

Disclaimer

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About Pap Smears and Colposcopy

Women are encouraged to have a regular Pap smear as part of their health care. This is because a Pap smear can detect changes or abnormalities in the cells of the cervix (the entrance to the womb or uterus) which, if treated early, can prevent the development of cancer of the cervix. It also identifies other cervical disorders that may require treatment.

For approximately 9 women in 10, this test will tell their doctor that everything is normal. However, 1 in 10 women may be told that the result was “positive”. If you are one of these women, you should not feel too anxious – it does not mean you have cancer. In fact, the whole point of Pap smears is to identify abnormalities before cancer develops. Having a “positive” smear means that some abnormality appears to be present which will require further investigation. The next step may be to repeat the smear or you may be referred to a gynaecologist for colposcopy. If your own gynaecologist has taken the smear, he or she may perform the colposcopic examination.

There are other conditions such as inflammation, infection, or HPV (Human Papilloma Virus) also known as wart virus, which will cause the Pap smear result to be reported as abnormal. Mostly, changes caused by the wart virus disappear naturally with time. There is some suggestion, but no proof, that wart virus may be associated with the later development of cancer of the cervix. When these wart virus changes are found to be present, your doctor will discuss follow up care. If a bacterial infection is present, treatment may be required following which you may have the Pap smear repeated.

[What is colposcopy?](#)

It is an examination of the cervix through a special instrument called a colposcope. This examination is done to gain a more detailed knowledge of the abnormality so that decisions can be made about the best form of treatment, should this be necessary. The colposcope resembles a microscope and it enables the doctor to have a magnified view of the outer cervix. The examination does not take long, possibly ten or fifteen minutes, and is done while you are awake, usually in the doctor’s rooms or at a hospital clinic.

[How is colposcopy performed?](#)

The colposcope is placed between your legs which are apart and resting in supports. The doctor will use a speculum to hold the walls of the vagina apart making it possible to see the cervix.

[What happens next?](#)

What follows depends on the appearance of the area. It may be that after closer observation it is decided that nothing further will be done. A Pap smear may be taken to check for consistency with the earlier “positive” smear. Then the doctor will dab a little acetic acid (vinegar) on the cervix, which shows up the abnormal area clearly. This may sting a little but the sensation soon disappears. It may be that a biopsy is required, and if this is so, a tiny sample of the tissue will be taken. Women do not always feel this but some women certainly experience pain at this point. There may be a small amount of bleeding afterwards and period-like cramps may occur for a day or two. The specimen taken at biopsy will be sent to pathology to help decide on the treatment required or to confirm the diagnosis. Throughout the examination your doctor will explain what is going on and afterwards will discuss the findings as far as he or she is able at this stage. If minor changes only are seen, you may be told that treatment is not necessary but you will be reminded to report again for a Pap smear after a certain period of time. If an abnormality (dysplasia) is confirmed, arrangements will be made for treatment. If a biopsy has been taken it may be two or three weeks before the results are available.

What is dysplasia?

Dysplasia or CIN (cervical intraepithelial neoplasia), are the words used to refer to a condition that occurs when the cells on the surface of the cervix are replaced by abnormal cells. This is not a cancerous condition but, if neglected, it has the potential to become cancerous.

There are three levels from mild to severe.

CIN 1 = mild dysplasia

CIN 2 = moderate dysplasia

CIN 3 = severe dysplasia

CIN 1 and more minor changes are also termed low-grade abnormalities, whereas CIN2 and 3 are termed high-grade abnormalities.