

About Your Cervical Screening Test (CST)

Introduction

Cervical screening has changed in Australia. The Pap test has been replaced with a new CST every five years. The new CST is expected to protect up to 30% more women. The test is a simple procedure that feels the same as the Pap test, but tests for the human papillomavirus (known as HPV). The CST replaces the two-yearly Pap test.

About the Human Papilloma Virus (HPV)

The human papilloma virus or HPV infection is a very common infection, usually transferred through sexual activity. It is very common and 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 known as dysplasia. Dysplasia can occur on the skin cells of the cervix and is termed CIN or the gland cells of the cervix known as AIS. There are over 200 types of the HPV virus, with 70% of cervical cancers being caused by types 16 and 18.

How is the CST Reported?

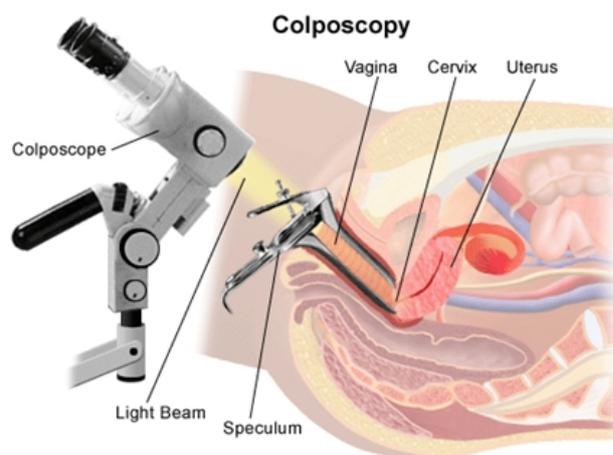
Your CST report will comment on whether HPV 16, HPV 18 or other high-risk HPV types are detected. If any are detected, the lab will automatically run a liquid based cytology (LBC) which is like a Pap smear. You will then be referred for a colposcopy. Whilst the CST may be reported as "Higher Risk", this only refers to risk of pre-cancer compared to an HPV-negative population. Many colposcopies are not urgent and we have a triage system based upon the National Guidelines. Patients with high grade smears are triaged for colposcopy within 4-8 weeks, low grade smears within 8-12 weeks and patients with normal smears, where colposcopy is not urgent will be triaged for colposcopy within 12 weeks

Colposcopy

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. This examination usually takes 10 to 15 minutes and most people do not experience any pain. However, you may have some discomfort from having the speculum inside your vagina.

After a biopsy?

If you have a biopsy, you may have some pain for a short time. Avoid rigorous exercise for 24 hours and it is best to avoid sexual intercourse for one to two days. You can shower, however avoid swimming, bathing and spas for one to two days. These precautions reduce your risk of bleeding or infection. You may have some discharge and 'spotting' for a few hours afterwards, so it is a good idea to take a thin sanitary pad or panty liner to the appointment. 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.

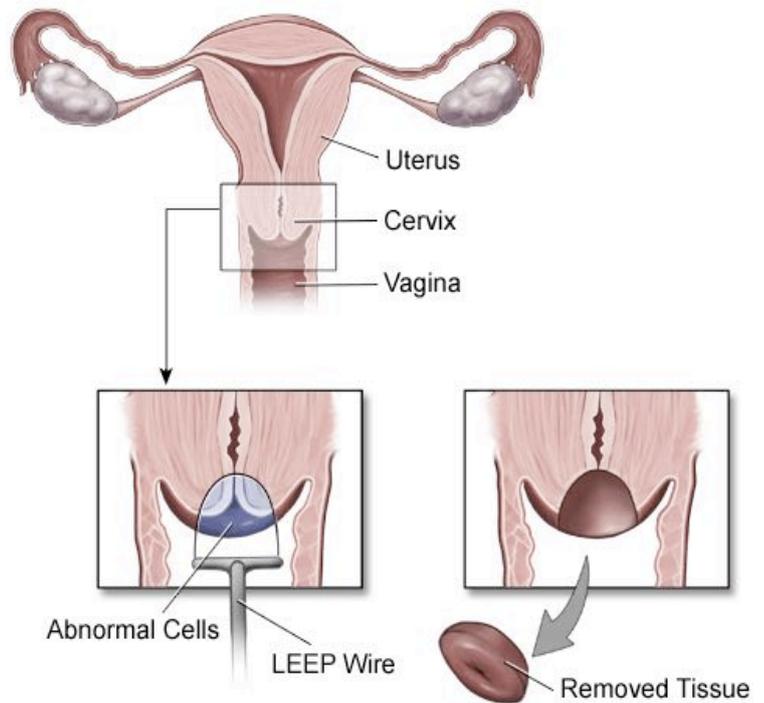
LASER

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 precancer cells (AIS) and where there is suspicion of cancer.

Loop Electrosurgical Excision Procedure (LEEP)



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 burnt 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 Your 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.