



**University of North Carolina Wilmington  
Abrons Student Health Center**

## **INSTRUCTION SHEET: GENITAL WARTS**

The Student Health Provider has diagnosed genital warts. Genital warts are small growths that occur on or near the genitals. Genital warts begin as small bumps; sometimes they form groups of multiple warts or even grow into larger clusters with a fleshy, cauliflower-like appearance. The warts are typically painless.

Genital warts are caused by human papillomaviruses (HPV). More than 100 types of HPV infect humans. Some HPV cause warts on hands and feet, while others cause warts on the genital area. Some HPV, called "high-risk" types, are linked with cervical cancer. The types of HPV that cause genital warts are not usually linked with cancer. They are "low-risk" types. Two "low risk" types cause 90% of genital warts and can be prevented with vaccination.

Genital warts are spread by sexual (skin-to-skin) contact. About two-thirds of people who have sexual contact with an infected partner will develop warts, usually within three months of contact. However, the virus can remain dormant many months or possibly years before warts appear. Even in couples that have been monogamous (one, same partner) for years, a person can develop warts as a result of previous contact. HPV infection can be transmitted by an infected person who has no *visible* lesions.

In women, warts occur on the outside and inside of the vagina, on the cervix (the opening to the uterus), or around the anus. In men, warts most often appear on the end of the penis or the shaft of the penis; they can also appear on the scrotum or around the anus. Rarely, genital warts develop in the mouth or throat of a person who has had oral sexual contact with an infected person.

Diagnosis of genital warts is made by visual examination of the bumps. Warts can be very tiny and difficult to see. Sometimes, the difference between a wart and other bumps or pimples is subtle. The provider may apply vinegar to the warts: Warts typically turn white after 10 to 15 minutes of vinegar application.

Treatment options for genital warts include prescription solutions applied by patients, chemicals applied by providers, freezing therapy, laser treatment, surgical removal, and vaccines. No treatment presently provides a cure. The virus can remain in nearby skin after treatment. In some cases, warts return months or even years after treatment. In other cases, warts never recur.

### **MEASURES YOU SHOULD TAKE TO HELP TREAT YOUR GENITAL WARTS:**

1. Inform all partners of your infection prior to sexual relations.
2. Use condoms or other barriers to transmission of STI's. Keep in mind that HPV transmission can occur outside condom/barrier-covered areas.
3. If topical (rubbed on) medicine is prescribed, apply it as directed on the prescription.
4. Although the types of HPV linked to cervical cancer are not usually the types that cause genital warts, a woman with genital warts (or just exposure to genital warts) should get a yearly Pap smear. Pap smears detect abnormal cells caused by other types of HPV that can lead to cancer of the cervix. With regular Pap smears, cervical cancer can almost always be prevented or cured.
5. Strongly consider getting the HPV vaccine. The vaccine will not cure you of the type of HPV infection you have, but it can prevent you from getting others strains of HPV, which may cause cervical cancer or additional warts.
6. If your condition worsens or fails to improve with treatment, return to the Student Health Center to discuss other treatment options.