



## PATIENT INFORMATION LEAFLET

### CERVICAL PAP SMEAR

#### WHAT IS CERVICAL SCREENING?

- Cervical screening is a test to check for pre-cancer changes in lower part of the womb (cervix). Pre-cancerous cells, if left untreated, can become cervical cancer.
- The doctor inserts an instrument called speculum, into the vagina and takes a small sample of cells by touching the cervix with a spatula/ brush for analysis. The cell sample is sent to a laboratory for examination under a microscope.
- It is only mildly uncomfortable and generally not painful. The test will be completed in few minutes. It takes few days for the results.
- **This test is commonly known by different names – smear test, Pap smear, Pap test, LBC (Liquid based cytology), cervical cytology or cervical smear.**

#### HOW COMMON IS CERVICAL CANCER?

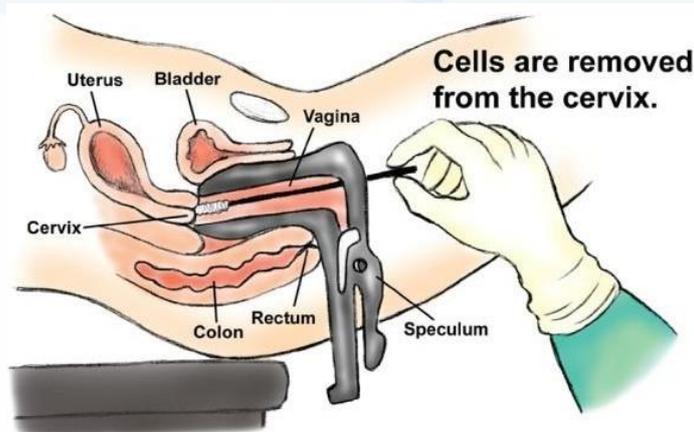
Cervical cancer is the most common female cancer after breast cancer and affects young women. In countries where routine cervical screening is performed for all women, a reduction in cervical cancer has been observed.

#### WHO SHOULD BE SCREENED?

- For all women between 20 and 64 years, the Pap smear should be done periodically every three to five years.

#### HOW TO PREPARE FOR A PAP SMEAR?

- Do not douche or use vaginal creams during the 2 days before the test.
- A pap smear is not done during periods because it can cause inaccurate test results.



## PAP SMEAR RESULT

- Cervical smear test will be reported as negative, borderline, inadequate, dyskaryosis or malignant cells seen. A Pap test is not always 100% accurate.
- If Pap smear normal, your Doctor will recommend how often you should be tested based on your risk factors for cervical cancer. Routine Pap smear is recommended even if you have been vaccinated for HPV.
- **Cervix pre-cancer** is suspected when the smear test shows changes called as dyskaryosis. **Dyskaryosis** can be mild, moderate or severe. All grades of pre-cancer abnormality reported on smear test require follow-up with colposcopy and/or treatment.

## ABNORMAL SMEAR TEST FOLLOW-UP

- **Colposcopy** can detect pre-cancer changes that cannot be seen easily by just looking at the cervix. The examination is done with a speculum using an instrument called colposcope (a microscope to do a detailed examination of the cervix). This checks the extent and severity of any problem. Special solutions are applied on the cervix and biopsy (a sample of tissue) taken, if needed, during the colposcopy.
- When pre-cancer abnormality is seen in biopsy sample it is called as **Cervical intraepithelial neoplasia (CIN)**. CIN is graded as 1 - 3 based on the extent of cell changes in the tissue.

## TREATMENT FOR CERVICAL PRE- CANCER

- Early pre-cancer abnormalities (early grade CIN – CIN 1) may disappear on their own without treatment but needs follow-up. Higher grades of pre-cancer require follow-up and local treatment. The follow-up schedule will be decided based on the grade of changes. Hysterectomy is not always necessary for pre-cancerous conditions.
- If cervical cancer is detected, follow-up with cancer specialist (oncologist) for surgery and or other types of treatment (radiotherapy and chemotherapy) will be needed.