Cervical Dysplasia

Cervical dysplasia is a condition in which a woman has abnormal changes in the cells of her cervix. The cervix is the opening to the uterus (*womb*) between the vagina and the uterus. These changes are called cervical dysplasia and may be the first signs of cervical cancer. These cells can be taken from the cervix during a Pap smear and then looked at under a microscope.

With early detection, treatment, and close follow-up care, nearly all cervical dysplasia can be cured. If untreated, the mild to moderate stages of dysplasia often grow more severe.

CAUSES

Risk factors for cervical dysplasia.

- Having had a sexually transmitted disease, including:
  - Chlamydia.
  - Human papilloma virus (HPV).

The following increase the risk for cervical dysplasia.

- Becoming sexually active before age 18.
- Having had more than 1 sexual partner.
- Not using protection, such as condoms, during sexual intercourse, especially with new sexual partners.
- Having had cancer of the vagina or vulva.
- Having a sexual partner whose previous partner had cancer of the cervix or cervical dysplasia.
- Having a sexual partner who has or has had cancer of the penis.
- Having a weakened immune system (HIV, organ transplant).
- Being the daughter of a woman who took DES (diethylstilbestrol) during pregnancy.
- A history of cervical cancer in a woman's sister or mother.
- Smoking.
- Having had an abnormal pap test in the past.

SYMPTOMS

There are usually no symptoms. If there are symptoms, they may be vague such as:

- Abnormal vaginal discharge.
- Bleeding between periods or following intercourse.
- Bleeding during menopause.
- Pain on intercourse (*dyspareunia*).

DIAGNOSIS

- The Pap test is the best way of detecting abnormalities of the cervix.
- Biopsy (removing a piece of tissue to look at under the microscope) of the cervix when the Pap test is abnormal or when the Pap test is normal, but the cervix looks abnormal.

TREATMENT

Catching and treating the changes early with pap smears can prevent cervical cancer.

- Cryotherapy freezes the abnormal cells with a steel tip instrument.
- A laser can be used to remove the abnormal cells.
- Loop electrocautery excision procedure (LEEP). This procedure uses a heated electrical loop to remove a cone-like portion of the cervix, including the cervical canal.
- For more serious cases of cervical dysplasia, the abnormal tissue may be removed surgically by:
  - A cone biopsy (by cold knife, laser or LEEP). A procedure in which a portion of the center of the cervix with the cervical canal is removed.

- The uterus and cervix are removed (*hysterectomy*).

Your caregiver will advise you regarding the need and timing of pap smears in your follow-up. Women who have been treated for dysplasia should be closely followed with pelvic exams and pap smears. During the first year following treatment of cervical dysplasia, pap smears should be done every 3 to 4 months. In the second year, the schedule is every 6 months, or as recommended by your caregiver. **See your caregiver for new or worsening problems**.

HOME CARE INSTRUCTIONS

- Follow the instructions and recommendations of your caregiver regarding medications and follow-up appointments.
- Only take over-the-counter or prescription medications for pain or discomfort as directed by your caregiver.
- Cramping and pelvic discomfort may follow cryotherapy. It is not abnormal to have watery discharge for several weeks after.
- Laser, cone surgery, cryotherapy or LEEP can cause a bad smelling vaginal discharge. It may also cause vaginal bleeding for a couple weeks following the procedure. The discharge may be black from the paste used to control bleeding from the cone site. This is normal.
- **Do not** use tampons, have sexual intercourse or douche until your caregiver says it is okay.

SEEK MEDICAL CARE IF:

- You develop genital warts.
- You need a prescription for pain medication following your treatment.

SEEK IMMEDIATE MEDICAL CARE IF:

- Bleeding is heavier than a normal menstrual period.
- If you develop bright red bleeding, especially if you have blood clots.
- You develop and unexplained oral temperature above 100° F (37.8° C) or more.
- You have increasing cramps or pain not relieved with medication.
- You are lightheaded, unusually weak or have fainting spells.
- You have abnormal vaginal discharge.
- You develop abdominal pain.

PREVENTION

- The surest way to prevent cervical dysplasia is to abstain from sexual intercourse.
- Practice safe sex, use condoms and have only one sex partner who does not have other sex partners.
- A PAP smear is done to screen for cervical cancer.
  - The first PAP smear should be done at age 21.
  - **Between ages 21 and 29**, **PAP smears are repeated every 2 years**.
  - Beginning at age 30, you are advised to have a PAP smear **every 3 years as long as your past 3 PAP smears have been normal.**
  - Some women have medical problems that increase the chance of getting cervical cancer. Talk to your caregiver about these problems. It is especially important to talk to your caregiver if a new problem develops soon after your last PAP smear. **In these cases, your caregiver may recommend more frequent screening and Pap smears.**
  - The above recommendations are the same for women who **have** or **have not** gotten the vaccine for HPV (Human Papilloma virus).
  - If you had a hysterectomy for a problem that was **not** a cancer or a condition that could lead to cancer, then you no longer need Pap smears.
  - If you are between ages 65 and 70, and you have had normal Pap smears going back 10 years, you no longer need Pap smears.
  - If you have had past treatment for cervical cancer or a condition that could lead to cancer, you need Pap smears and screening for cancer for at least 20 years after your treatment.

- Your caregiver may do additional tests including:
  - Colposcopy. A procedure in which a special microscope magnifies the cells and allows the provider to closely examine the cervix, vagina, and vulva.
  - Biopsy. A small tissue sample is taken from the cervix, vagina or vulva. This is generally done in your caregivers office.
  - A cone biopsy (cold knife or laser). A large tissue sample is taken from the cervix. This procedure is usually done in an operating room under a general anesthetic. The cone often removes all abnormal tissue and so may also complete the treatment.
  - LEEP, also removing a circular portion of the cervix and is done in a doctors office under a local anesthetic.

Now there is a vaccine, Gardasil, that was developed to prevent the HPV'S that can cause cancer of the cervix and genital warts. It is recommended for females ages 9 to 26. It should **not** be given to pregnant women until more is known about its effects on the fetus. Not all cancers of the cervix are caused by the HPV. Routine gynecology exams and Pap tests should continue as recommended by your caregiver.

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