INFORMATION FOR PATIENTS HAVING COLPOSCOPY

What is a pap smear?

A pap smear is a routine screening test done by the doctor during a pelvic examination. The outer surface of the cervix (mouth of the womb or uterus) is scraped with a wooden spatula and the inner surface of the cervix is scraped with a small cotton applicator. The cells obtained are fixed on a glass slide. The slide is sent to a laboratory where it is processed and evaluated by highly trained technicians and physicians.

By improvement in technique, the pap smear has become a more sensitive tool in picking up early changes in the cervix, including various viral diseases such as the condyloma or wart virus. Consequently, we have many more patients with abnormal pap smears to evaluate than we had years ago.

Does a report of an abnormal pap smear mean that I have cancer?

Almost never! The pap smear can detect abnormal changes in the cells of the cervix long before cancer develops (many times up to 10 yr prior). Most patients have a final diagnosis of either a cervical dysplasia (mild, moderate, severe) or HPV infection.

Dysplastic cervical cells are abnormal cells of the surface layer of the cervix which have the potential to develop into an invasive cancer over years. It is very important to note that not all dysplasias will progress to a carcinoma, and in fact some dysplasia regress back to normal tissue. However, because there is no way to determine which dysplasia is precancerous and which is not, we recommend that all cervical dysplasias be treated. Gynecologists have searched for years for the etiologic agent(s) causing cervical dysplasias. We simply do not know why some women develop abnormal changes of the cervix. Smokers, women with multiple sexual partners, and women who are HIV positive are particularly at risk for developing dysplasia.

HPV virus is the human papilloma virus, also known as the condyloma or wart virus. HPV infection of the cervix is implicated in causing cervical dysplasias and carcinomas. In fact, a diagnosis of cervical dysplasia is often accompanied by a diagnosis of HPV infection. There is a dramatic increase in HPV virus infection of the cervix today. HPV is often sexually transmitted. It is extraordinarily difficult, if not impossible, to determine when a patient was exposed or who exposed her. HPV infected cervices are often treated to prevent the possible progression to dysplasia and cancer.

How is a final diagnosis obtained?

Specially trained gynecologists use an instrument called a colposcope (colpo=vagina, scope=look) to examine the cervix, vagina, and vulva. The colposcope is basically a microscope. It is attached to a floor stand and magnifies the pelvic tissues under a powerful beam of light. The cervix and vagina are cleaned first with a dilute solution of vinegar to remove the excess mucous. The colposcope is then used to help locate suspicious areas of the cervix/vagina not visible by the naked eye. The doctor will take a very small sample of tissue (biopsy) from any abnormal appearing area. The specimens are sent to the pathology laboratory for processing and evaluation. A pap smear is a cytologic specimen and can only alert the physician to the possibility of a problem. It is not diagnostic. Only a pathologic specimen (biopsy) can give a final diagnosis. Therefore, all abnormal pap smears must be evaluated with colposcopy/biopsy.

Does a colposcopic examination cause pain?

No. There is no pain associated with the colposcopic examination.

Does the taking of biopsies cause pain?

Mild discomfort is probably a better word. Such discomfort is generally minimal and lasts only a few minutes. You may take an antiprostaglandin such as Advil, Nuprin, Motrin, Anaprox, Naprosyn, or Aleve...
approximately one hour before the colposcopy. One of the biopsies requires going into the cervical canal and can cause mild cramping.

Are there any complications after a cervical biopsies?

Complications are very rare. At the end of the procedure, the physician will make sure that there is no bleeding from the cervix. A tampon might be placed in the vagina for pressure on the biopsied area. Remove this tampon the morning following the colposcopy. You may experience vaginal spotting after this time. Call the physician immediately if you bleed excessively—more than one sanitary napkin per hour.

Will I be restricted in my activities after cervical biopsy?

Avoid douching and intercourse for 7 days while your cervix is healing. You can resume your daily activities, including exercise.

How is cervical dysplasia treated?

The treatment program planned for you will depend on the pathologic diagnosis of the biopsies and other factors in your physical examination and history. Many dysplasias are today treated with laser ablation to the cervix. This procedure causes minor cramping. It is performed at the hospital simply because the cost of the instrument is too prohibitive to allow most private physicians to purchase one. The laser is attached to the colposcope and all work is performed through colposcopic magnification. The laser vaporizes tissue; the solid tissue is transformed immediately and directly into a gas. There is no burning of tissue (cautery) or freezing of tissue (cryosurgery). And unlike these older methods of treatment, a direct magnified visualization of the cervix through the colposcope during the procedure allows the surgeon to accurately determine the depth of tissue removal.

How long does laser ablation to the cervix take?

Before starting the laser procedure, the physician will once again perform a thorough colposcopic examination of the entire external genital tract. The entire procedure takes approximately 45 minutes.

Does treatment ever have to be repeated?

Yes. A second treatment is required in approximately 10% of cases. As discussed above, we do not know why some women get cervical dysplasias. The physician can treat the dysplasia effectively, but may not eradicate the causative factor which would put the patient at a high risk of recurrence.

What can I expect after the laser surgery?

You will have minimal to no pain after the surgery. In fact, most women state that the laser causes even less discomfort than the biopsies. Expect a watery discharge for 2 weeks as the cervix heals. You may experience vaginal spotting. You may resume your normal activities; however, avoid intercourse or douching for 2 weeks. Complete healing takes approximately 2 months. This laser surgery should not change your menstrual cycle. The surgery also has no effect on your ability to have children.

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