A GUIDE TO TAKING A HIGH-QUALITY CERVICAL SCREENING TEST

If you would like to watch a video demonstrating the correct technique for taking a high-quality Cervical Screening Test (CST) visit www.vcspathology.org.au/practitioners/resources1.

For more information about CST technique, the new National Cervical Screening Program, and testing for HPV, contact VCS Pathology on 03 9250 0300 and ask to speak to a Liaison Physician or email On-CallP@vcs.org.au

RECOMMENDED TECHNIQUES AND INSTRUMENTS FOR TAKING A CERVICAL SCREENING TEST

FOR PRE-MENOPAUSAL WOMEN

Cervical sampler broom: rotate 3-5 times

or

Cervex-Brush® Combi: insert central part of the brush into os and rotate clockwise twice

or

Spatula: rotate once or twice, taking care to keep contact with the ecto-cervix

plus

Endocervical brush: insert ensuring that you can see the lower row of the bristles and make a quarter rotation

FOR PERI AND POST-MENOPAUSAL WOMEN

Cervical sampler broom: rotate 3-5 times

plus

Endocervical brush: insert ensuring that you can see the lower row of the bristles and make a quarter rotation

or

Cervix-Brush® Combi: insert central part of the brush into os and rotate clockwise twice

or

Spatula: rotate once or twice, taking care to keep contact with the ecto-cervix

plus

Endocervical brush: insert ensuring that you can see the lower row of the bristles and make a quarter rotation.

FOR THINPREP

A. Cervical sampler Broom / Cervex-Brush® Combi: rinse the broom/brush as quickly as possible into the vial by pushing the broom into the bottom of the vial 10 times, forcing the bristles apart. As a final step, swirl the broom vigorously to further release material. Discard the collection device.

B. Spatula (Plastic): Rinse the spatula as quickly as possible into the vial by swirling the spatula vigorously in the vial 10 times. Discard the spatula.

C. Endocervical Brush: Rinse the brush as quickly as possible in the solution by rotating the device in the solution 10 times while pushing against the vial wall. Swirl the brush vigorously to release material. Discard the brush.

D. Tighten the cap so that the black line on the cap passes the black line on the vial.

Images supplied by Hologic (Australia) Pty Ltd

RECORDING PATIENT DETAILS

Record the woman’s surname and date of birth on the vial.

OR

Apply sticker with details.

Record the woman’s information and medical history on the request form.

VCS IS ABLE TO PROCESS THINPREP AND SUREPATH

ThinPrep
• Do not leave any part of the sampling device in the fluid.

SurePath
• Instruments should be broken off and left in the fluid.

SPECIAL NOTES

Eversion: take care to sample the squamo-columnar junction. This is the junction where the columnar epithelium of the endocervical canal meets the squamous epithelium of the vagina. It is the area where changes occur.

Pregnancy: do not use the endocervical brush or Cervex-Brush® Combi.
This resource is a guide for practitioners to assist them in identifying visual cervical appearances.

The images shown here are some examples of cervices you may see when taking a cervical sample.

Visual cervical abnormality may need further investigation even if screening tests are negative.

If you are uncertain about the appearance of the cervix, we recommend you seek a second opinion.

Further investigation not required in asymptomatic women:
- Nulliparous
- Eversion / ecropion
- Nabothian follicles
- Multiparous
- Atrophy

Consider further investigation:
- Polyp
- Cervical wart

Should be investigated:
- Mucopurulent discharge
- Cancer

Post-intervention - further investigation not required in asymptomatic women:
- Intra Uterine Device (IUD)
- Stenosis
- Post treatment

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