

Cervical Dysplasia



The Ottawa | L'Hôpital Hospital | d'Ottawa

Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified healthcare provider. Please consult your own personal physician who will be able to determine the appropriateness of the information for your specific situation.

Prepared by the Gynecology/Oncology Clinic Nursing Staff of the Ottawa Hospital – Shirley E Greenberg Women's Health Centre, Riverside Campus

June 2006

P048 (07/06)

Printed at The Ottawa Hospital

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Cervical Dysplasia

Introduction

Dear patient,

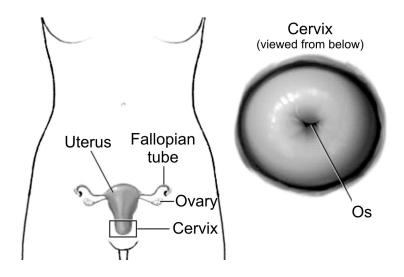
You have been given an appointment in the colposcopy clinic because of an abnormal Pap test. About 3% of all women will develop an abnormal Pap test during their lifetime.

This booklet will provide information on abnormal Pap test results and help to answer some of your questions. As you read this booklet, note any questions that you have. There is a blank page at the end of the booklet for this purpose.

Please remember that this pamphlet contains general information and you should discuss any questions or concerns that you may have with your health care provider.

What is the cervix?

The cervix is found in the lower part of the uterus. The opening to the cervix can be seen through the vagina. It is this opening that stretches or dilates to allow a baby to come out of the uterus and into the vagina prior to birth. The cervix is made up of layers of cells that slowly change as they move towards the surface where they form a protective skin-like covering.



What is a Pap test?

A Pap test is a routine screening test done during a vaginal examination to check for abnormal cells on the cervix. After placing a speculum in your vagina, a sample of the cells of the cervix is collected using a soft brush. The specimen is then sent to the laboratory to be examined under a microscope. When all the cells on the cervix are normal, the Pap test is normal. An abnormal Pap test means some of the cells on the cervix did not change normally. It is important to detect early abnormal changes of the cervical tissue so they can be treated, if necessary, to prevent cancer of the cervix.

What is dysplasia?

Dysplasia means abnormal growth in the cells of the surface layer of the cervix. These cells do not mature in the proper way. If these cells continue to grow, they may develop into a cancer.

Understanding abnormal Pap results

All laboratories do not use the same terminology in their reports. The physician may use any of these terms when discussing your Pap test results.

ASC-US (atypical squamous cells of undetermined significance)		Some abnormal cells. May be caused by dysplasia but could be caused by infection, irritation or thinning of the vaginal tissue after menopause
LSIL (low grade squamous intraepithelial lesion)	CIN I	Mild dysplasia and cellular changes associated with HPV
ASC-H (atypical squamous cells, cannot exclude high grade intraepithelial lesion)		Some abnormal cells. May be caused by moderate to severe dysplasia
AGC (atypical glandular cells)		Some abnormal cells of glandular type that may be arising from inside the cervical canal
HSIL (high grade squamous intraepithelial lesions)	CIN II - III	Moderate to severe dysplasia, precancerous lesions
Adenocarcinoma in-situ	CIN III	Pre-invasive cancer that involves only the surface cells

How did I get dysplasia?

Human Papilloma Virus (HPV) – is a common virus related to those that cause warts on the hands and plantar warts on the feet. Genital HPV may affect skin of the vulva, vagina, or cervix. The virus can cause changes in the appearance of these skin cells. Most women with HPV have normal Pap test results. However, a few types of genital HPV may cause precancers or cancers to develop. The nurse or physician can give you a booklet on this virus.

Smoking – increases the risk of developing dysplasia. Even after treatment for dysplasia, smoking will increase the risk of it coming back. Smoking interacts with HPV and your immune system. If you are a smoker and have dysplasia, you should stop smoking.

Atrophy - Vaginal atrophy is an inflammation of the vagina that may develop in postmenopausal women. It is caused by a lack of estrogen in the tissues, resulting in thinning of the vaginal skin. Symptoms include vaginal dryness, itching, discomfort, and painful intercourse. Vaginal atrophy can contribute to an abnormal Pap result. Treatment with local or oral hormone therapy may help in relieving symptoms of vaginal atrophy.

Other factors that increase the risk of developing dysplasia are early age of first sexual intercourse, multiple sexual partners, intrauterine exposure to DES, and conditions or medications that suppress the immune system.

What is a colposcopy?

A colposcopy is a procedure to identify the abnormality. An instrument called a speculum is inserted into the vagina. This same instrument is used to perform Pap tests. The physician will then use a colposcope to examine your cervix, vagina, and vulva. The colposcope is a binocular microscope that magnifies the cervix under a beam of light. It will not come into contact with your body. A 3% acetic acid solution (vinegar) is applied to the cervix. This solution dehydrates the cells, making the abnormality more visible under the colposcope. At the time of your visit, the physician will be able to make a follow-up recommendation based on the results of the colposcopic examination.

The colposcopic examination is painless and usually takes five to ten minutes to complete. You will be able to watch the procedure on a monitor.

What is a cervical biopsy?

If the physician locates any suspicious areas, he/she may take a biopsy. A biopsy is the removal of a tiny sample of cervical tissue. The biopsy may cause mild cramping or 'pinch' sensation during the procedure. The physician will apply a paste (Monsel's solution) to your cervix to stop the bleeding. This paste will cause vaginal discharge to be brown or black. It may resemble coffee grounds. Vaginal spotting or discharge is common for a few days. The tissue will be sent to the laboratory for evaluation. The physician will receive

the results in about two weeks. You will be contacted only if the results change the planned follow-up for your care.

Vaginal bleeding is rare after a biopsy. If there is heavy bleeding, you should go to the emergency department. Do not have intercourse or use tampons for a few days after the biopsy. There are no other restrictions.

Can I have a colposcopy if I am menstruating?

The colposcopy can be done during your menstruation if your flow is light to moderate. If your menstrual flow is heavy, call the clinic and we will reschedule. The clinic telephone number is 738-8400 ext. 81723

Is it safe to have a colposcopy during pregnancy?

It is safe to have a colposcopy and a Pap test during pregnancy. You may have some spotting after the Pap test.

Clinical Follow-up

The follow-up will depend on the results of the colposcopy. At the time of your visit, your physician will make a recommendation for follow-up based on the colposcopic examination. In most cases the following three options are considered.

- Follow-up with a repeat colposcopy in 6–9 months
- Treatment such as LEEP or Laser. Your physician or nurse can provide you with more information and booklets on these procedures
- Discharge to your family physician for routine Pap test

The Pap test and the biopsy specimens will be sent to the laboratory. You will be contacted only if the results obtained from the Pap or biopsy change the recommended follow-up established at the time of your visit.

Resources

Shirley E. Greenberg Women's Health C	entre,
Colposcopy Clinic – 613-738-8400 Ext. 8	31723

Physician						
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Questions

You may have questions for your nurse or physician when you arrive at the Clinic. Please list these questions below so we can answer them for you.