

## ABNORMAL PAP AND COLPOSCOPY

If you have been scheduled for **colposcopy**, it means your Pap showed some abnormal cells, and there is concern you may have **cervical dysplasia**. Below are some frequently asked questions to educate you regarding abnormal pap and colposcopy.

**What is dysplasia?** The word means “abnormal growth.” Cervical dysplasia is considered a precursor to cervical cancer, though it usually takes years for the latter to develop. In many cases the problem resolves spontaneously, and does not progress to cancer. However, it is important to do additional evaluation of any dysplasia report, to further characterize the problem, and determine if treatment is needed.

**What causes this?** Cervical dysplasia is caused by a virus called Human Papilloma Virus (HPV). This virus infects the cells of the cervix, so abnormal cells are detected on the Pap. In some cases, a Pap will report dysplasia even if there has been no exposure to HPV. This can occur with cervical inflammation, menopausal changes, or a false positive report. Colposcopy should clarify whether the cervix has true dysplasia or not.

**How is the virus acquired?** HPV is a sexually transmitted virus. It is acquired through sexual intercourse, or other genital-to-genital contact.

**What could I have done to prevent this?** The only way to prevent HPV infection is complete sexual abstinence. HPV is so prevalent in the population that even if you have had only one sexual partner, you could easily be infected. It doesn't label you as a promiscuous person, and no one here is judging you that way.

**How common is this?** Very. Studies show that 80% of women will have been exposed to HPV by the age of 50. Its effects frequently resolve after a few months; and, since Pap testing is only once per year or less frequent, it is sometimes not discovered that a woman carries the virus.

**Are there any symptoms?** Most people have no symptoms and do not know they carry HPV. The only outward sign anyone could have from HPV is genital warts, and that only occurs if you have been exposed to certain strains of the virus. Most women with HPV never have genital warts. HPV does not cause abnormal vaginal discharge, pain, or other symptoms.

**How long have I had this?** It is impossible to know how long you have carried the virus. You could have been exposed recently, or many years ago. The virus can cause abnormal cells for a few months, recede, then cause abnormal cells later.

**Will this ever go away?** The virus cannot be killed or removed from your body. Often it damages some cells on the cervix then regresses, never to cause trouble again. In those cases, the damaged cells heal spontaneously. But, sometimes cells of the cervix can become abnormal at a later time, since you still carry the virus.

**How can I protect my partner?** Your sexual partner has probably been exposed already, and re-exposure will not make matters worse. Males do not suffer any serious medical condition from HPV (other than genital warts, in some cases). However, warts or not, they can transmit the virus to sexual partners. Condom use decreases the transmission rate, but not 100% since condoms do not cover all genital

tissues. There is no effective treatment for males who carry HPV.

**How will this affect my future health?** HPV could cause you to have another abnormal Pap test in the future, but in most it never recurs. The important thing is to have regular screening, to catch abnormal cells early in the course of disease, and to treat (remove or ablate the affected cervix tissue) if the abnormality is moderate to severe. Mild dysplasia usually resolves within a couple of years without treatment.

**Will this affect a future pregnancy?** Simply having the diagnosis of dysplasia does not affect fertility or pregnancy. If surgical treatment is necessary, it can sometimes cause the cervix to weaken. This can cause preterm cervical thinning, which could lead to early delivery. The risk has been reported to be about 10%. The risk of HPV transmission to a baby is extremely low, almost never.

**What happens during the colposcopy visit?** A magnifying scope is used to view the cervix and see the exact location of the abnormal cells. A tiny pinch of tissue (a biopsy) will usually be taken. Most women experience a small cramp during the biopsy, sort of like when you have a Pap test; but it is not a painful procedure, so please do not be frightened! The sample will be sent to the pathology lab where microscopic examination will reveal the most accurate diagnosis. This will help us determine how to proceed – whether you will require treatment, or whether we can simply follow this and observe with repeat Pap tests.

**What can I expect after the colposcopy procedure?** You may have mild cramping and light spotting for a day or two. You may have a brownish discharge, a combination of blood and the medication applied to stop bleeding from the biopsy. You should avoid vigorous exercise (running, sports, weight lifting) for 2 days; and do not have intercourse, use tampons, or douche for 4-5 days.

**How is dysplasia treated?** Many cases of dysplasia will go away without treatment. A case of mild dysplasia usually resolves within two years, and is followed with frequent Pap tests (every 6 months) to check on the status. If dysplasia is reported as moderate or severe, treatment will usually be recommended. In most cases treatment is a minor surgical procedure to remove the affected cervix tissue.

**What can I do to help my body fight this?** Poor nutrition and smoking are known to increase the risk of dysplasia. A healthy immune system can help fight it. That's where good nutrition can make a difference. Consuming lots of vegetables and fruits, and drinking lots of green tea can increase your body's disease-fighting anti-oxidants. Studies have shown that supplemental folate (folic acid), one of the B-vitamins, can help your body fight cervical dysplasia. The recommended dose is 1000-1500 mcg (or 1-1.5 mg) per day. There is a vaccine that can help prevent HPV infection, but it is of no use for treating dysplasia that has already been diagnosed.