

What is cervical cancer?

Cervical cancer develops from changes in the cells of the neck of the womb. Each year nearly 3000 women are diagnosed with this cancer. It is usually very slow growing and takes years to develop from pre-cancerous cells of the neck of the womb, which we now know are related to infection with a virus called human papilloma virus or HPV.

What are the types of cervical cancer?

The most common type of cancer of the cervix is squamous cell carcinoma, which is a cancer of the outer skin-like cells of the neck of the womb.

Less common is adenocarcinoma, or cancer of the gland like cells lining the inner canal of the cervix.

Cervical cancer is classified according to the grade, which depends on what the abnormal cells look like under the microscope; and the stage, which depends on how far the abnormal cells have spread

What is stage 1A1 cervical cancer and how is it picked up?

This is very early stage cervical cancer that has been picked up when the tissue from your recent treatment (LLETZ) was checked under the microscope. This is also sometimes called micro-invasive cancer; which means that it can only be seen under the microscope.

What symptoms does early cervical cancer cause?

Most of the time early cervical cancer doesn't cause any symptoms and may have been picked up at your smear, colposcopy or biopsy from the cervix.

Some women may have symptoms such as excessive discharge, bleeding during or after sex, or bleeding after going through the menopause.

What causes cervical cancer?

Cervical cancer is thought to be caused by a virus called human papilloma virus or HPV.

About 4 out of 5 adult men and women (80%) have had HPV infection at some time in their lives*. Infection with HPV can be passed on during sexual intercourse and skin to skin contact of the genital area and often shows no symptoms.

** HPV is the most common viral infection of the reproductive tract.

We also know that smoking affects the cells on the cervix and makes it harder for your immune system to clear the HPV infection.

Cervical cancer is not thought to be hereditary.

What happens next?

We have a team of specialists (gynaecological oncology multidisciplinary team) who work together to decide the best plan of treatment for you. The biopsy results will be discussed with this team at a meeting that happens every week. We will contact you after this meeting to let you know what they have suggested.

Chances are that all the abnormal cells have already been removed at your recent treatment. In this case, all you will need is follow up for the next 10 years, to keep an eye out for any further abnormal cells.

Sometimes, we may need to offer you further treatment (usually another LLETZ procedure) or further tests such as a CT scan or MRI.

Contact information

Finding out that you have cancer can be a very difficult thing, and our team are here to help you through this. You may feel that you have been given lots of information that is very hard to digest or remember. If you have any further questions or would like to have a chat about anything that concerns you, please get in touch through either:

The Colposcopy Clinic on **01493 452363**

Gynaecological Oncology Nurse Specialists on **01493 452367**.

You may also find that these websites have useful information for you:

Jo's Cervical Cancer Trust; <https://www.jostrust.org.uk> Free Helpline 08088028000

Macmillan cancer support; <https://www.macmillan.org.uk/information-and-support/cervical-cancer/>

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

Trust Values

- Courtesy and respect
 - A welcoming and positive attitude
 - Polite, friendly and interested in people
 - Value and respect people as individuals
So people feel **welcome**
- Attentively kind and helpful
 - Look out for dignity, privacy & humanity
 - Attentive, responsive & take time to help
 - Visible presence of staff to provide care
So people feel **cared for**
- Responsive communication
 - Listen to people & answer their questions
 - Keep people clearly informed
 - Involve people
So people feel **in control**
- Effective and professional
 - Safe, knowledgeable and reassuring
 - Effective care / services from joined up teams
 - Organised and timely, looking to improve
So people feel **safe**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240