



About Your Abnormal Smear

Introduction

A Pap smear is performed to screen for cervical cancer. Cells are brushed off the cervix to allow the pathologist to check for abnormalities. As shown in the diagram the cervix is the lower portion of the uterus or womb visible at the top of the vagina. It is covered on the outside by skin cells known as squamous cells and gland cells on the inside. Cervical pre-cancer can develop in both cells. Those originating from the skin or squamous cells are termed CIN (Cervical Intraepithelial Neoplasia) whilst those arising from the gland cells are termed high grade glandular lesion or AIS (Adenocarcinoma In Situ).

Pap Smear Categories

Pap test results fall into 3 broad categories: (i) Normal (ii) Low Grade (or Possible Low Grade) and (iii) High Grade (or Possible High Grade).

(i) Normal

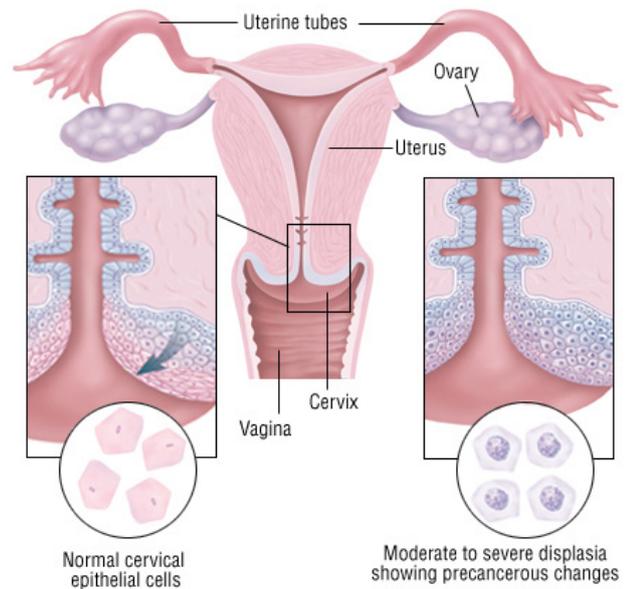
Indicates no abnormal cells were detected. However, a normal Pap test does not exclude the possibility of precancer cells being present.

(ii) Low Grade

Commonly represent changes related to the HPV virus, tissue inflammation or infections with other organisms such as thrush.

(iii) High Grade

Include CIN 2, CIN 3 and AIS which are precancerous changes occurring on the cervix and may develop into cancer if left untreated. This process may take a number of years.



Human Papilloma Screening

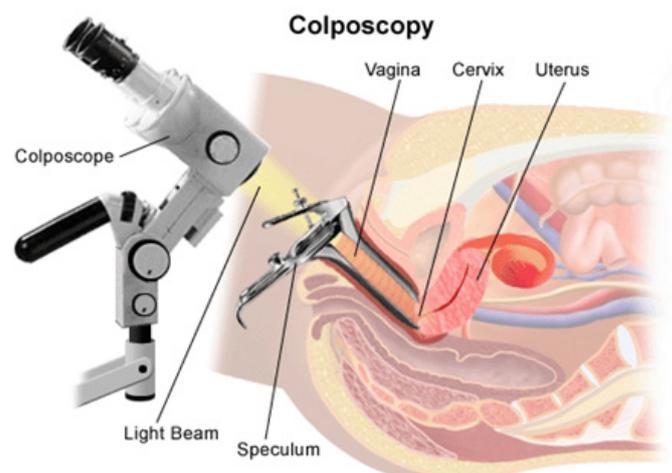
Human papilloma virus or HPV infection is a very common infection, usually but not always transferred through sexual intercourse. It is so common, it is often referred to as a marker of normal sexual maturity. In most instances the infection is cleared by the immune system within 6-18 months. Occasionally it persists longer and in these circumstances may result in the development of pre-cancer (CIN or AIS). HPV testing is more accurate than the Pap test.

Colposcopy

Colposcopy is recommended for patients with persistent low grade, high grade or possible high grade changes on their Pap smear. It is a visual inspection of the cervix with a magnifying glass (colposcope). Acetic acid (medical vinegar) is applied to the cervix causing cells to turn white (acetowhite epithelium). Sometimes a second solution (Lugols iodine) can be used that stains normal cells black and abnormal cells yellow. A biopsy may be taken and solution applied to stop any bleeding.

After your colposcopy, you may be asked to return to discuss your results and further management options. Ensure you attend your follow up appointment.

If you have any questions or concerns, phone Clinic C during working hours on 8514 0060 or after hours call our switch board on 8514 0000 and ask to speak to the gynaecological oncology fellow on call.





Treatment

Treatment is recommended when high grade CIN is confirmed or highly suggested. The options include (i) LEEP (ii) LASER and (iii) Cone Biopsy.

LEEP

LEEP (also known as LOOP or LLETZ) is a technique used to treat pre-cancer of the cervix. LEEP stands for Loop Electrosurgical Excision Procedure. It is the most common method of treatment. The procedure involves a wire heated by an electrosurgical generator that can cut through tissue like a scalpel. Most of the time the LEEP procedure is performed under local anaesthesia in the clinic. Sometimes it may be recommended by your doctor to have the procedure performed under general anaesthesia in the operating room.

LASER

Laser treatment is more commonly used for treating precancerous changes on the vagina and vulva. Occasionally it is used for treatment for cervical precancerous changes.

Cone Biopsy

Is commonly referred to as a cold knife cone biopsy. A portion of the cervix is removed with a scalpel rather than with a hot wire or Laser. It is largely reserved for treating glandular precancerous cells (AIS) and where there is a suspicion of cancer.

Possible Complications of Treatment

Scarring or weakness of the cervix is uncommon after one treatment but the risk increases with subsequent treatments and this may have an impact on fertility and maintaining pregnancy. The vagina may be inadvertently cauterised during the procedure, usually requiring no further action. Incomplete resection of the abnormal cells may occur requiring re-treatment. Sometimes the LEEP biopsy does not show precancerous cells.

Recovery and Care After Treatment

You may experience 'period like' cramping following the LEEP procedure. Usually it will settle down after a short time, but if not, simple analgesia such as ibuprofen or paracetamol can be safely taken according to the recommended dosage instructions. You may have a brownish vaginal discharge, or a small amount of spotting for 2-3 weeks after the procedure. This is normal and part of the healing process. Any heavy or persistent bleeding should be reported to your doctor or the clinic. No sexual intercourse, tampons, baths, swimming or strenuous exercises (e.g. heavy lifting, cycling or running) for 2 weeks or until the discharge stops. This will allow the area to heal completely and avoid infection. If the discharge becomes offensive visit your GP, as you may require a course of antibiotics. Some patients find that their menstrual pattern is disturbed. Your next period may commence early, late or be missed completely. It may be light or heavy. If it is significantly heavier and longer than normal, or if you have a second abnormal period, contact your doctor or the clinic. Ensure you attend your follow up appointments. If you have any questions or concerns during working hours phone Clinic C on 8514 0060 and after hours call our switch board on 8514 0000 and ask to speak to the gynaecological oncology fellow on call.

Loop Electrosurgical Excision Procedure (LEEP)

