

Cervical Screening

What women need to know

Taku hauora, taku tinana, taku tūmanako
My health, my body, my future.

www.timetoscreen.nz



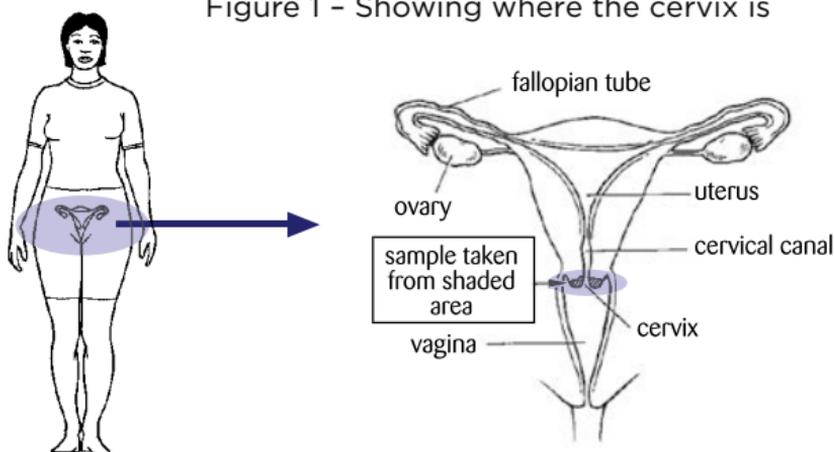
**Time to
screen**

National
Cervical
Screening
Programme

Kia ora and welcome

Being part of the National Cervical Screening Programme (NCSP) and having cervical screening tests every three years can prevent cervical cancer. A cervical screening test shows if there are abnormal changes in cells on the surface of the cervix. (See Figure 1.)

Figure 1 - Showing where the cervix is



Cervical cancer and human papillomavirus

- Almost all cervical cancer is caused by human papillomavirus (HPV). The virus is spread by sexual activity. Eighty percent of people who have been sexually active will have an HPV infection at some point in their lives.
- There are many types of HPV. Most HPV infections will clear up by themselves.
- Only a few types of HPV will lead to abnormal, precancerous cells that could progress to cancer.
- Cervical cancer usually takes many years to develop. Any abnormal cells can be found and treated to stop them from becoming cancer.

Who should have cervical screening?

All women aged 20 until they turn 70 who have ever been sexually active should have regular cervical screening.

Women who have had a hysterectomy (removal of the uterus) need to check with their health provider whether they still need to be screened.

Where do you go for cervical screening?

The choices include:

- your doctor or practice nurse
- Family Planning clinics
- community health centres, eg, Māori health centres, Pacific health centres, or women's health centres.

Most women are charged a fee for the test. Some Māori or Pacific providers or community or primary health organisations offer a free or low cost service.



Having regular cervical screening every three years is the best way of finding and treating abnormal cell changes and preventing cervical cancer from developing.

How often do women need cervical screening?

- Women are advised to have cervical screening every three years. Research shows very little extra benefit from having more frequent tests.
- If this is your first cervical screening test, or if you have not had a test for over five years, you will be advised to have a second test in a year's time.
- In some circumstances, you may be advised to have a test more often, eg, after an abnormal result.

The cervical screening test

You will be asked to lie on your side or your back with your knees bent up. The lower part of your body will be covered with a sheet. The nurse or doctor gently opens the vagina with a speculum and carefully takes a sample of cells from the surface of the cervix with a small soft brush. This process will take only a few minutes. The sample is then sent to a laboratory to be examined.

Some women may find the test uncomfortable, but it does not usually hurt. If you are embarrassed or nervous, tell your health provider how you feel. You can take a support person with you if you wish. It is best not to have the test during your period.

Cervical screening, like all screening, is not 100% accurate and some women will still develop cervical cancer despite regular screening. While the risk of cervical cancer can be reduced, it cannot be eliminated by screening. Other tests, eg, testing for HPV may be used to help decide when treatment is necessary.

HPV (cervical cancer) vaccine

Women who have received the HPV vaccine must continue to have cervical screening. This is because it is still possible for abnormal changes to develop, even though it is a lot less likely after immunisation.

Getting your cervical screening results

Your health provider will discuss with you how you will receive your results. Results are usually available in 2-4 weeks. The programme will only contact you if you have had an abnormal result. You will be informed by mail and also advised about any follow-up needed.

Cervical screening results

Most test results are normal.

Some women may be asked to come back for another test if there were not enough cells in the sample to test.

If you have an abnormal result, you may be called back for a further test in 6-12 months, or referred to a specialist (colposcopist) for colposcopy. This assessment may show there are no abnormal cells and treatment is not needed. An abnormal result hardly ever means cancer.

See the pamphlet **Cervical Screening: Understanding cervical screening test results**, code HE4598.

Colposcopy

Colposcopy is an examination of the cervix, using a magnifying lens called a colposcope. The colposcope looks like a pair of binoculars on a stand. It magnifies the cervix so that the abnormal cells can be found. (See the pamphlet **Colposcopy: Information for women**, code HE1202.)

*Ma te mōhio ka ora
Knowledge improves health
and well-being*

An important message

See your doctor if you have:

- bleeding or spotting between menstrual periods
- bleeding or spotting after sexual intercourse
- bleeding or spotting after your menstrual periods have stopped (after menopause)
- persistent pain in your pelvis
- pain during sexual intercourse
- an unusual or persistent discharge from the vagina. The discharge might be smelly, have changed colour from white to pink, brown, or green, or be streaked with blood.

These symptoms can happen for several reasons and rarely mean that you have cervical cancer. However, they should be checked by your doctor.

The National Cervical Screening Programme

The programme aims to prevent cervical cancer. All women who have cervical screening are part of the programme unless they say that they do not want to be.

The benefits of recording cervical screening information include:

- ready availability of records to you, your smear taker and the laboratory analysing your tests
- automatic reminder letters if you are overdue for having a cervical screening test
- checks to ensure the right follow-up after an abnormal cervical screening test
- planning for the needs of different ethnic groups.

The programme is checked regularly to see that it is working well and it is measured against national quality standards to help all women get the best possible screening and treatment.

What information is collected or used?

The information collected by the programme includes your personal and contact details, relevant clinical history, laboratory results and any treatment details. This confidential information is stored on a computer system called the NCSP Register, which is managed by the Ministry of Health.

De-identified laboratory specimens and results may be used for quality control or teaching purposes.

Withdrawing from the programme

Any woman can withdraw from the programme at any time by filling in a form or by writing to the programme. In order to ensure no follow-up, your name, address, date of birth and national health index number will be kept. When you withdraw, any cervical screening tests recorded on the register will be deleted and future tests are not recorded.

Further information

Visit our website: www.timetoscreen.nz

Contact:

- the National Cervical Screening Programme, freephone 0800 729 729
- your doctor or practice nurse
- community health centres, eg, Māori health centres, Pacific health centres, or women's health centres
- your local Family Planning clinic
- your local Cancer Society.

View this pamphlet and other health education resources at www.health.govt.nz

The National Cervical Screening Programme also has the following resources:

- **Cervical Screening: Understanding cervical screening test results**, code HE4598
- **Colposcopy: Information for women**, code HE1202.



If you change your address, please advise your health provider, and the National Cervical Screening Programme, on freephone **0800 729 729** or email info@ncspregister.health.nz.

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New Zealand Government

