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By [Dr David Moore](#), 27 August 2013

Dr Moore is an accredited colposcopist, certified by the Australian Colposcopy Quality Improvement Practice Society for Colposcopy and Cervical Pathology.

What is a Pap smear and when should I have one?



The Papanicolaou ("Pap") smear (or Pap test) is a screening test that aims to prevent cases of cervical cancer by detecting early "pre-cancerous" changes of the cervix to allow effective, curative treatment. Australia has the lowest incidence of cervical cancer in the world, due largely to the organised [National Cervical Screening Program](#). Pap smears are usually performed by Gynaecologists, or specially trained nurses.

In Australia, **all women who have ever been sexually active** are advised to have a Pap smear **every two years**, or more frequently if you have unusual symptoms (such as unexpected bleeding, vaginal discharge, or pain). Women who have any of these symptoms should have a Pap smear even if a recent Pap smear was normal.

My Pap smear is abnormal, but what does that mean?

Importantly, **the vast majority of abnormal Pap smears are not due to cancer**, but rather to inflammation, infection, or cervical intraepithelial neoplasia (CIN). Many of these require observation only, and your General Practitioner may recommend treatment. Others, such as high-grade CIN, require referral to a Gynaecologist. A Pap smear is a screening test, meaning that it has a limited sensitivity. A thorough evaluation to make a diagnosis and determine treatment. This evaluation is accomplished by colposcopic examination. Colposcopy involves using an illuminating microscope to examine the cervix more closely, allowing a small tissue sample (biopsy) to be taken. A trained Pathologist to make a more certain diagnosis of the cause of the abnormal Pap smear.

What causes cervical cancer?

Almost all abnormal Pap smear results, and cervical cancers, are caused by the human papillomavirus (HPV).

There are over 160 types of HPV, and infection with HPV is **very common**; Professor Ian Frazer, developer of the HPV vaccine, has described it as "the common cold of sexual intercourse" - anyone who has ever had sex can contract HPV, and 80% of people will have it at some point in their lives. Infection with HPV itself requires no specific treatment; in most cases, your immune system clears the virus in 8-14 months (importantly, persistent infection is more common in cigarette smokers). Rarely, the virus persists and can lead to CIN and cervical cancer, although progression to cancer is more common in most cases). The good news, however, is that **the great majority of women with HPV will not develop cervical cancer**.

Do I need treatment, and what treatments are available?

Depending on the type of Pap smear and biopsy abnormality, you may require close observation only, or surgical treatment, ablation of the lesion, or excision by either a "loop excision" or cone biopsy. These are minor procedures, usually anaesthesia. Much less frequently, a hysterectomy (removal of the womb) may be indicated. Decisions regarding treatment are based on your age, plans for pregnancy, and your particular medical history. If you require treatment, Dr Moore will carefully explain the recommended course of action in your particular case.

Will I always need more frequent Pap smears now?

Usually not. Depending on the abnormality that was found, the treatment(s) you may have had, and the findings after your routine (second-yearly) screening after a period of increased surveillance. After a follow-up colposcopy, most women will return to their General Practitioner for Pap smear and HPV testing as required.

Where can I get more information?

The National Cervical Screening Program has an excellent FAQ resource page [here](#).

Additionally, your General Practitioner will most likely be able to answer any questions you have, or may give you a referral to a specialist.

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About Dr David Moore



David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Fellow of the Royal College of Obstetricians and Gynaecologists, Queensland. He is highly skilled in the management of complex and high-risk pregnancies, and has specialised in the management of endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medicine and is currently completing a PhD in the management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Lecturer at the Queensland Medical School, and has published both medical journal and textbook contributions.

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