



The Center for Young Women's Health
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**Abnormal Pap Tests:
A Guide for Teens**

If you are reading this guide, you probably have already had a Pap test and may have been told by your health care provider that your Pap test results were abnormal. Maybe you're worried and wondering what this means and how it will affect you. However, knowing the possible reasons for abnormal results will help. Read on to find out more about Pap test.

What is a Pap test?

A Pap test, also called a "Pap smear," is part of a pelvic exam. The word "Pap" is short for Papanicolaou, which is the last name of the doctor that studied changes in cervical cells. A Pap test is usually done in the first few years *after* you have become sexually active and then yearly after that *or* when you turn 21, which ever comes first. It is the only way to check the cells on your cervix for changes that can lead to cancer. Your health care provider usually checks for STDs (sexually transmitted diseases, such as chlamydia and gonorrhea) at the same time.

How is a Pap test done?

As part of your pelvic exam, your health care provider will take a thin plastic wand and a tiny brush and gently wipe away some of the cells from your cervix. Most girls don't feel anything at all. A few girls may feel a little cramping as their cervix is gently brushed. If you feel anything, it usually lasts less than 1 minute. These cells are placed in a bottle or on a glass slide and sent to a laboratory.



A trained technician then examines the sample of cells under a microscope to see if the cells are normal or if there are any problems. The lab then gives the results to your health care provider, who will contact you if the results are NOT normal.

Does it mean that I have cancer if I've been told I have an abnormal Pap?

No. Cancer is usually **not** the reason why your Pap test is abnormal. The most common reason for an abnormal Pap test is a vaginal or cervical infection that causes changes in the cells of your cervix. Most of these changes can be followed closely until they return to normal. Sometimes special treatments are needed. Regular Pap tests and treatment, if needed, can prevent most types of cervical cancer.

What does my Pap test result really mean?

Although most Pap tests come back as normal, it is not unusual for the test results to be *abnormal*, if you are an adolescent. The following words explain Pap test results.

- **Normal**-This means that your cervix is healthy! You need another Pap test in 1 year.
- **Unsatisfactory**- For some reason the sample of cells was not a good sample and can't be read by the lab technician. Your health care provider (HCP) will let you know when the Pap test needs to be repeated
- **ASCUS** (which is short for "Atypical Squamous Cells of Undetermined Significance") This simply means there are some funny looking cells on the test and more tests are needed to figure out if the HPV (human papillomavirus) is the reason for the changes. In many hospitals or labs, another test called **HPV DNA screening** is done automatically if the Pap test shows the ASCUS changes. This test can pick up the HPV virus and it can also tell if you are positive for one of the many types of HPV that may cause high-grade (more serious)cervical disease.

If you have the HPV test done and it is *negative*, your health care provider will likely tell you that you need to have your Pap test repeated in one year.

If the HPV DNA screening test is *positive*, and this is your first abnormal Pap test, your health care provider will suggest **one** of the following options:

1. Your Pap test will be repeated in 4-6 months and 12 months. (If you have another abnormal Pap test, *you will need a colposcopy.*)
2. You will have HPV screening repeated in 1 year
3. You will have a colposcopy if your health care provider feels that you are at high risk for cervical disease.

If you have had an abnormal Pap test in the past, you will need to have a colposcopy.

If the HPV test *isn't available where you have your care*, your health care provider will want to repeat your Pap test in 4-6 months to see if the "atypical" (or funny looking) cells are still there.

- **ASCUS-H** This result means that the cervical cells are not the typical cells that are found on the cervix. They are considered "atypical cells of undetermined significance." The "H" at the end of this abbreviation means that there is a good possibility that "high-grade changes" may be the cause of the problem. If this is your Pap test result *you will need to have a colposcopy.*
- **LSIL (Low Grade Squamous Intraepithelial Lesion)** - This result usually means that you have been infected with the Human Papilloma Virus (HPV). You will be given advice about what follow-up you may need. *If this is your **first** abnormal Pap test, your health care provider will suggest **one** of the following options:*
 1. Your Pap test will be repeated in 4-6 months and again in 12 months. (If you have another abnormal Pap test, *you will need a colposcopy.*)
 2. You will have HPV screening repeated in 1 year
 3. You will have a colposcopy if your health care provider feels you are high risk for cervical disease.

If you have had an abnormal Pap test in the past, you will need to have a colposcopy.

- **HSIL, (High Grade Intraepithelial Lesion)**- This result means that the cells on your cervix have changed. The results are more serious than low-grade changes. You likely do not have cancer now but without treatment, you are at risk for developing cervical cancer. Treatment can prevent this. Your health care provider will arrange for you to have a colposcopy.
- **AGC, (Atypical Glandular Cells)** This result means that there are changes in the glandular cells of the cervix. You will need a colposcopy.
- **Cancer**- Although this is very rare in young women, if your Pap test comes back showing cancer cells, you need to be seen by a gynecologist. Treatment is necessary right away and usually includes surgery. The earlier the treatment, the better your chances are of staying healthy.

What if I need a repeat Pap test?

Your health care provider will decide *if* and *when* you need to have your Pap test repeated. If the Pap test is going to be repeated, **you should:**

1. Schedule your appointment after any vaginal or cervical infection, yeast infection, or STD has been treated (wait 2 weeks after your last dose of medicine).
2. Schedule your appointment after your period has completely stopped.
3. Not place anything in your vagina for 48 hours before your Pap test. This includes tampons, douches, creams, and foams.
4. Not have sexual intercourse for 48 hours before the test.
5. Tell your health care provider if you think you might be pregnant.
6. Tell your health care provider if you have any other health conditions or allergies.

What if my doctor wants me to have a colposcopy?



A colposcopy is a way for your doctor to look closely into your vagina and cervix. This is possible by using a [colposcope](#).

What will happen during a colposcopy?

After the nurse asks questions (for example, When was your last period?), and gives you information about what to expect, you will be given a gown to wear and be asked to remove your clothing from the waist down. You will then lie down on the exam table and place your feet in foot holders (the same position as a pelvic exam). Next, the doctor will gently insert a speculum into your vagina in order to separate the vaginal walls so your cervix can be seen easily. The colposcope is then placed at the *opening* of your vagina. Your doctor will be able to see your cervix through the magnifying lens.



It might make you feel better to know that the colposcope is only placed at the *outside* of your vagina. Your health care provider will first paint the cells or lesions on your cervix with a solution. The solution is a mild stain that changes color when it touches unhealthy cells, so your doctor can get a better look. If there are unhealthy cells, it is likely that your doctor will do a biopsy. This is when your doctor gently removes a sample of tissue (smaller than 1/4 of the size of a pencil eraser) with an instrument similar to a pair of tweezers. The tissue sample is then placed in a jar with a preservative liquid and is sent to the lab to be checked out.

Will the colposcopy procedure hurt?

The colposcopy itself *usually isn't uncomfortable*. It is really a long pelvic exam and a way for your doctor to look at your cervix carefully. A biopsy, sometimes done at the time of a colposcopy, may be a bit uncomfortable, but this part takes less than one minute. When the tiny tissue sample is removed, some young women feel nothing while others describe a "pinching" feeling or "mild cramps". Your doctor may suggest taking an over the counter pain reliever such as ibuprofen or naproxen sodium *before* the procedure, to help decrease any discomfort you may have. You can also ask about taking the medicine that you usually take for menstrual cramps. The entire colposcopy procedure takes about 15-20 minutes.

What happens after the colposcopy is over?

After the colposcopy, your doctor will explain what he or she saw through the high powered lens and if a sample of tissue was taken. It usually takes about 2-3 weeks for the results of the biopsy to be ready. Make sure to make a follow-up appointment. **Be sure your doctor has your correct phone number so he or she can contact you!**

- It is common to have **slight bleeding or spotting** that lasts a few days after the biopsy.
- **Use pads** (not tampons) for any bleeding you might have.
- You may see brownish material or clumps along with blood on your underwear or pad. This is not tissue. This is from a certain kind of solution your doctor used, called "Monsel's." The brownish clumps will last about 1 to 5 days.
- It's even possible to have a "**blackish discharge**" if the doctor used a solution called "silver nitrate" to control the bleeding. Again, this will not last long.
- Do **not** have sexual intercourse, douche, use tampons, or place anything in your vagina for at least 2 weeks.

What should I be concerned about after a colposcopy?

There are certain things your doctor should be contacted about immediately:

- Call if you have any **heavy bleeding** (heavier than your normal menstrual period).
- Call if you have any **bright red bleeding** and you are not on your period.
- Call if you have a **vaginal discharge** that has an **odor** (other than blood).
- Call if you have **severe abdominal (belly) pain**.