

GYNAECOLOGY & OBSTETRICS UPDATE

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Cervical and Vaginal Vault Smears

Guidelines for the NHS Cervical Screening Programme have been published (NHSCSP Publication No 20, April 2004).

Age at starting screening and its frequency →

Method of Screening: Liquid based cytology will be replacing the current slide method in England and Wales over the next 5 years. A brush sample is suspended in buffer and processed such that a thin layer of cells is produced in a slide without contamination by blood cells and debris. Therefore easier to read reducing inadequate samples and borderline results.

Age group (years)	Frequency of screening
25	First invitation
25-49	Three yearly
50-64	Five yearly

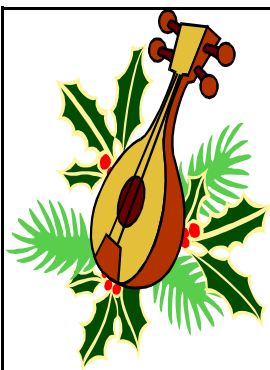
Additional Cervical screening is NOT justified in the following situations, providing that the woman is in the age group to be screened and has had a screening test within the previous 3-5 years: on taking or starting to take an **oral contraceptive**, **HRT** - on insertion of an intrauterine contraceptive device (**IUCD**) - in association with **pregnancy** (antenatally or postnatally) - in women with **genital warts**, **vaginal discharge**, **infection** - in women who have had **multiple sexual partners**—in **heavy cigarette smokers**—women with **postmenopausal bleeding**: direct visual inspection of the cervix is required. All unexplained bleeding should be referred to a gynaecologist.

Abnormal Screening and method of contraception An abnormal result should not influence the choice of contraception and women should not be advised to stop oral contraceptive pill

Incidental infections may be detected in cervical samples:

Bacterial vaginosis: Treat if symptomatic or pregnant - **Candidiasis**: Treat if symptomatic - **Herpes simplex**: Treat if active infection + contacts tracing - **Trichomonas vaginalis**: Asymptomatic detection merits treatment in all cases + contacts tracing. **Actinomyces-like organisms** are usually seen in patients using an IUCD and Mirena. If no symptoms or signs of pelvic infection: the coil does not need to be removed and no antibiotics, Warn the patient of the small possibility of developing pelvic infection and advised to return should she develop symptoms. If there are symptoms or signs of pelvic infection: remove the device (ensure that the patient has not had sexual intercourse in the preceding 5 days), sent it for culture, advise on contraception, start antibiotics, refer to a gynaecologist.

Vaginal Vault smears after hysterectomy: No history of CIN: no further smears are required. History of treated CIN and no residual CIN in the hysterectomy specimen: If normal smears for more than 10 years since treatment, no vault cytology is required. If screening was for less than 10 years, vault smear should be taken 6/12 after surgery and if normal no further vault cytology is required. History of treated CIN and there was residual CIN in the hysterectomy specimen: if CIN was completely excised with the hysterectomy specimen, vault smears required 6 & 18/12 after surgery and there should be no further cytology if both are normal. If excision of CIN is incomplete or uncertain, follow-up cytology should be conducted as if the cervix were still in situ



I WISH YOU ALL

Merry  **Christmas**
& HAPPY NEW YEAR