

Cervical Screening



Understanding cervical smear test results

Taku hauora, taku tinana,
taku tūmanako

My health, my body, my future



Colposcopy

Colposcopy is an examination of the cervix, using a magnifying lens called a colposcope.

This examination takes about 15 minutes. A colposcope looks like a pair of binoculars on a stand. It magnifies your cervix and vagina so that any abnormal areas can be seen. The examination may include taking a small piece of tissue (a process called a biopsy). The biopsy takes only a couple of seconds but it may be a bit uncomfortable.

The colposcopist will discuss the result of your colposcopy with you at the end of the examination and will tell you when your biopsy results will be available.

Treatment

The colposcopist may recommend treatment to remove the abnormal cells. The type of treatment will depend on the sort of abnormality and where it is on your cervix. Some abnormalities can be treated under a local anaesthetic, either in the colposcopy clinic or in day surgery. Your colposcopist will discuss the options with you. Your smear taker will also be able to explain the various types of treatment. Early treatment of abnormal cells is almost 100 percent successful in preventing cancer.







The National Cervical Screening Programme

The National Cervical Screening Programme encourages women to have regular cervical smear tests. The Programme also reminds women if they are overdue for a smear.

Your cervical smear test and colposcopy results are recorded on the National Cervical Screening Programme Register (NCSP Register). Information in the NCSP Register is protected by law and is confidential. The information can be used by the Programme for monitoring and evaluation under strict rules of confidentiality.

An Important Message

See your doctor if you have:

-  bleeding or spotting between menstrual periods
-  bleeding or spotting after sexual intercourse
-  bleeding or spotting after your menstrual periods have stopped (after menopause)
-  persistent pain in your pelvis
-  pain during sexual intercourse
-  unusual discharge from the vagina. The discharge might be smelly, have changed colour from white to pink, brown, or green, or be streaked with blood.

These symptoms can happen for several reasons and rarely mean that you have cervical cancer. However, they should be checked by your doctor.

Cervical smear test results

A cervical smear test shows if there are abnormal changes in the cells on the surface of the cervix. Most results are normal and reported as satisfactory, but some show abnormal changes. Often these changes will return to normal on their own. In a small number of cases, abnormal cells can develop into cervical cancer if they are not treated.

The human papillomavirus

Cervical cancer is caused by the human papillomavirus (HPV), a common, sexually transmitted infection. There is no medication for HPV infections, but most infections will clear on their own. A few 'high-risk' types of HPV may lead to abnormal (precancerous) cells. Abnormal cell changes caused by HPV can be detected by screening and removed during follow-up treatment.

The types of HPV that cause genital warts are not the same types that cause cervical cancer.

Your smear taker will discuss with you having an HPV test. If abnormal cell changes persist or you have a history of previous abnormal smear results, you will be referred for colposcopy.



How often should I have cervical smear tests?

If you are aged between 20 to 69, you should have a cervical smear test every three years, providing your test results continue to be normal.

If this is your first cervical smear test, or if you have not had one for five years, you will need to have another cervical smear in one year. If that test is normal, you should have a test every three years after that.

If you have had abnormal smear test results, you will need to have a smear test more often than every three years. Your smear taker or specialist will advise you when to have your next smear.

How accurate are cervical smear tests?

Screening tests are not perfect. There is always a small chance that some abnormal cells may not be found by the test. These abnormal changes to the cervical cells progress very slowly. It is very likely that any abnormal cells that are missed will be picked up at the next test.

There is also a small chance that a result will say that abnormal cells have been found when the cervix is quite normal. A further cervical smear test or colposcopy will show that the cells are normal.

Ma te mōhio ka ora
Knowledge improves health
and well-being

What the different results mean

Normal Results

No atypical or abnormal changes were detected.

Unsatisfactory results

Unsatisfactory results mean that the test could not be read at the laboratory because not enough cells were on the slide, or blood or mucus hid most of the cells. In this case, you will need to have another smear within three months.

Inflammation or infection

Occasionally your smear may show that inflammation or infection is present. Discuss this result with your smear taker or doctor. Often no treatment is required.

Atypical changes

These changes are borderline between normal and abnormal. They are called atypical squamous cells of undetermined significance (ASC-US).

Mild (low-grade) changes

These mildly abnormal cells are called low-grade squamous intraepithelial lesions (LSIL). This means changes in the surface cells of the cervix. LSIL is the lowest grade of change.

If you have atypical or mild (low-grade) changes, your smear taker may advise you to have another smear in 6–12 months. Quite often, the next smear will be normal. You may be referred to see a specialist (colposcopist).

If you are over 30 years old, your smear taker may recommend you have an HPV test. Smear takers can follow the Guidelines for Cervical Screening in New Zealand when deciding how to respond to your results.

Moderate to severe (high-grade) changes

These more serious abnormal cell changes are called high-grade squamous intraepithelial lesions (HSIL). In some women, they may develop into cancer if they are not treated. You will be referred for colposcopy. It is important that you attend your colposcopy appointment. Your smear taker will discuss with you having an HPV test, if you have had a high grade result.

If you change your address, please advise your smear taker and the National Cervical Screening Programme, freephone **0800 729 729** or email info@ncsregister.health.nz







Further information

Read the free booklet **Cervical Screening: A Guide for Women in New Zealand**, code HE1328, obtainable from your doctor or smear taker.

Visit our website: www.cervicalscreening.govt.nz

View this pamphlet and other health education resources at www.healthed.govt.nz

Contact:

-  the National Cervical Screening Programme, freephone **0800 729 729**
-  your doctor or practice nurse
-  Pacific health centre, marae-based or other Māori health centres
-  your local women's community health centre
-  your local Family Planning Association (FPA)
-  your local Cancer Society.

For more information contact the National Screening Unit, the Ministry of Health, phone Auckland (09) 580 9000, or Wellington (04) 496 2000.