

Taking a History



Obtain and record relevant details of:

- Cytology history – any abnormal cytology results, if so when, where, result, treatment, follow up. A woman's cytology history is available from Open Exeter. Access to software system is available through an application from the Screening Office.
- Contraception.
- Abnormal Bleeding: - post coital bleeding - inter menstrual bleeding - post menopausal bleeding.
- If **YES** to any of above consider referral to gynaecologist/GUM - consider swabs if appropriate.
- Unusual vaginal discharge. Take swabs, consider postponing cervical sample until diagnosis & treatment completed.
- Ensure woman has received the Cervical Screening leaflet.

Take the cervical sample before taking swabs.

The following factors do not precipitate additional screening outside of normal call and recall:

Taking or starting to take oral contraception.

Insertion of an IUCD/IUS. Taking or starting to take HRT.

Presence of genital warts. Presence of vaginal discharge.

Presence of infection.

Women who have had many sexual partners.

Women who are heavy cigarette smokers.

Family history of cervical cancer.

There is never a "clinically indicated" reason for taking a sample

You should **not** take a sample in the following circumstances:

- During menstruation.
- Less than 12 weeks post-natal.
- Less than 12 weeks following a termination of pregnancy or miscarriage.

Women with symptoms or abnormal bleeding should be referred for further investigation. The screening test could offer false reassurance.

The screening test is not a diagnostic tool.



Cytology Request

There are two ways to request a cervical cytology sample.

Handwritten sample request form (HMR101)

Full name, address and postcode

Any previous names

Date of birth

NHS Number

Name and address of GP and/or Clinic

Sample taker code

Date of LMP

Date of last smear

Hormones/IUS/IUD

Any relevant history including previous abnormal cytology, histology, abnormal bleeding, abnormal appearance of the cervix.

Complete form with black ballpoint pen.

ICE (Integrated Computer Environment)

ICE requesting provides a web based service that enables cytology requests to be made from clinics and GP surgeries. The system employs 'rules' to ensure only appropriate requests are made and full information is available to the laboratory. Customised request forms for both primary and secondary care, allows the use of labels printers, pre-labelled sheets and plain A4/5 if required.



SurePath™ LBC Kit

Please remember to check the expiry date of the vial. The HPV test may be invalid if the vial has expired; the shelf life is 3 years.



Labelling the vial

- Name
- Date of birth
- NHS number
- Date taken

See www.cancerscreening.nhs.uk for guidance on HMR101 form filling.

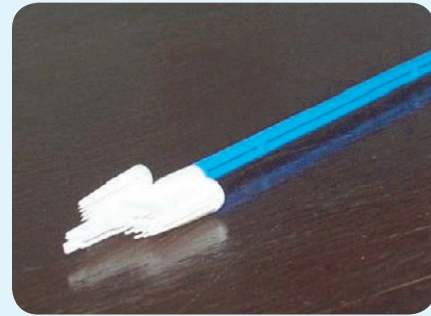
Taking the Sample

The clinical environment:

- Private and relaxed
- Well lit
- Screened area for privacy
- Trolley or work surface next to the couch
- Area for hand washing and drying
- Clinical waste/bin nearby
- Lockable door if patient gives consent
- 20 minute appointment

Equipment:

- An examination couch
- A good light source
- Range of different sized speculae
- Disposable gloves
- Lubricant, single use sachets
- Disposable modesty sheet
- SurePath™ LBC Kit, which includes: 25 Cervex Brushes®, vials and labels, HMR101
- Tissues & panty liners
- ICE forms



Explaining the process:

You should explain to the woman the purpose of cervical screening and what will happen at each step of the procedure. Ensure that women have received the “Cervical Screening” leaflet and understands the procedure. Every woman should know:

- The purpose of cervical screening and its limitations.
- The likelihood of a normal test result (about 93% of adequate tests).
- The meaning of a normal test result (low risk not no risk).
- The likelihood of an inadequate test.
- The meaning of being recalled following an abnormal test result.
- When and how test results will be made available.
- The importance of the woman always reporting any abnormal bleeding or discharge to her doctor.
- Obtain consent regarding HPV testing.

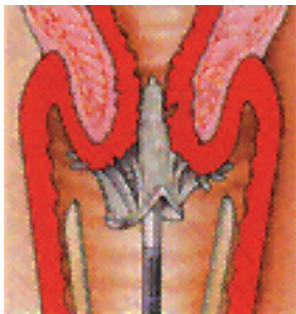
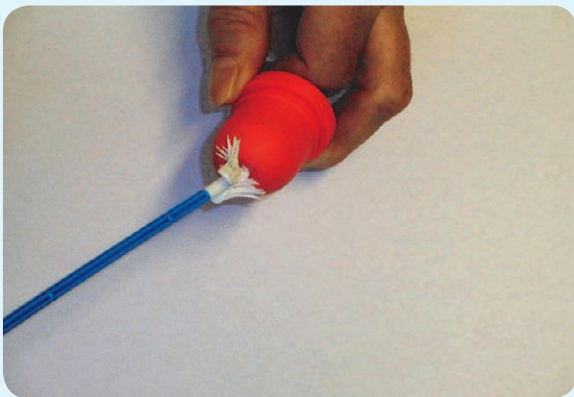
Explain clearly to the woman what you are going to do during the procedure and what to expect. Women who are having a test for the first time may need a more detailed explanation, including an explanation of the speculum and the sampling device. Women need to know that they will have to remove their underwear and that the speculum will be inserted into their vagina. All women should be offered a chaperone irrespective of the sex of the sample taker.



Taking the Sample

Using the Cervex Brush, insert the central bristles of the brush into the endocervical canal so that the shorter, outer bristles splay out over the ectocervix. Applying pencil pressure, rotate the broom through **FIVE** complete 360° rotations. In order to ensure good contact with the ectocervix, the plastic bristles of the Cervex Brush are bevelled for **CLOCKWISE** rotation only.

A good sample will only be achieved with correct use of the Cervex Brush.



Slide courtesy of Surepath/Medical Solutions

Immediately fix the sample For Sure Path™

- Remove the head of the brush from the stem and place into the vial of fixative.
- Remove gloves
- Screw the lid on and shake gently.

It is essential that the sample is placed in the vial at once in order to achieve immediate fixation. Do this before you remove the speculum.

Using an endocervical (EndoCervex Brush®) as well as a Cervex Brush®

- On **rare** occasions when there is difficulty in inserting the Cervex Brush into the os i.e. if the os is narrow or stenosed.
- The woman is being followed up for a previously treated endocervical glandular abnormality.

You should take the EndoCervex Brush® sample after the Cervex Brush sample.

Insert the brush gently into the os with the lower bristles remaining visible and rotate slowly between half and a whole turn.

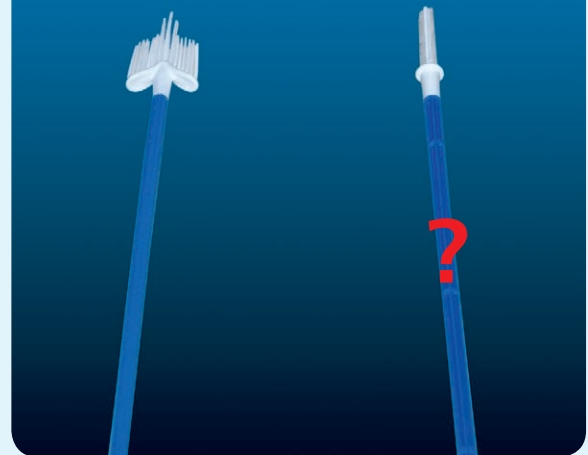
Both samples should be placed in the same vial. Details of use of an additional sampler must be recorded on request form.

The EndoCervex Brush® should never be used alone but always in combination with a Cervex Brush®.

Cervical Samplers

Cervex Brush

Endo Cervex Brush



Taking the Sample

Ending the consultation

- Allow the woman to dress in private.
- Complete the form with any further clinical details.
- Ensure that the woman understands how and when she will receive her result.
- Give woman written information on results and possibility of Direct Referral.
- If the woman requires an interpreter, ensure that this is documented on the cytology request. In the event that should this be required it can be arranged for when the woman attends colposcopy.
- Ensure that the woman understands that if she has any abnormal bleeding or discharge in the future she must see her GP.
- Complete log book with details of sample taken.
- To avoid delay, ensure sample is sent promptly to the cytology laboratory via the appropriate transport system.



Documentation

The consultation should be formally documented in the patient's records.

The following points should be noted:

- The cervix was fully visualized and the squamo-columnar junction was sampled with five complete 360° clockwise rotations.
- If a vault sample is taken this should be clearly specified.
- Date sample taken and by whom.
- Clinical details – unusual appearances.
- Chaperone offered/declined
- Details of swabs if taken
- Details of additional sampler if used
- Consent for HPV testing

