

THE NORTH THORESBY PRACTICE

Dr P Harris
Dr S Vennila
Dr S Mitra
Dr H Macrorie
Dr S Kucharuk

The Surgery
Highfield Road
North Thoresby
N.E. Lincs
DN36 5RT
Tel: 01472 840202
Fax: 01472 840970

Protocol for cervical screening

Cervical screening is available for women aged 25-64 in England. The purpose of cervical screening is to look for the HPV (Human Papillomavirus) which can cause abnormal cells of the cervix. HPV testing is thought to be more sensitive as opposed to the previous method of cytology. It is only where HPV is detected; samples will be sent for cytology testing to ascertain if there are any abnormal cervical cells.

Appointments are to be booked in with a competent and registered sample taker, and are given the duration of 20-30 minutes dependent upon their experience, This duration allows for the introduction, history taking, explanation, questions and practical element of the consultation.

Aims

- To have an understanding and be able to identify the anatomy and physiology of the pelvic reproductive organs.
- To be able to confidently explain the process of the cervical screening and the possible outcomes for the results
- To competently take an adequate cervical screening endo-cervical sample, with minimal discomfort to the patient.
- To ensure specimens are labelled clearly and accurately, for transportation to the laboratory.
- Maintain clear and accurate records and ensure recalls are set as per open Exeter call/recall system.
- To provide reassurance at all times for the patient, by providing a safe, warm welcoming environment to maintain attendance,

- To complete audits to manage attendance levels and failure rates.

Call and Recall

- All smear results to go to Practice Nurses for filing and moving on recall
- We should be working in collaboration with Derby cytology and Open Exeter to support the national recall system
- Nicola Stainton to run recalls monthly and send letters/make phone calls.

The consultation

- To introduce yourself to the patient
- To gain an insight of the patients understanding and purpose of the procedure.
- To confirm all patients contact details, including address and contact telephone number.
- Provide an explanation of the cervical screening process, educating the patient about the HPV screening and answer any queries the patient may have.
- Gain consent- document this.
- Gain history from the patient, making sure you obtain the last LMP, whether they are taking any hormone based medications, such as contraception or HRT. Ask whether the patient has experienced any irregular bleeding.
- Ask the patient if they would like a chaperone present and if they would like to door locking.
- Reassure the patient they can stop the procedure at any time, if this is stopped this must be documented explaining the reasons why.

Environment

- Ensure the room is warm, private, secure, well-lit to ensure the patient feels reassured and secured.

- The procedure should take place in a closed room, which cannot be entered while the examination is in progress. Curtains are to be pulled around the examination area also, to provide further securement and privacy.
- Provide a chair for the patient located at the side of the couch, to place their belongings.
- Ensure a paper sheet is provided for their modesty once they have removed their lower garments, also ensure tissues are readily available for the patient for once the examination is completed.

Equipment

- Clean wheeled trolley
- Well stocked room to avoid delays
- A remote controlled couch, to allow the clinician to raise the couch to their desired height.
- Couch roll, modesty sheet and a box of tissues.
- Angle poised light source
- A selection of different sized speculums
- Warm water/ water based lubrication
- Appropriate sized gloves
- Cervex broom
- In date, sealed and adequately filled thin prep sample bottle (in line with frosted window)
- Green/clear sample bag

Examination

- Instruct the patient to go behind the closed curtains to remove their lower garments storing items on the provided chair. To place the modesty sheet over their lower half and to lay flat on the couch.
- Advise the patient they are to instruct you when they are ready for you to enter to commence the procedure.

- Wash hands and ensure all adequate PPE is worn correctly
- Ensure the trolley is stocked for the procedure
- Ensure the patient is happy to proceed and gain further consent, also reiterate to the patient the room is secure, to provide reassurance.
- Once alerted that the patient is ready, enter closed curtains, and raise the couch to an appropriate height for working.
- Advise the patient to take position, raising of the knees, keeping feet flat, ensuring ankles are close together, this allowing for the patient to flop her legs to either side. Reiterate the importance of relaxing as this will help with their comfort and examination.
- Place light source at the right angle to illuminate the genitalia.
- Advise the patient you are lubricating the speculum ready to pass, ensuring the speculum blades are closed prior to examination.
- Advise the patient they are going to feel your contact as you prepare to pass the speculum again ensuring the patient consents and are happy for you to proceed
- Prior to examination examine the surrounding of the genitalia to ensure there are no abnormalities
- Gently insert the speculum in to the vagina, advise the patient you are going to open the speculum explaining this can often feel strange.
- Open the speculum to visualise the cervix, once the cervix transformation zone and squamocolumnar junction is visualised, secure speculum in place.
- Inspect the cervix and vagina and note their appearances, identifying any abnormalities such as infection, polyps, ectropion's, atrophic changes, nabothian follicles. Advise the patient if any abnormalities are seen, explaining what this could mean. If infection is suspected, advise you can take vaginal swabs following cervical sample to test for infection. Further advise you will speak to the patients GP for potential treatment, or in some instances a gynaecology referral may need to be made.

- Advise the patient you are going to begin obtaining sample and will feel some pressure advising also that many patients describes a stinging sensation.
- Insert cervex broom, ensuring the longer bristles of the brush sit within the endo-cervical canal with the shorter bristles resting on the ectocervix.
- Apply pen like pressure, and rotate the cervex broom five times in a clock wise direction.
- Once the sample is complete, rinse the broom in the thin prep solution, vigorously bashing the broom at the base of the sample bottle to release cells from the broom ten times. Followed by swirling the broom within the solution. **DO NOT LEAVE THE BROOM IN THE SOLUTION.** Seal the thin prep sample bottle ensuring the torque lines of the bottle and lid are in alignment.
- Discard the cervex broom on the trolley and return to remove speculum. Prior to removal please note if there is any contact bleed to make the patient aware of. Ask the patient to remain relaxed whilst removing the speculum.
- It may be necessary to widen the speculum slightly to aid the release of the cervix to aid a more comfortable removal.
- Advise the patient to relax their legs, place the couch back to lower safe level. Advise patient can redress once they feel ready to and to use tissues if required, leaving the patient in their own privacy.
- Advise the patient they can use the hand washing facilities to wash their hands,

Following the examination

- Ensure the patient is well recovered and that they have no further concerns
- Advise the patient the results of the cervical screening will be received in the post, advising the laboratory's turnaround time 2-6 weeks.
- Advise the patient they are contact the surgery if there are any further concerns.

- Ensure the sample is correctly labelled and all details correlate with each other, in line with Derby's cytology guidelines.
- Place completed request form as printed from open Exeter in to green/clear sample bag, ensuring this is sealed. Place in thin prep vial again ensuring this is secure and torque lines match.
- Complete consultation on S1.
- Commence audit records, to await for results to be added at a later date once returned.
- Once results are received these are to be filed on the patients S1 records and audits updated

References

[Cervical screening: programme overview - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Cervical screening system | Background information | Cervical screening | CKS | NICE](#)

[What Happens During a Smear Test? | Jo's Cervical Cancer Trust \(jostrust.org.uk\)](https://jostrust.org.uk)

[Cervical screening - NHS \(www.nhs.uk\)](https://www.nhs.uk)

These guidelines should be reviewed annually to ensure standard practice is the same and publications are still current.

Next review on or before May 2022

Completed by Gemma Hooper