

## CERVICAL SCREENING & COLPOSCOPY

### What's New?

- Specimens are now screened for high risk HPV
- Only positive samples are analysed for cytology however the sampling process remains the same.
- Do not use lubricant containing Carbomer. **Use Comfigel only.**

All clients requesting cervical screening have this done via SCCRS. Details held on this National database should be checked and **correspondence address** updated. We usually require permissions to write to a home address.

The person taking the sample should include details of previous results or colposcopy if known.

A sample should not be taken unless due.

Opportunistic cervical screening in somebody who defaulted should be done even if bleeding or during pregnancy.

If a smear is unable to be obtained e.g. severe vaginismus, please discuss with the SRH team who may be able to arrange a swab for high risk HPV.

### Background

The cervical screening programme aims to reduce at the risk of developing cervical cancer. Screening aims to detect pre-cancerous changes at the cervix that would normally be asymptomatic.

### Cervical Screening:

Offer cervical cytological examination to women (or transmen who still have a cervix)

- Aged 25-64 years or over who are or have been sexually active, and have not had cervical screening within the recommended follow-up.
- Those over the age of 64 can request 5 yearly cervical screening out-with the screening programme but will not be involved in routine recall or up to the age of 70 if they are non-routine.
- Those who have defaulted follow-up for an abnormal cervical screening result. This can be verified by checking client details on the SCCRS database.
- Those who were already enrolled in the screening programme aged less than 25 will continue to be screened 50.

### Defaulters

- If they does not present for cervical screening they will be given another 2 or 3 reminders until they go to default status – known as defaulters.
- Defaulters are excluded from call and recall for a period of 51 from date of last reminder.
- If attends for cervical screening during the call and recall process the SCCRS application will re-invite when due based on the new recall date of the reported result.

High risk HPV screening was introduced in 2021 by the Scottish Government. High risk HPV screening involves the same clinical examination but only those whose virology results are positive for specific types of Human Papilloma Virus will have cervical cytology results tested.

Cervical screening out with the screening programme is offered to those in the following circumstances:

- Follow up after treatment for dysplastic changes (CIN/GIN)
- Mild cytological abnormality undergoing surveillance
- Those living with HIV (annual screening)

Cervical screening is **NOT a diagnostic test**. A specimen must only be taken according to the above indications.

NB Where the cervix is clinically significantly abnormal (suggestive of malignancy) clients should be referred directly to colposcopy without waiting for the result.

- No sample need be taken if the screening history is up to date. Always check on SCCRS
- Those who are immuno-suppressed for reasons other than HIV should be encouraged to attend as per the screening programme.

There is no justification for performing screening in the following circumstances if the cytology has been satisfactorily completed within the screening interval.

- In association with pregnancy ante or post natally
- On taking or commencing hormonal contraception or HRT
- On insertion of an IUD
- Those with genital warts/vaginal discharge or infection
- Those who are at high risk of sexually transmitted infections
- Those who are heavy cigarette smokers

Abnormal vaginal bleeding should always be investigated appropriately. Clinical investigations for infection, hysteroscopy and endometrial sampling may be considered and referral for specialist opinion sought. This would usually be a gynaecological review.

### **Remember:**

- Method of taking samples should be fully explained to the client
- Offer the client the opportunity to have a chaperone present during the examination, regardless of clinician's gender
- Verbal permission for procedure obtained from client and entered on NASH
- Consider the order of cervical specimens depending on clinical priority, cervical screening usually first.
- Avoid performing screening in the presence of cervicitis or vaginitis: await swab results and treat infections first

- Use least amount of lubricant possible. Do not use lubricant containing Carbomer. **Use Comfigel only.**
- Ensure the vial is in date
- Carefully inspect the cervix for any abnormalities, if unsure ask a senior BEFORE referring to colposcopy
- Sample from the whole of the squamocolumnar junction using a cervix broom (x5 clockwise rotations) with addition of a cytobrush if clinically indicated.
- Use 2 cervix brushes for very large transformation zones/cervices ( inner sweeps x 5, outer sweeps x 5 into same pot)
- Record that the transformation zone was visibly sampled, or note any difficulties in visualising the cervix

Clients will be DIRECTLY referred to local unit (RAH, , Stobhill, Inverclyde)

- Complete details on SCCRS, print out label and complete process

### **Documentation:**

- Written information is sent out by Public Health with screening invites.
- The normal route to receive results of screening is through written correspondence usually within 11-12 weeks and this should be discussed and documented.
- It is the clinician's responsibility to agree and document arrangements for the delivery of results if in exceptional circumstances the client is unable to use their own name or address.
- Confirm correct current correspondence address with client held on SCCRS
- Clients should be made aware that this is a National system and GP's will be automatically informed of result
- Order Test on NASH

### **Indications for Colposcopy:**

- Clinically suspicious cervix irrespective of cytology (this means you think there is suspicion of cancer)
- Persistent unsatisfactory samples when infection has been excluded and treated if appropriate (referral is automatic via SCCRS)
- Abnormal HPV/cytology – see flow chart in Appendix
- Macroscopic cervical warts

-If client under 25 and not yet in the screening programme for cytology – review appearance after any external warts have cleared before referral

-If client under 30 treat external warts, and refer if cervical warts still present at 3/12, over 30 refer to colposcopy.

Colposcopy can be arranged via SCI Gateway Referral to Stobhill, New Victoria and RAH. Please check patient's address and contact details carefully.

### **Cytological Follow-Up after Treatment for Dysplasia or after Total Hysterectomy**

There are various treatment pathways which will be decided by the Colposcopy Clinic. SCCRS will show if a cervical smear is due.

## **References**

[Public Health Screening Programmes Annual Report 2022/2023 - NHSGGC](#)  
Chapter 8, Page 143-172

[accessed June 2024]

*Instant up to date information can be accessed by clicking in the NSD icon on the SCCRS toolbar*

[2024-01-08-Management-Pathways-for-HPV-Screening-v1.0.pdf \(scot.nhs.uk\)](#) [accessed June 2024]