
PAP SMEARS

WHAT IS A PAP SMEAR?

The Pap smear is a simple test to detect the presence of abnormal cells on the cervix. By looking through a microscope at a scraping of cells from the cervix, (the base of the uterus that extends into the vagina), trained lab technicians can see any changes that would indicate an abnormal, precancerous or a cancerous condition.

HOW OFTEN TO HAVE A PAP SMEAR:

A woman should start having Pap smears in her late teens or when she becomes heterosexually active. The Pap smear is a simple, inexpensive test for detecting early signs of cervical cancer, and every woman should have one once a year.

It is suggested that you have a Pap test every 6 months if you:

- . have taken, or are taking, hormones for symptoms of menopause.
- . have taken, or are taking, birth control pills.
- . have previously had an abnormal Pap smear.
- . use an IUD.

PREPARATION FOR A PAP SMEAR:

- . Do not have a Pap smear done during your period. Blood cells can cover the cervical cells and make them difficult to see under the microscope.
- . Do not douche or take a tub bath up to 24 hours before the test (showers are okay). If you do, there is a chance that the surface cells will be washed away.
- . Do not use vaginal medication, lubricant (such as K-Y jelly) or contraceptive jelly or foam for 24 hours prior to a Pap test.
- . If you have a vaginal infection, treat it before having a Pap smear done (have a culture taken of your vaginal secretions to make sure you have no infection). An infection can cause a change in the cells that might give you an abnormal Pap result.
- . If you have herpes or venereal warts, do not have a Pap test done when they are active (when you have sores). Herpes virus and the virus that causes venereal warts can, similarly, change the cervical cells so that your Pap result could be abnormal.

The best time to have a Pap smear taken is at ovulation (around mid-cycle) because the cells are flatter and easier to read at that time. This is important for women who are having repeat Pap smears or who are watching changes in their results, but is not crucial for routine Paps.

HOW A PAP IS DONE:

A speculum is inserted into the vagina so that the cervix can be seen at the back of the vagina. (By using a mirror and a flashlight you can see the inside of your vagina and your cervix, yourself.) The round or slit-like opening in the cervix is the os or opening into the uterus.

Cells are gently scraped from around the os with a small wooden spatula and spread on a glass slide. There is frequently mild discomfort with this procedure, but it is seldom painful. Pain, if it occurred, could be due to inflammation from an infection or a recent injury.

In BC, all Pap smears go to the Central Cytology Lab. of the Cancer Control Agency of BC where they are examined microscopically by technicians. The results are computerized and kept on record there.

WHAT PAP RESULTS MEAN:

The lab returns the results to the clinic or the doctor that submitted them with the following information:

- . a class number between I and IV.
- . a written cytological interpretation (classification of the cells) labelled mild, moderate or marked (severe).
- . a possible diagnosis.
- . a possible recommendation for further investigation (e.g. colposcopy or repeat smear in 3 months).

In understanding the results, the written interpretation of the cells is more important and accurate than the class number. It is important when finding out your Pap results to get the full written information as well as the class number. This is what the results mean:

Class I—no abnormal cells seen.

Class II—abnormal cells are present. This condition is commonly called dysplasia and means abnormal cell development. It may be caused by inflammation, infection, irritation or hormonal changes. The abnormal cells may or may not be the kind that are considered precancerous.

There is a lot of controversy about the relationship between dysplasia and cervical cancer. Although sometimes the cell abnormalities seen in cervical dysplasia become progressively more abnormal and the woman develops cervical cancer, not all women with dysplasia develop cervical cancer. In fact, many women have found that their cervical cells have returned to normal (according to repeated Pap smears) either on their own or with the help of changes in their diets,

stress levels, method of contraception, and/or some alternative healing methods.

The dysplasia can be labelled mild, moderate or marked. The cells may be called dyskaryotic. This refers to a condition in which some of the younger cells that are normally deeper in the surface layers of the cervix are seen in the outside layer. This indicates that the cells are growing at an abnormal rate (the usual growth pattern of cells is to develop in the inner layers of tissue and then move outwards; thus, normally the cells on the surface look older).

Class III—category given to a smear that contains cells suspected of being precancerous. It is usually referred to as Carcinoma in Situ—cells suspected of being precancerous that are developing in fairly isolated areas(s) on the cervix (the abnormal cells are not spreading to deeper layers of tissue).

Either a repeat smear (to check that there has not been a mix-up of smears or a misreading) or a colposcopy will be recommended. (Colposcopy is a procedure in which the cervix is looked at through a special microscope called a colposcope.) A sample of tissue (about the size of a match head) is usually taken from suspicious looking areas on the cervix to be biopsied (looked at more closely). Colposcopies are done by a few gynecologists who have the training required to do them and have access to the equipment. Arrangements for colposcopies can be made through a doctor's office.

Class IV—contains cells that are thought to be cancerous. Again, usually a colposcopy is recommended to check the cells more thoroughly.

If your doctor does not notify you, call and ask for the results. Some doctors' offices will not call you if you have a Class I or even a mild Class II, or the call may be missed in the office rush.

WHAT TO DO IF YOU HAVE AN ABNORMAL PAP RESULT:

- . Check to see if a vaginal culture was taken at the same time as the Pap smear. If it was and you have an infection, treat the infection and then repeat the Pap smear after the infection is cleared up (wait 3 months after the infection has gone away to have a repeat Pap. Cervical cells may take 1-3 months to regenerate and if you repeat a Pap sooner, the same cells that were changed by the infection will be taken again in the Pap).
- . Inform yourself fully about the meaning of the report and the options for treatment.

We did not cover in this paper various treatments available for abnormal Paps. Neither did we approach the issue of cervical cancer or the "politics" of cancer, in general.

If you are interested in further reading, see:

- . A Feminist Approach to Pap Tests by Robin Barnett and Rebecca Fox. Kinesis (Vancouver), February 1983.

- . How To Stay Out of The Gynecologist's Office by the Federation of Feminist Women's Health Centres, Peace Press Inc., 3828 Willat Ave., Culver City, Ca. 90230, 1981.
- . A New View Of A Woman's Body by the Federation of Feminist Women's Health Centres, Simon and Shuster, New York, 1981.
- . Our Bodies, Ourselves by the Boston Women's Health Book Collective, Simon and Shuster, New York, 1976. (New edition available soon.)
- . Other written information available in the files at the Vancouver Women's Health Collective resource centre, 888 Burrard St., Vancouver, B.C.

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