SECTION 7
frequently asked questions

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7.1 Why does the cervical screening programme only cover women over 25 and up to 60?

The European Guidelines for Quality Assurance in Cervical Cancer Screening recommend that screening should be offered to women in the age group 25-65 years. The epidemiology of the disease is such that screening in this age group is most likely to identify those with pre-cancerous lesions who can avail of treatment. Women outside these age groups are unlikely to develop squamous cell carcinoma as the disease has a long pre-cancerous phase of up to 15 years.

There is little justification for including teenagers as the cervical changes in young women relate to hormonal influences rather than pre cancerous changes. Furthermore, the 18-25 years old population is extremely mobile and it would be very difficult to keep an accurate and workable register for them. Reference?? Women under 25 who have abnormal bleeding or post coital bleeding should be investigated appropriately and this may involve a diagnostic smear test or referral for colposcopy.

As CIN 111 rarely develops de novo after 45 years, the Expert Working Party that produced the Report of the Department of Health Cervical Screening Committee considered that screening could safely be discontinued for women aged 60 who have been regularly screened and who have had normal smears. If a woman is over 60 and never had a smear, the ICSP will pay for and follow up an initial smear and a second after 12 months assuming the first one is an adequate smear with a normal result.

7.2 Should a woman under 25 sign the consent form?

Yes. While the programme does not pay for these smears and the woman is responsible for the appropriate fee, if she consents to allow her information to be held by the programme, the ICSP will record her result so that her previous smear history will be available when she turns 25. The ICSP will not be responsible for the smear results nor be responsible for follow up.

7.3 Why are women called back in one year after their first negative smear?

A woman having her first ever smear will be invited for a further smear in one year. This repeat interval is designed to minimise the possibility of a false negative result.

7.4 Why is the screening interval every five years after two negative smears?

The programme will offer a free smear every five years after the woman has had two negative smears within twelve months. These intervals have been chosen as the optimum with regard to the natural history of the disease. A recent review of the screening programme in the UK suggested changing to five yearly from a three yearly interval, as this would decrease costs without loss in effectiveness[17].

7.5. What level of comfort and security can the woman expect during smear taking?

The ICSP Woman's Charter supports the expectation of women that their cervical screening experience will provide a high level of comfort, hygiene and security. In particular, there should be screens or a curtain and the doctor should ensure that there are no interruptions. The room should be warm and the couch covered with a clean sheet and blanket. The doctor should facilitate a woman who requests another person to accompany them. All equipment should reach recognised levels of cleanliness and sterility. Furthermore, it should be apparent to the woman that routine hygiene precautions are being taken.

7.6 Should I ask the woman if she has ever been sexually active?

At the initial interview the only question the smeartaker needs to ask is if the woman has ever been sexually active. If the answer is "yes" then she needs regular smears. Questions about a woman's sexual history and number of partners are irrelevant and should not be asked.

7.7 What do I do if a virgin presents for a cervical smear test?

No sexual activity confers a low risk but not "no risk". If, following discussion, a woman who has said she has never been sexually active, wants to proceed with a smear, in spite of your assurances, proceed to smear. If on examination the woman has an intact hymen do not proceed any further. If there is no intact hymen, use the smallest speculum and go slowly and gently beginning with a one finger vaginal examination.

7.8 In what circumstances should an cytobrush be used?

The cytobrush should only be used where the transformation zone or squamo-columnar junction appears to have retracted up the endocervical canal. This sometimes occurs after treatment of cervical lesions or in the older woman. Record the information that a brush was used on the request form in the appropriate box on the form.

7.9 What should I do if I drop the slide on the floor (after taking the test!)?

If the slide breaks, you must repeat the test but wait 3 months as the appropriate cells may have been removed by the first smear. You must be sure that the slide you prepare will be a suitable laboratory specimen or it will be deemed "inadequate". Slides that have been "fixed" (i.e. the fixative has fully dried) may be suitable for the laboratory even if they have been on the floor and have a large crack in them!

7.10 If a woman has had a hysterectomy, in what circumstances should cervical screening be continued?

A woman who has had a total hysterectomy does not usually need to continue to be screened. If the hysterectomy was for benign conditions and smear tests were normal prior to surgery, screening may be discontinued. Women will need to continue with smear tests (cervical or vault) if they:

- Had a subtotal hysterectomy
- Had abnormal smears before surgery, or
- The laboratory found cervical abnormalities histologically at the time of surgery, or
- The hysterectomy was for cervical abnormalities (cancer or precancerous conditions)

When a woman has had her uterus and cervix removed, the smear is taken from the vault of the vagina.

Where the doctor and the woman are unsure of the reason for a total hysterectomy, ICSP recommends two vault smears taken at yearly intervals and, if both show no abnormality, screening may be discontinued. If a woman has a cervix (sub-total hysterectomy) she should continue screening at usual intervals.

7.11 Should I take a swab if I note there is a discharge?

Many discharges are simply physiological and, unless the woman is symptomatic, no further tests are warranted so you may proceed with a smear. If swabs are required they should be taken after the smear so as to not compromise the quality of the smear result.

7.12 Should I tell a woman if I see a polyp or an ectropian?

The decision to tell a woman about macroscopic findings is up to the individual doctor and depends on the woman's disposition. Most women appreciate being informed.

7.13 Can I put urgent on a smear if I am worried about it?

Very few smears warrant being marked as urgent. If the clinical observations suggest malignancy, refer immediately to colposcopy. Whatever makes you think that the cervix is suspicious warrants clinical management in its own right and should not await the result of a screening smear.

7.14 What can I do to avoid an unsatisfactory smear result?

Inadequate smears can be too thick, too thin or bloodstained. Incomplete form filling or slide labelling may also render the specimen inadequate. Clerical errors will be returned to you but getting it 'right' the first time spares all our resources.

Inadequate smears can result from a number of factors

- Too little cellular material removed from the cervix. Apply firm pressure with the extended tip of the spatula placed in the os and ensure that the transformation zone is sampled throughout its 360° degrees
- As women are asked to attend for their screening smears in the mid-cycle, there may be cervical mucous which obscures the cells by forming an air bubble around it when the cover slip is applied. Drawing any lumps of mucous to the end of the slide before fixing may alleviate this
- Bloodstaining may occur if more than one rotation of the spatula is performed or if the smear is taken too close to the menstrual bleed. Check the wooden extended tip spatula for splinters prior to smear
- Failure to fix the slide ~ if the slide is left to air dry or air dries under the light before the fixative is applied
- Too much fixative may allow the cells to float off the slide
- Holding the slide perpendicular to the floor when spraying with fixative may similarly allow the cells to drip off
- When inserting the slide into the slide holder ensure that you don't inadvertently scrape off the cell sample
- Allow the fixative to dry before inserting the slide into the holder to avoid having it stick to the lid
- Incomplete or illegible forms. Particularly where the name on the slide is at variance with that on the form or the date of the smear rather than the date of birth of the woman is put on the slide

7.15 If a woman has had a previous negative programme smear and is called back by the programme for a repeat smear within 12 months what should I do?

Either do the second ICSP smear or send a deferral form to the ICSP office with copies of the previous results.

7.16 What do I do if a woman is pregnant?

There is no need for a woman who is pregnant or post-natal to have a cervical smear, unless she is due for one according to ICSP recommendations. If her previous smears are normal, consider deferring. A deferral form should be sent to the ICSP. The smear is best taken three months after pregnancy. If she does need one, there are usually no contra-indications to having one performed though smeartakers should recognise that the cervix may appear engorged and may bleed more easily. The use of an endocervical brush is not recommended.

7.17 What do I do if the results show infection or inflammation?

If no abnormal cells are reported, the presence of inflammation is of no significance. It is not uncommon for the cervix to be inflamed. This is sometimes due to infection but often it is just a normal finding in sexually active women. If there is an infection, the report may give the cause, e.g. thrush. Sometimes other tests are needed, such as vaginal swab. Some infections clear up without treatment. For others, a woman needs to be treated. The smear only needs repeating if advised to do so by the laboratory.

7.18 Should I do a bimanual examination?

No. Screening smears are taken on asymptomatic women, by definition, and a bimanual pelvic examination has notoriously low predictive value in these circumstances.

Other clinical presentations or requests by the patients should be addressed by the appropriate examination. If there are circumstances that warrant a bimanual examination, do not do it prior to taking a smear as you may remove cells.

7.19 Do coil threads influence the smear result as I occasionally see that the cervix appears red and irritated looking in some women with coils in situ?

Coil threads do not usually affect the smear result but their presence should be noted on the request form, as the presence of an IUCD may be responsible for the presents of actinomyces.

7.20 How should I respond when the woman says "So now I can never get cancer of the cervix?" or "Did you check everything?"

The smeartaker should indicate that the smear test only examines the cells of the cervix at that time. Further screening smears will be required at the intervals determined by the laboratory. As with all screening there is a risk that abnormal cells will not be picked up in a smear test. This is why it is important to have regular smears.

7.21 How should I respond when the woman says, "That's great now when will I get my next one done?"

The laboratory will advise on the screening interval, as it is dependent on results, previous smear history and age of the woman.