

My Dear Patient,

I presume since you are reading this letter, that you have been called about an abnormal Pap smear result. First let me start with some words of advice: DON'T PANIC. Most people at this stage are beginning to feel like this is some kind of catastrophe. It's not. This is a problem, and we can take care of it. If you keep coming for all your appointments, your treatment, and your follow up – We (You and I) can resolve this problem!

There is plenty of detailed information in the pamphlets that follow in this section on “The Abnormal Pap Smear”. But let me back up and explain in some very basic terms what we need to do.

Every Year when we are doing a woman's Pap smear, we are looking for cervical cancer. But sometimes we see changes on the Pap smear that are not cancer, but we consider them to be Pre-cancer. We call these pre-cancer changes “Dysplasia”. And dysplasia is just a big fancy doctor word that means abnormal cells. And dysplasia comes in three forms: Mild, Moderate and Severe. And we think it progresses like that. It starts out as mild, the mild turns into moderated, the moderate turns into severe, and (if you ignore it long enough) the severe dysplasia can turn into cervical cancer. But that process of going from mild to moderate to severe and finally to cancer, we think takes 3 to 10 years to happen. So this is not something that is going to happen overnight.

But at the same time, we are always looking for that dysplasia. Because we know that if we can catch it, and treat it, and get rid of it, we can actually prevent cancer. So we are always on the look out for dysplasia, so that we can prevent it from progressing.

Now remember that the Pap smear is a screening test. All we do on the pap smear is scrape the surface of the cervix with a brush, and we send it for studies under the microscope to see if there are any changes that suggest the need for further testing. If we see changes that suggest the possibility of dysplasia, then we go on to the next step and find out if there is any dysplasia. That next step is called “Colposcopy”. (Again doctors have to have big fancy doctor words for everything).

But colposcopy is nothing more than binoculars. It is a low power magnifier that allows me to look at your cervix and look for any signs of dysplasia. If I see any areas on your cervix that even look remotely suspicious for dysplasia, then I will biopsy those areas.

There are two types of biopsies, by the way. One type is where we clip a few of the cells from the cervix – that feels like a bee sting, and then about 10 seconds later the sting starts to go away. The other biopsy is a scratching biopsy from the inside of the cervical canal. That biopsy feels like really bad menstrual cramps, and again, about 10 seconds later you start feeling better. We don't usually use any kind of anesthesia for these biopsies, so you might want to take some Advil or Aleve before your appointment, so you can cut down on some of the discomfort.

And then we send those biopsies for studies under the high powered microscope, and they send me a report back and tell me: Is there dysplasia there or not? And if there is, is it mild, moderate, or severe?

And if you do have dysplasia, then we can treat it, and get rid of it. There are several ways to treat dysplasia but two common ways to treat dysplasia in the office are “Cryotherapy” and “The LEEP Procedure”. More detailed pamphlets about these procedures follow. But the important point is that dysplasia is very treatable.

Now let’s assume the worst. Let’s say you really do have dysplasia. Remember, this is not going to hurt you – AS LONG AS YOU DON’T IGNORE IT. The only dangerous thing a woman can possibly do is to ignore it. If (for whatever reason) she decides not to return for follow up and therapy and she disappears, and does not return for 5 years, well guess what? Five years is enough time for dysplasia to change from “pre-cancer” into real cervical cancer. And then it has gone from something easily treatable into something that may not be curable. So the only dangerous thing you could possibly do is ignore it. If you keep coming for follow up, this is not going to hurt you.

Once the dysplasia has been treated, then it will be our job (Yours and mine) to make sure it NEVER COMES BACK. And depending on the degree of the initial dysplasia, that usually means doing evaluations EVERY FOUR MONTHS, until the pap smears have returned to normal, and stay normal for 2 years in a row. Only then when the pap smears have been normal every four months for two years in a row, will we be assured that the dysplasia is not coming back, and we will return to pap smears once a year. But until then, we will be seeing you every four months.

There are some excellent pamphlets in the section that follows this letter. They talk about pap smears, abnormal pap smears, colposcopy, and treatment. You can also find some excellent discussions on some of the web links at the bottom of the website. For example the website for The American College of Obstetrics and Gynecology has many of the same pamphlets contained on my website. As always, none of these things are meant to replace discussion with your doctor. So come to your appointments. Let’s talk about it, diagnose, treat, and follow up. If you keep coming, we (you and I) can resolve this problem.

Gil R. Villanueva, M.D.