

Cervical Cancer Prevention

FACT SHEET



Questions Frequently Asked by Women

Women who are considering being screened for precancerous cervical lesions often have many questions about the procedure. Most women will be comfortable seeking screening services if they feel informed about why they should be screened, what to expect during the exam, and what the screening results mean. Enabling women to understand these issues also is critical to ensuring that their choice to be screened is fully informed.

This fact sheet is designed to assist health care providers in answering questions commonly asked by women who are considering being screened. The provider tips offer advice to help providers address women's concerns. The tips are followed by examples of how a provider might phrase the answers to a woman's questions. The information here is relevant regardless of the screening method used. *Naturally, these answers would need to be tailored to reflect programmatic realities.* Program planners should interview women who are eligible for screening and their health care providers to find out about women's unique questions or concerns.

Questions about the need for screening

What is cervical cancer?

Provider tip: Explain cervical cancer using language that women will easily understand.

Cervical cancer is a disease in which some cells in the cervix (the lower, narrow end of the uterus that opens into the vagina) display abnormal, uncontrolled growth and can damage healthy parts of the body. It is a major cause of death among women aged 40 to 60 years in developing countries. Some early changes in the cervix can

be seen long before cancer develops. Treating the cervix at this stage can prevent cervical cancer.

I feel healthy—why should I be screened?

Provider tip: Emphasize that screening can help identify precancerous, asymptomatic lesions early and prevent cancer.

A woman cannot tell if she has an abnormal area on her cervix—usually she feels fine. By examining the cervix before there are any symptoms, any abnormality can be found and treated so that cancer is prevented.

I am embarrassed—do I really need this exam?

Provider tip: Be sensitive to the woman's feelings and emphasize that being screened is a wise decision.

If you are within the recommended age range for screening—usually between 30 and 60 years—and you have not been screened in the last three to five years, yes, you should be screened. Women commonly feel embarrassed about having a vaginal exam, especially by a male clinician. Being screened for cervical cancer, however, is a wise decision that protects your health and you can feel proud of taking steps to make sure that you are healthy.

Questions about the examination ***Will the examination hurt?***

Provider tip: Explain what will happen during the exam and how it will feel. This can help lessen a woman's anxiety. The examination may be a little uncomfortable but it will not be painful. You may feel some discomfort when the health care provider inserts the speculum (a metal device that opens the vagina so the cervix can be seen).

Staying relaxed and keeping your muscles loose can help ease the discomfort. With visual inspection with acetic acid (vinegar solution), you may feel mild stinging from the vinegar solution. With Pap screening, you might feel slight discomfort as cells are obtained from your cervix.

Will I be tested for HIV/AIDS or other sexually transmitted infections (STIs)?

Provider tip: Many women worry about being tested because of the stigma associated with HIV and STIs. Clearly explain the purpose of the cervical cancer screening. Explain that during the exam you might notice signs of an STI as well.

No. You are only being tested for abnormal areas on your cervix that

Explaining cancer in familiar terms

Using analogies can help women understand complex concepts. Field testing in Kenya has shown the following examples are useful. A cervical lesion is like a bad kernel in an ear of corn. From the outside the corn looks healthy. You need to look inside the husk to see the bad kernel. A lesion could also be described as a brown spot on an apple that will continue to grow if not removed. Once it is removed, the rest of the apple is healthy.¹

Analogies will not be appropriate in all settings. Analogies should be pretested to make sure they are understandable to women in the community.

could lead to cancer. It is possible that your clinician may notice signs of a vaginal or cervical infection and recommend treatment with antibiotics.

Questions about screening test results

What does a negative test result mean?

Provider tip: Explain that this is good. Encourage the woman to return for screening at appropriate intervals.

It means that your cervix is probably normal. The test did not detect any of the abnormal signs that come before developing cancer.

What does a positive result mean?

Provider tip: Women with a positive result may fear they have cancer. Reassure them that it is most likely a precancerous lesion that can be easily treated to prevent cancer.

It means that you may have abnormal areas on your cervix that may require treatment so that they do not turn into cancer. You may need some additional testing to confirm these results.

Will this test tell me if I have cancer?

Provider tip: Be sure the woman understands that screening is not a “cancer test.”

No. The test results can suggest that you might have a more serious problem. You might be referred for further examination to find out what is wrong and to get treatment.

Questions about treatment

What is cryotherapy? Does it hurt?

Provider tip: Explain the treatment in simple terms. Explain that it is safe and effective. Provide honest information about any discomfort that she may experience.

Cryotherapy is one way to treat cervical abnormalities. It freezes and destroys the abnormal cervical tissue using an instrument that becomes very cold.

During the treatment you may feel some mild cramping in your lower abdomen, but that usually disappears after 15 to 30 minutes. Mild cramping (similar to menstrual cramps) may continue over the following couple of days. Taking the same medicine you may take for normal menstrual cramps can ease your discomfort after the treatment.

What is loop electrosurgical excision procedure (LEEP)? Does it hurt?

Provider tip: See the above tip for cryotherapy.

LEEP is another way to treat cervical abnormalities. LEEP is typically provided in a hospital setting. It uses a thin electric wire loop to remove the abnormal cells on the cervix. You will probably feel some cramping when LEEP is performed and the cramping may continue for a couple of days after treatment. You will receive medicine from your health care provider to control pain.

How will treatment affect my daily life?

Provider tip: Give an accurate description of side effects so the woman knows what to expect and can be prepared.

If you are treated for cervical abnormalities, there are things you will need to do so that your cervix heals properly. Cryotherapy causes a watery vaginal discharge lasting two to four weeks; with LEEP, you will have a discharge with bleeding for up to six weeks. You will need to avoid heavy lifting for the first few days, take medicines to prevent infection, not place anything in your vagina, and abstain from sexual intercourse for up to four to six weeks.

It will not be possible for me to abstain from intercourse—what should I do?

Ensuring client satisfaction

Many factors can affect women's experience with screening. Client satisfaction interviews conducted in Peru, Kenya, Mexico, and South Africa reveal that women appreciated providers who used their name, answered questions in a simple, gentle manner, explained procedures, offered encouragement, and respected their privacy.²

Provider tip: Encourage the woman to be abstinent for as long as possible during the first weeks because it helps prevent infections.

If abstaining for the recommended time period will not be possible for you, then abstain for as long as possible and be sure to use a new condom during every act of intercourse. Condoms will help keep your cervix clean and prevent infection.

What if my husband does not want me to be screened or receive treatment?

Provider tip: Resolving this may require creative strategizing with the woman to help her gain her husband's support.

Try explaining to him why the visit is important to protect your health. If he still does not want you to go, then ask him to come with you to the clinic so that a health worker can explain the examination and treatment to him and why he should support you receiving them.

References

1. Western Kenya Cervical Cancer Prevention Project (WKCCPP). *District Hospital Counselling Flip Chart: Testing and Treatment of Pre-Cancerous Lesions of the Cervix*. Nairobi: WKCCPP (2001).
2. Bingham A, Bishop A, Coffey P, et al. Factors affecting utilization of cervical cancer prevention services in low-resource settings (forthcoming).

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