

Colposcopy

You are one of the few women, about 5 out of every 100, who have a report of an inconclusive or abnormal Pap smear. You have been advised to have colposcopy for evaluation.

WHAT IS A PAP SMEAR

A Pap smear is a routine screening test done by your doctor during a pelvic examination. It is a very sensitive way of picking up very early changes in the cervix. These changes usually do not produce any symptoms in women, but if left untreated may progress into cervical cancer. The Pap is done by scraping the surface of the cervix with a soft brush, a cytobrush, and small wooden spatula, and the scraped-off cells from the cervix are fixed on a glass slide. This slide, the Pap smear, is sent to a special laboratory where it is processed and evaluated by highly trained technicians and doctors.

DOES A REPORT OF AN INCONCLUSIVE OR ABNORMAL PAP SMEAR MEAN THAT YOU HAVE CANER

Almost Never!

The Pap smear will detect early abnormal changes or dysplasia in the cells of the cervix long before cancer develops. Sometimes these changes can be caused by inflammation or infections (possibly by the condyloma accuminata virus – or the venereal wart virus). The majority of the patients referred for colposcopy after their evaluation is complete usually have a final diagnosis of either “mild or moderate dysplasia” or “normal” cervix. Mild to moderate dysplasia means that there are early changes in the cells of the surface layer of the cervix, which have a potential for developing into cancer sometime in the future, even if the changes are due to inflammation or infection.

HOW DO WE GET A DIAGNOSIS OR KNOW WHAT IS WRONG

The doctor uses an instrument called a “colposcope” which is similar to a microscope. It is attached to a floor stand and magnifies the cervix under a powerful beam of light. The doctor can carefully examine the cervix and locate any suspicious areas on the surface of the cervix that are not visible to the naked eye. The doctor may then take small tissue samples (biopsies) from these areas. The specimens are sent to the pathology laboratory for processing and evaluation. Upon receipt of the biopsies you will be contacted by the doctor who will then read the report to you and discuss the treatment advised.



DOES A COLPOSCOPIC EXAMINATION CAUSE PAIN

Generally not. It can cause mild cramping which is also treatable by taking 4 or 5 Advil or Nuprin the night before and another dose the next morning. Occasionally, it is accompanied by a temporary feeling of light-headedness and flushing. (Tylenol and Aspirin do not work. It must be an anti-inflammatory.)

DOES TAKING A “SMALL SAMPLE” OR BIOPSY OF THE CERVIX CAUSE PAIN

Biopsy of the cervix can cause some discomfort, but is generally minimal and lasts only a few minutes. One of the biopsies includes going into the cervical canal and this can cause some cramps. In preparation for your colposcopic examination we recommend that you purchase either Nuprin or Advil tablets. They are identical and contain ibuprofen, a medication useful to prevent or treat pelvic pain and cramps. The medication is available at most drugstores or supermarkets and no prescription is required. The night before (after dinner) take four (4) tablets and one hour before your appointment you should take four (4) tablets. After the examination, you may take the medication as instructed on the label. Do not take medication if you have any allergy or sensitivity to aspirin.

ARE THERE ANY COMPLICATIONS AFTER A CERVICAL BIOPSY

Generally, complications are rare. You still have vaginal spotting of blood for a few days. Rarely, you may bleed heavier than a menstrual period within a few hours after you have the biopsy. You should call the office, (949) 644-1025, if you bleed excessively – more than one sanitary napkin per hour.

SHOULD THERE BE ANY RESTRICTIONS FOR ACTIVITIES AFTER CERVICAL BIOPSIES

No. You can carry on your normal activities, although you should not douche, use tampons or have vaginal intercourse for 10 to 14 days while the cervix is healing.

WHAT IS MILD TO MODERATE DYSPLASIA DIAGNOSIS ON CERVICAL BIOPSY

“Mild to moderate” dysplasia is the earliest abnormal change in the cells within the surface layer of the cervix. It has potential, if left untreated, of progressing to a more severe change after several years.



WHAT IS CARCINOMA IN-SITU

Carcinoma in-situ is a more advanced lesion affecting the cells within the surface layer of the cervix. It is not a true cancer, as it has not penetrated the supporting tissue of the cervix and is “non-invasive”. At this stage it can be treated successfully. However, if left untreated it has potential for developing into cancer. Cervical cancer is a slow growing disease, which is affected by the woman’s general medical condition and other factors.

WHAT IS THE TREATMENT FOR DYSPLASIA

Treatment for dysplasia will depend on the severity of the condition and your medical history. The majority of patients with mild to moderate dysplasia can be treated with cryosurgery or cryoconization in the office. In some circumstances a surgical procedure may be required in which a cone shaped portion of the cervix (conization or cone biopsy) is removed. This treats dysplasia as well as providing further diagnostic information. The office procedure or cryoconization is a method of freezing the cervix. Because the abnormal cells are found in the surface layers of the cervix, the freezing technique destroys the surface layer, which is cast off. The cervix then will produce a new surface layer of normal cells. The abnormal cells cannot tolerate the freezing, whereas the healthy cells can.

IS CRYOCONIZATION PAINFUL

General not. It can cause mild cramping which is also treatable by taking 3 or 4 Advil or Nuprin the night before and the next morning also take another 3 Advil or Nuprin tablets one hour before coming to the office. Occasionally, it is accompanied by a temporary feeling of light-headedness and flushing. (Tylenol and aspirin do not work. It must be an anti-inflammatory medication.)

HOW LONG DOES IT TAKE

About 10 to 15 minutes in the examining room.

DOES IT EVER HAVE TO BE REPEATED

Yes, a second treatment is necessary in 10 to 20 percent of cases, if the changes persist.

WHAT ARE THE AFTER EFFECTS OF CRYOCONIZATION

You will still have a very watery vaginal discharge for 2 to 6 weeks. This may be tinged with some blood. You may need to use many sanitary napkins during these first few weeks. However, cryosurgery will not affect your menstrual cycle or cause infertility. Complete healing of the cervix takes about 3 months. You must return for a repeat colposcopy examination at 3 months from the date of your cryoconization to verify complete healing and return to normal state.

ARE THERE ANY RESTRICTIONS OF ACTIVITIES

You can carry on your normal activities; however, you should avoid intercourse, douching, and the use of tampons for at least 2 weeks during the period of heavy watery discharge. The cervix is undergoing a healing process. Irritation to this area should be avoided because bleeding can occur. Your doctor may give you a prescription for Sultrin vaginal cream. At the completion of examination you should insert one applicator-full each evening and morning for about 5 days. Do not use this medication if you know that you are allergic to sulfa.

IN SUMMARY:

It is important to remember that almost all women with cervical cancer can be cured if the disease is diagnosed in its early stages. The Pap smear and regular pelvic examinations, and good follow-up are the best ways to watch for problems before they become serious.

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This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.

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