



WOMEN'S MEDICAL GROUP
OBSTETRICS – GYNECOLOGY – INFERTILITY

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Frequently Asked Questions about HPV [Human Papilloma Virus] and Cervical Dysplasia

What is a pap test?

The Pap test is a procedure in which a sample of cells is gently scraped from the cervix with a brush and a spatula. The area tested is the squamo-columnar junction which is the cervical canal and contains the transformation zone between the endocervical (glandular-mucus) cells and the outside flat squamous cells. It is in this transformation zone that abnormal growth or dysplasia develops. The sample is examined in a lab to detect possible abnormalities of the cells in the cervix. The results are classified according to the appearance of the cells.

What do the results mean?

The Pap smear will show normal cells, atypical cells, cervical intraepithelial neoplasia (CIN) or invasive cancer cells. The most common Pap tests are normal or atypical. Most doctors will test for HPV if a Pap test is atypical as this is a frequent cause of an atypical Pap smear.

What is HPV?

Genital HPV is the most common STI (Sexually Transmitted Infection) and is usually acquired from sexual contact. The lifetime likelihood of getting genital HPV is in the range of 75-90%. Because HPV is so common, a person does not need to have a lot of sexual partners to get the virus.

How and when did I get it?

HPV is usually spread through direct skin to skin contact during intercourse. Condoms may not prevent the spread of HPV. It is impossible to be certain when and from whom the HPV was passed. HPV changes may appear within several weeks after sex with a person who has HPV or they may take months or years to appear. It can be dormant for years and show up on a pap smear when you are under more stress (immuno-compromised). Smokers are more likely to develop manifestations of HPV, like genital warts or abnormal Pap smears.

What can I do to prevent HPV?

Other than safe sexual practices, there is now a vaccination available. Gardasil, the HPV vaccine, vaccinates for HPV subtypes 6, 11, 16, and 18. These HPV subtypes cause about 70% of cervical cancer and 90% of genital warts. Gardasil is a vaccine indicated for girls and women 9 to 26 years of age. The vaccine is a set of 3 injections given over 6 months. Though women already infected with an HPV virus will not benefit from that subtype of the vaccine they're already infected with, they could still benefit from the other vaccine virus subtypes. Please speak with your physician for further information about Gardasil.

Do I have warts on my cervix?

No, HPV of the cervix does not look the same as genital warts you might see on your skin. It is possible for a person to have more than one type of HPV, however.

Do I have cancer?

Although certain types of HPV can cause cervical cancer, most people with HPV will never develop cancer, especially if monitored and treated as needed. Most women diagnosed with cervical cancer have either never had a pap smear or have not had one in the last 5 years.

Will I always have HPV?

Most people who test positive for HPV will become HPV negative within 6-24 months from the first positive test. Once you are diagnosed with HPV, you should never go more than one year without being tested - even if you have had treatment.

Can I still have a baby?

Yes. HPV does not affect your ability to conceive or have a baby. Most clinicians do not believe that the risk of transmission is enough to justify delivery by cesarean section. Transmission of the high risk types of HPV is known to occur during the birth process but it is very rare.

If I have a Pap Smear that shows possible HPV, what happens next?

It is not possible to diagnose HPV or cervical dysplasia by looking at the cervix with the naked eye. A microscope-like instrument called a colposcope is used to magnify the cervix to view abnormalities in the cervix and surrounding tissue. Colposcopy and cervical biopsy give more complete information than other tests. A Pap test only screens for possible abnormalities of the cervix. A test for HPV may only indicate a woman's current or future level of risk for abnormal cervical cells. If either of these tests shows an abnormality or increased risk, a colposcopy and/or biopsy may be needed to make a definite diagnosis and to plan treatment or further tests. If an area of the cervix seems abnormal, a biopsy is taken and sent to a lab for diagnosis. If no abnormal areas are seen, you may not need a biopsy and will be followed with more frequent Pap smear tests.

How are colposcopy and cervical biopsy done?

A colposcope is a microscope that provides a magnified view of the cervix. The procedure is usually done between menstrual periods. A speculum is placed into the vagina and the cervix is washed with dilute vinegar that highlights any abnormal areas. Biopsies may be taken during a colposcopy from the surface of the cervix or the endocervical canal. The cells are sent to a laboratory to be examined under a microscope by a pathologist. The entire colposcopy with biopsies usually takes fewer than ten minutes.

What will the colposcopy and biopsy feel like?

The vinegar can cause a brief discomfort or burning in the vagina. The cervical biopsy may feel like a quick pinch. It may be slight or sharp. Most women will feel brief cramping during endocervical sampling which resolves quickly after the procedure. You may take ibuprofen 1-2 hours prior to your appointment to avoid the cramping sensation. There may be slight spotting or bleeding for a few days after a cervical biopsy. A dark, vaginal discharge may also appear for a few days after biopsies.

What are the risks and benefits of colposcopy?

It is unusual for women to have any serious problems from colposcopy and cervical biopsy. The following may occur: heavy bleeding that could require treatment in the office or emergency room, or infection that requires treatment. Again, these are rare complications. Call the office if you have heavy bleeding, severe pain in the lower abdomen, fever or chills. Persistent heavy, yellow-colored, or bad smelling vaginal discharge can also be a concern. In very rare cases the colposcopy or cervical biopsy will give a wrong result. No examination or test is one hundred percent accurate, so there is no guarantee that diagnosis is correct.

What are the alternatives to colposcopy?

There is no other procedure that will give you or your clinician the same information as a colposcopy and cervical biopsy. In a few cases, the procedure can be delayed while other testing, such as repeat Pap tests, is done. The results of those tests may indicate whether or not colposcopy and cervical biopsy will be needed later. Your clinician can discuss with you what the best plan is for you. If you have an abnormal Pap smear, you need diagnosis and treatment. Untreated dysplasia can progress into cervical cancer. By proper treatment and follow up, the risk of cancer can be significantly reduced.

After Colposcopy

Wait one week to allow the cervix to heal after a biopsy before having vaginal sex. If there is no biopsy, you can start having vaginal intercourse whenever you want. If you take the Pill or other medications, you should take them as usual. You may shower or bathe as normal. You may use a tampon, unless you are told otherwise at the time of the colposcopy.

Further Treatment

Sometimes colposcopy shows that no treatment is needed right away and that you only need further follow-up. Atypical Pap smears and Low grade dysplasia (CIN I) will frequently resolve within one year with no treatment. Should you have a High grade dysplasia, (CIN II or CIN III) you will most likely need treatment. This treatment can usually be provided at Los Olivos or a surgical center in the form of cryotherapy, an electrosurgical excision (LEEP) or a cone biopsy. If you have an abnormal Pap smear and it has satisfactorily returned to normal, you should never go more than one year between exams.

Terms:

- **Biopsy:** Removing a small piece of the cervix for the pathologist to examine for HPV or cancer.
- **Cervical intraepithelial neoplasia:** CIN or dysplasia is classified as I – mild; II – moderate; and III – severe. Dysplasia is a pre-cancerous condition that occurs when the normal cells on the surface of the cervix are replaced by abnormal cells.
- **Colposcopy:** The procedure in which the cervix is examined with a colposcope instrument (microscope) to visualize abnormal cervical cells.
- **Cone biopsy:** A surgical procedure performed to remove a larger portion of the cervix as a single specimen under a general anesthetic at the local surgical center (15 minute procedure)
- **Cryotherapy:** A probe infused with liquid Nitrogen that freezes the cervix. The cells damaged by freezing are shed over the next month in a heavy watery discharge. (10 minute procedure)
- **Endocervical curettage (ECC):** Scraping the lining of the cervix to determine if abnormal cells are present than can not be visualized on the colposcopy. The endocervical canal is the short passage that leads from the upper vagina, through the cervix, up to but not into the uterus.
- **LEEP (electrosurgical excision):** Removing a portion of the cervix which contains the abnormal cells with a heated wire. Local anesthesia is injected into the cervix. (15 minute procedure)
- **Squamous Intraepithelial lesion (SIL):** This is a term used by pathologists to describe HPV, and dysplasia. SIL is classified as low grade if a Pap smear is atypical, HPV or CIN I and high grade if the Pap smear is moderate or severe dysplasia.

Further information can be obtained at:

www.cancer.org (American Cancer Society)

www.asccp.org (American Society for Colposcopy and Cervical Pathology)

www.wcn.org (Women's Cancer Network)

www.nccc-online.org (National Cervical Cancer Coalition)

www.ashastd.org (National HPV & Cervical Cancer Public Education)

www.digene.com (Digene.com)