

Abnormal smear (cytology) results – What do they mean?

Obstetrics & Gynaecology
Women & Children's Services

This leaflet has been designed to
give you important information
about your condition / procedure,
and to answer some common
queries that you may have.



Information for patients and visitors

What is a cervical smear?

A cervical cytology (cervical smear) sample is a sample of cells from the outside of the cervix (or neck of the womb) that allows detection of pre-cancerous abnormalities of the cervix. These changes can then be treated successfully before cancer develops.

Smear tests are simply screening tools, which signal that more careful attention should be directed at the cervix. In fact sometimes smears can be reported as abnormal even though no abnormality exists on further examination. In extremely rare cases, smears may detect an abnormality in the presence of a cancer of the cervix.

Nowadays smears are called 'cervical samples' or 'liquid based cytology samples (LBC)' as they are no longer smeared on slides, but collected in fluid filled bottles. This development is called liquid based cytology and the main advantage to this is it reduces the likelihood of any sample being unsatisfactory for examination.

It is important to remember that it is extremely rare for an abnormality found at screening to be cancer. Nearly all abnormal results show no more than small changes in cells. These act as an early warning sign that, over time, cervical cancer may develop.

About my smear test

You have just been told that your recent smear was abnormal and you may probably be worried about what is going on and what is likely to happen. You may not even have had a chance to discuss things with your GP or practice nurse and you might even have been sent an appointment directly from the Colposcopy clinic.

The first thing to say is that the vast majority of women in your situation do not have

cancer but a condition with changes in the neck of the womb (cervix) that we call Cervical intraepithelial neoplasia (CIN). When these changes are found it is normally very easy to get rid of them completely.

Smears are graded with differing degrees of abnormality from a non-specific 'borderline' change to mild, moderate and severe changes called dyskaryosis and these roughly equate to CIN 1, 2 and 3

We hope to give you all the information you need in this section.

Results

Your smear may have been reported as **inadequate**. For one reason or another, the process required produce a sample for the cytologist who reads your smear has been unable to provide a satisfactory specimen.

There can be many reasons why; from a simple problem like difficulty in obtaining enough cells for the laboratory to read or too much blood on the smear or a more complex difficulty in the preparation process. Importantly an inadequate smear does not mean your smear was abnormal but that it was unreadable. Be aware that you will be called for a repeat cervical cytology sample in three months. Waiting for this time before repeating the test, reduces the risk of a further inadequate sample.

For many women their abnormal result will show **borderline changes** or **mild dyskaryosis**.

These are small changes which often return to normal by themselves. The areas of changed cells are known as cervical intraepithelial neoplasia, or CIN. Mild dyskaryosis associated with the grade CIN 1. These changes are not cancer, and in most cases do not lead to cancer in the future.



Together 
we care, we respect, we deliver



Information for patients and visitors

It is safe to give the small changes a chance to return to normal by themselves without having immediate treatment.

For some women their result will show **moderate** or **severe dyskaryosis**. These areas of changed cells are associated with the grades CIN 2 and CIN 3.

Even with CIN 2 or CIN 3 grade changes, it is unlikely that you have cancer. However, these changes are less likely to return to normal by themselves and usually need treatment.

What does CIN mean?

Changes of the outer (squamous) cells of the cervix are those that have the potential to turn into cancer if left untreated for some time. In the cervix these changes are called 'Cervical Intraepithelial Neoplasia' or CIN for short. This rather long term means that the changes are confined to the outermost surface of the cervix and there has been no spread of disease.

There are different grades of CIN according to how severe the changes are, from CIN1 (minor change) to CIN3 (the most severe change). The risk of developing cancer is related to the grade of CIN. We know that most cases of CIN1 will go back to normal without any treatment. The risk of CIN1 developing into cancer is very small. However we know that CIN2 and CIN3 may develop into cancer in some cases, if left untreated. We don't really know the exact risk of CIN2 and CIN3 turning into cancer as it would be unacceptable to watch this happen without offering treatment merely to see what proportion developed a cancer.

There is a rare abnormality called 'Cervical Glandular Intraepithelial Neoplasia' or cGIN and this is the same sort of pre-cancerous

change involving the inner glandular cells of the cervix. Treatment of cGIN is usually the same as CIN.

What causes CIN?

You may have heard that CIN and cervical cancer is caused by a viral infection with human papillomavirus (HPV). These are in fact a large family of viruses, only a few of which are involved in causing abnormalities of the cervix and lower genital tract. Of the over 150 HPV viruses, the main types responsible for changes to the cervix are types 16,18,31,33 and 45. While it is true that virtually all women with CIN and cervical cancer have had HPV infection, so have a huge number of other people without disease. About 4 out of 5 adult men and women have had HPV infection at some time in their lives, but only a small minority of women with an HPV infection ultimately have an abnormal smear and a tiny fraction of these get cervical cancer.

It is acquired or caught in almost all cases through close intimate or sexual contact, but the infection is so common and so subtle that referral to a sexually transmitted disease clinic is not appropriate. It should also not be considered a 'VD' or venereal disease. Certainly no antibiotics or other treatment for HPV infection is required.

HPV only causes cervical smear abnormalities if it is not cleared from the body over a period of years. The smear abnormality requires further examination and sampling and sometimes treatment in colposcopy clinic. Within the next year, a test for HPV infection when borderline and mild smear abnormalities are reported will be part of routine practice in England.



Together 
we care, we respect, we deliver



Information for patients and visitors

Contact details for Further Information

If you have any concerns/queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Scunthorpe General Hospital

Appointments – (01724) 290150

Colposcopy secretary (01724) 282282 ext 2666

Nurse Colposcopist (01472 874111 ext 2820) or bleep via switchboard

For Diana, Princess of Wales Hospital

Appointments and Colposcopy secretary (01472) 874111 ext 1195.

Nurse Colposcopist (01472 874111 ext 2820) or bleep via switchboard

For Goole and District Hospital

Goole clinic (01724) 290029 ext 4055
Colposcopy secretary (01724) 282282 ext 2666

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on

(01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:

nlg-tr.PALS@nhs.net

Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.



Together 
we care, we respect, we deliver



Information for patients and visitors

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

Northern Lincolnshire and Goole NHS Foundation Trust

Diana Princess of Wales Hospital
Scarcho Road
Grimsby
01472 874111

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
01724 282282

Goole & District Hospital
Woodland Avenue
Goole
01405 720720

www.nlg.nhs.uk

Date of issue: December, 2014

Review Period: December, 2017

Author: Advanced Nurse Practitioner / Nurse Colposcopist

IFP-800

© NLGFT 2014



Together 
we care, we respect, we deliver

