health NHS Trust
Magdala Avenue
London
N19 5NF
Phone: 020 7272 3070
www.whittington.nhs.uk

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