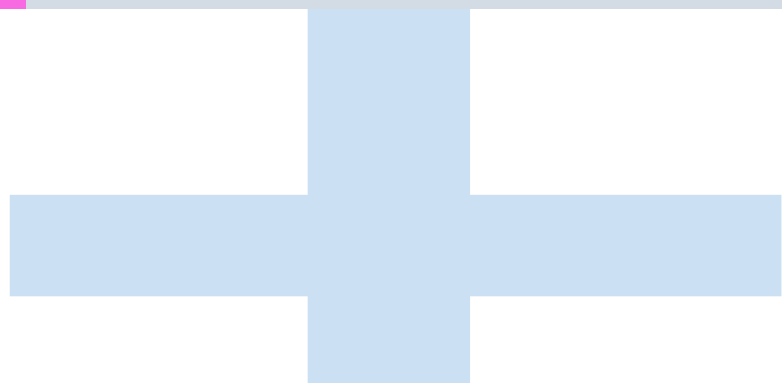


THE
WELL
WOMAN
CENTRE

Cervical Smear Tests



CERVICAL SMEAR TESTS

What is a cervical smear test?

Who should be screened?

What is the normal screening interval?

Is there a particular time of the menstrual cycle to have a smear test?

RESULTS

When will I get a result?

Is there another option?

How do I get the result?

What is the most likely result?

What happens if cell changes are detected?

Other results

Is there anything I can do if I have minor cell changes?

HOSPITAL REFERRAL

What is the procedure in hospital?

What happens if a biopsy is taken?

What happens next?

TREATMENT

FOLLOW UP

CERVICAL SMEAR TESTS

What is a cervical smear test?

A sample of cells is taken from the cervix, the neck of the womb, and checked in a laboratory to look for any not normal cells. Minor cell changes are fairly common and usually clear up without any treatment. In women where the cell changes do not resolve or where there are more significant cell changes, a referral to a gynaecology unit is made.

Who should be screened?

All women who are, or have been, sexually active should have smear tests done. The National Cervical Screening Programme has been established to screen women between the ages of 25 and 60 years of age. Women over 60 who have not been screened are also eligible. You can make sure that you are registered for the programme by telephoning Cervical Check on freephone 1800 454 555 or go online at

www.cervicalcheck.ie

What is the normal screening interval?

The screening interval is every 3 years between age 25 and 44 and then 5 yearly between age 45 and 60.

If you have bleeding in between periods or have bleeding after intercourse see your GP or clinic even if you are not due for another smear test.

Is there a particular time of the menstrual cycle to have a smear test?

Yes. Somewhere in the middle of your cycle is best. Provided your period is over by at least three or four days

RESULTS

When will I get a result?

The Screening Programme will send you a letter in four weeks. If you need to have further investigation in hospital, we will contact you and arrange a hospital appointment.

Is there another option?

Well Woman also work with an accredited Irish laboratory. Test samples are couriered to the laboratory and results are back within ten working days.

How do I get the result?

All patients get a letter with an interpretation of the laboratory report. This will state clearly if the test is normal or not and when you should have a repeat test done. If you need to have further investigation in hospital, the letter will enclose details of the arrangement made for an appointment.

What is the most likely result?

The majority of test results are normal. Younger women are more likely to have cell changes than older women.

What happens if cell changes are detected?

It depends what grade of change is found. Borderline changes are very minor and you would be asked to have a repeat test six months after the first test. Even if this also showed borderline changes, you would have another test again in six months. Only if you had three borderline tests would you be referred to hospital. This is because very minor changes tend to eventually clear themselves without treatment.

The next grade of change is cervical intraepithelial neoplasia grade one (CIN 1). This is less likely to resolve itself than borderline changes so if you had two CIN 1 reports six months apart, then you would be referred to hospital.

CIN 2 and CIN 3 grades of change are referred to hospital without waiting for a second smear test.

Other results

Occasionally the laboratory report states that the sample was insufficient or inadequate, meaning that not enough cells were visible for the sample to be analysed. This rate rises with age. In a recent review of smear test results in our clinics, the rate was less than 2% in women in their 20's rising to nearly 4% of women 60 and over.

Due to the use of a technique called liquid based technology, we rarely get reports where blood or inflammatory cells obscure the result.

Is there anything I can do if I have minor cell changes?

Women who smoke have a greater incidence of cell changes than those who don't smoke. If you stop smoking, you are more likely to have a clear test next time than if you continue to smoke.

HOSPITAL REFERRAL

What is the procedure in hospital?

If you are referred to hospital, you will be seen in a colposcopy unit. A colposcope is a special kind of microscope. The procedure is like having a smear test done but the doctor looks through the colposcope which magnifies your cervix. Areas of possible abnormality can be identified and samples taken (biopsies) if necessary. The colposcope does not go inside you but is focussed on your cervix from outside your body.

Colposcopy units are attached to gynaecology departments.

What happens if a biopsy is taken?

A biopsy is a small sample of tissue that can be taken during colposcopy without causing any pain. It is then looked at under a microscope to check for cell changes. This is a more accurate test than a smear test.

What happens next?

The gynaecologist performing the colposcopy will let you know when your next appointment is due. Sometimes this will depend on the result of a biopsy in which case, you would get a letter when the gynaecologist had reviewed the biopsy result from the hospital laboratory.

TREATMENT

Often minor changes are simply monitored and you may be asked to come back to the colposcopy unit every six months or yearly for one to two years.

If treatment is needed, there are a number of ways of removing abnormal cells.

All of these procedures can be done under local anaesthetic. You do not need to stay in hospital overnight.

- ❖ **LLETZ (Large Loop Excision of the Transformation Zone):** A hot wire loop is used to cut cells out from the abnormal area. The edges of any blood vessels cut during the procedure are instantly sealed (cauterised) because the wire is hot.

The transformation zone is the area of the cervix where cell changes are most likely to develop.

- ❖ **Laser treatment:** A laser beam is used to cut out the abnormal tissue. Again, the heat produced by the laser cauterises any cut blood vessels.
- ❖ **Cryosurgery:** The abnormal cells are frozen off.

If more extensive treatment is needed, a Cone Biopsy may be performed. In this procedure a cone shaped area of tissue is removed. The gynaecologist may suggest that this be done under general anaesthetic.

FOLLOW UP

This depends on the extent of the abnormalities found but if you have any of the treatments listed above, it is common for you to be reviewed at three to six monthly intervals for perhaps eighteen months and then yearly for a number of years.

Your gynaecologist would advise.

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