

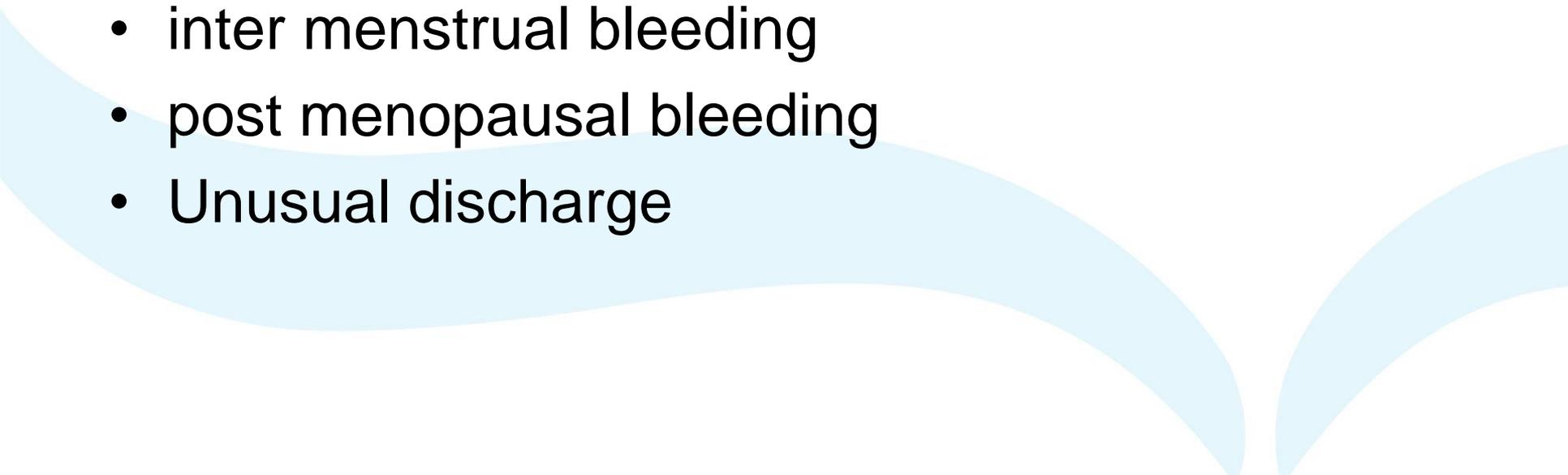
Cervical Skills Core Training

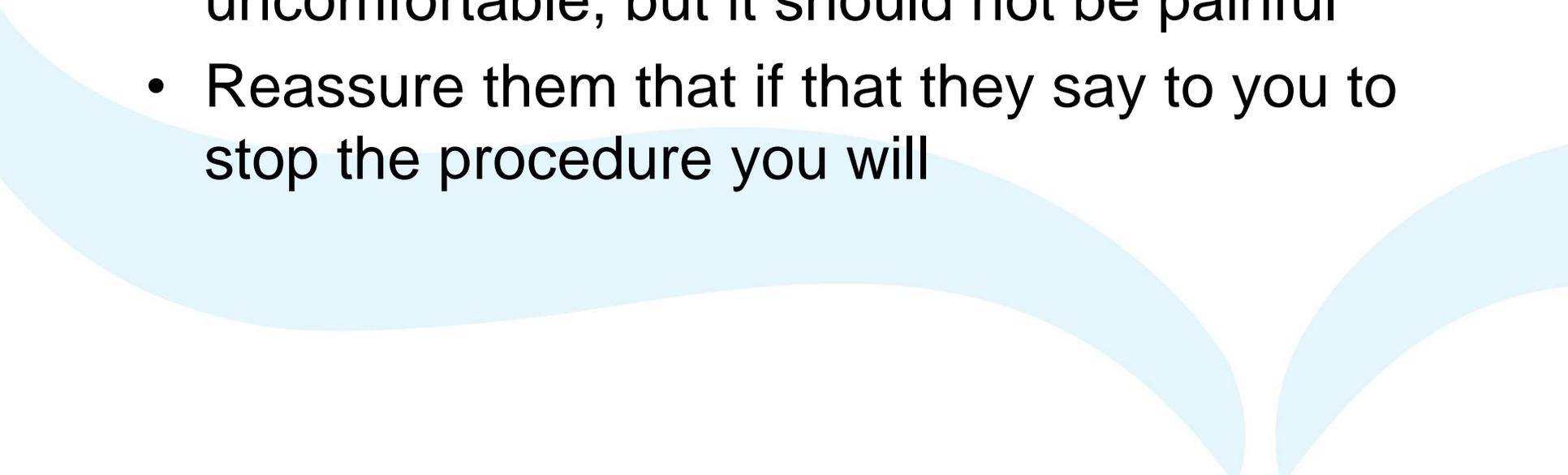
Pelvic Trainer: practical session



Information gathering/sharing

- Individual should be offered opportunity for a chaperone to be present
- Ask the individual to confirm their age and address
- Ensure individual understands the procedure for taking a smear
- If it is someone's first smear, time should spent explaining procedure, showing equipment and images of cervix

- Inform individual that the test is looking for the HPV – provide leaflet
 - Ask individual for the first day of last period
 - Seek symptoms of genital tract disease by asking if there has been any:
 - post coital bleeding
 - inter menstrual bleeding
 - post menopausal bleeding
 - Unusual discharge
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- Inform individual that you will lock door for privacy
 - Ask them to remove their lower garments and provide them with bed roll to cover themselves
 - Inform individual that the procedure may be uncomfortable, but it should not be painful
 - Reassure them that if that they say to you to stop the procedure you will
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Procedure

- Ensure all equipment has been collected before starting the procedure
- Check expiry date of pot



- Visualise cervix
- Insert speculum sideways



- Once inserted, rotate speculum so that the handle is facing upwards



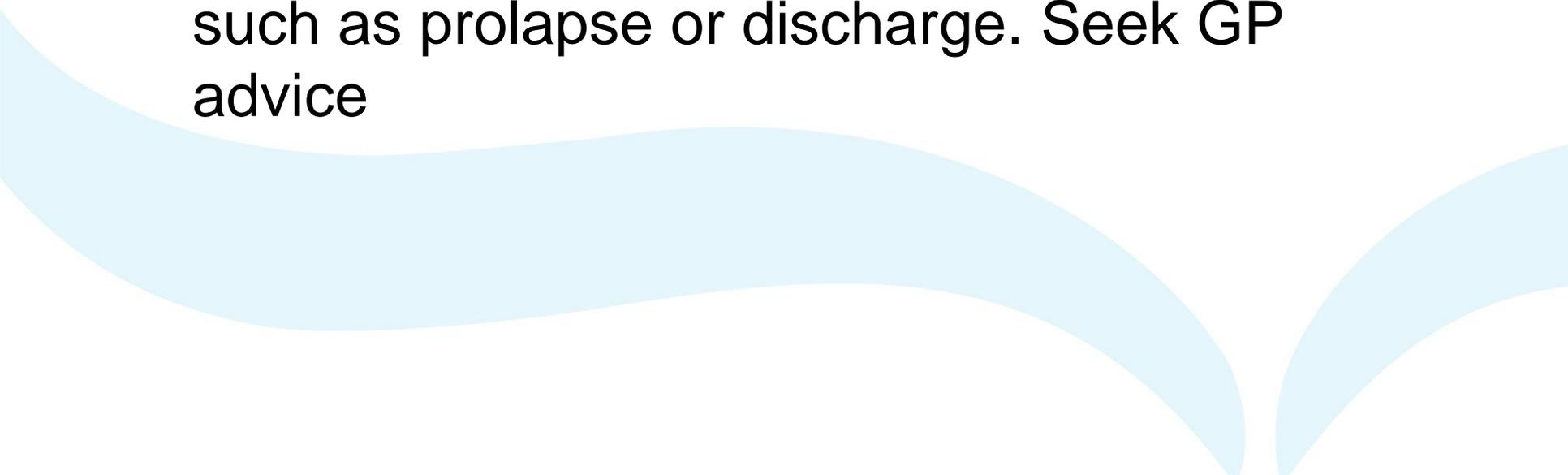
- Open the speculum blade (cervix must be visualised)
- Insert brush into the endocervical canal
- Rotation brush 5 times clockwise



- Place brush into pot and mash and swirl 10 times vigorously
- Align black marks on pot
- Label pot correctly



Clinical Observation

- Inspect the vulva. Note any warts, cysts, swellings, soreness, and bleeding, discharge or offensive odour
 - Note any abnormalities of the vaginal walls such as prolapse or discharge. Seek GP advice
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- Visualise the whole ectocervix, note any abnormalities, e.g. polyp, warts, ulcers. Seek GP advice
- Note: Nabothian follicles and ectropion are physiological changes and not an indication to refer to Colposcopy.
- Take a cervical screening test if it is due but do not wait for the result before referring.

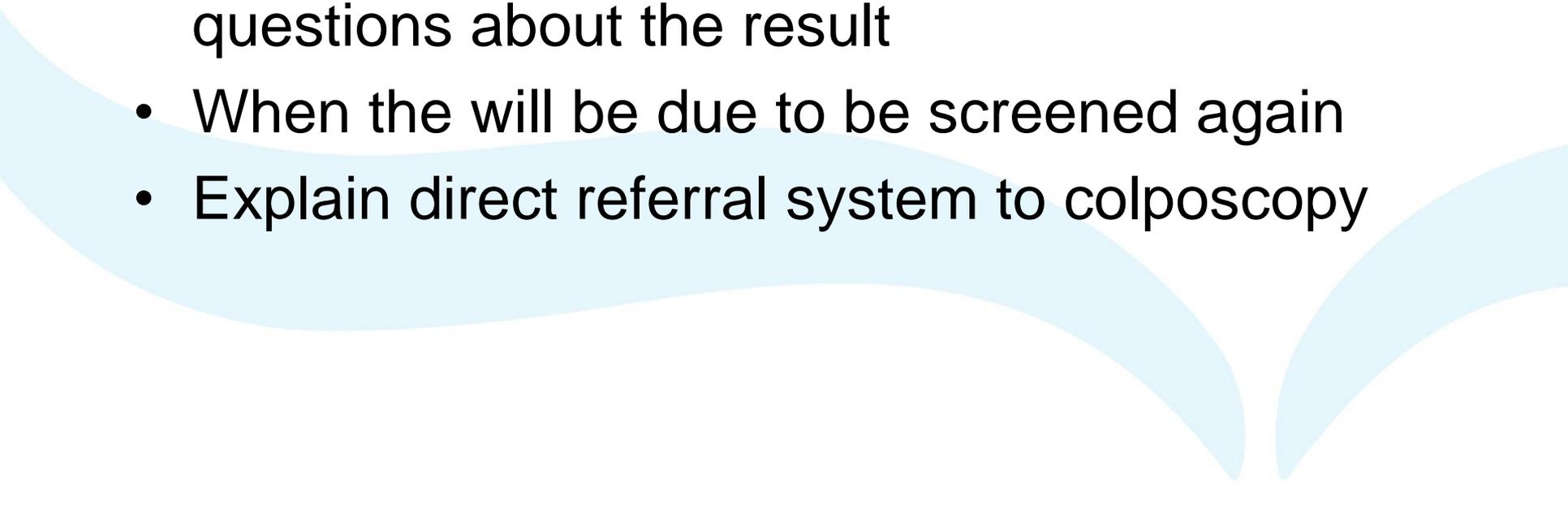
Swab tests

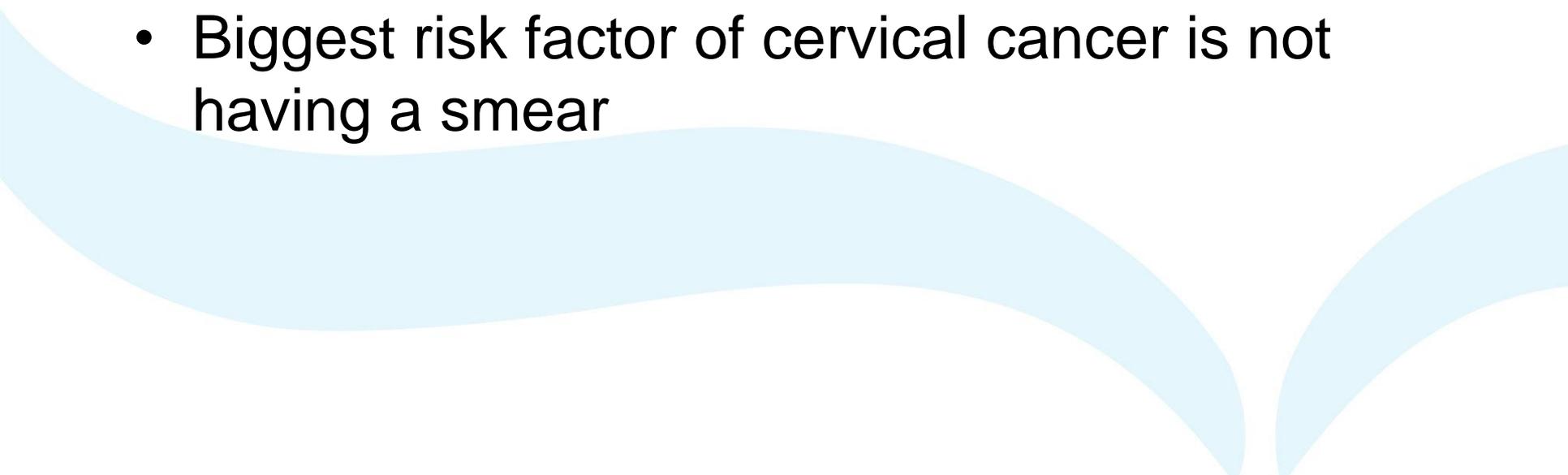
If swabs are to be taken to look for infections, e.g. chlamydia, these should be taken after the cervical screening test in the usual way, explaining what is happening to the patient.



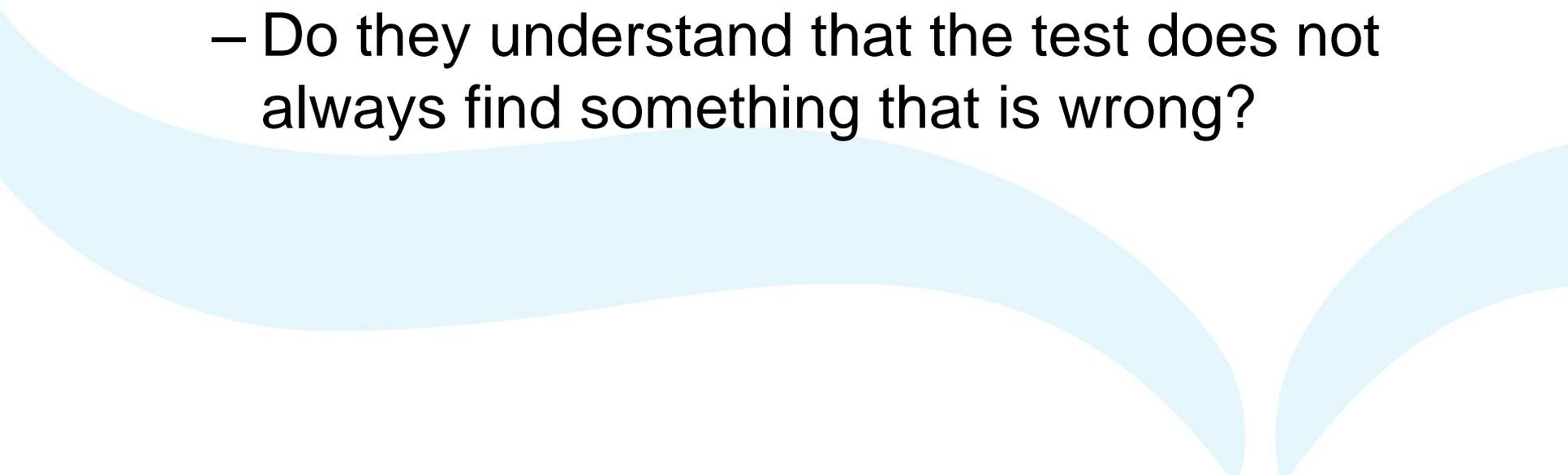
Following procedure

- Explain how results will be sent
- Explain the meaning of a 'failed' result test – neither positive or negative, could be due to not obtaining enough cells
- The meaning of a negative result
- The meaning of a positive result and what happens next – see patient pathways

- The meaning of a positive result and what happens next – see patient pathways
 - Explain that a positive result does not mean a cancer diagnosis
 - Explain when and how test results will be made available Who to contact to ask questions about the result
 - When the will be due to be screened again
 - Explain direct referral system to colposcopy
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- The purpose of cervical screening and its limitations
 - Thank the individual for their attendance saying you appreciate it is can be daunting
 - Biggest risk factor of cervical cancer is not having a smear
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Considerations for individuals with Learning Disabilities

- Informed consent
 - Does the patient have a basic understanding of what cervical screening is, its purpose, and why they have been invited?
 - Do they understand that the test does not always find something that is wrong?
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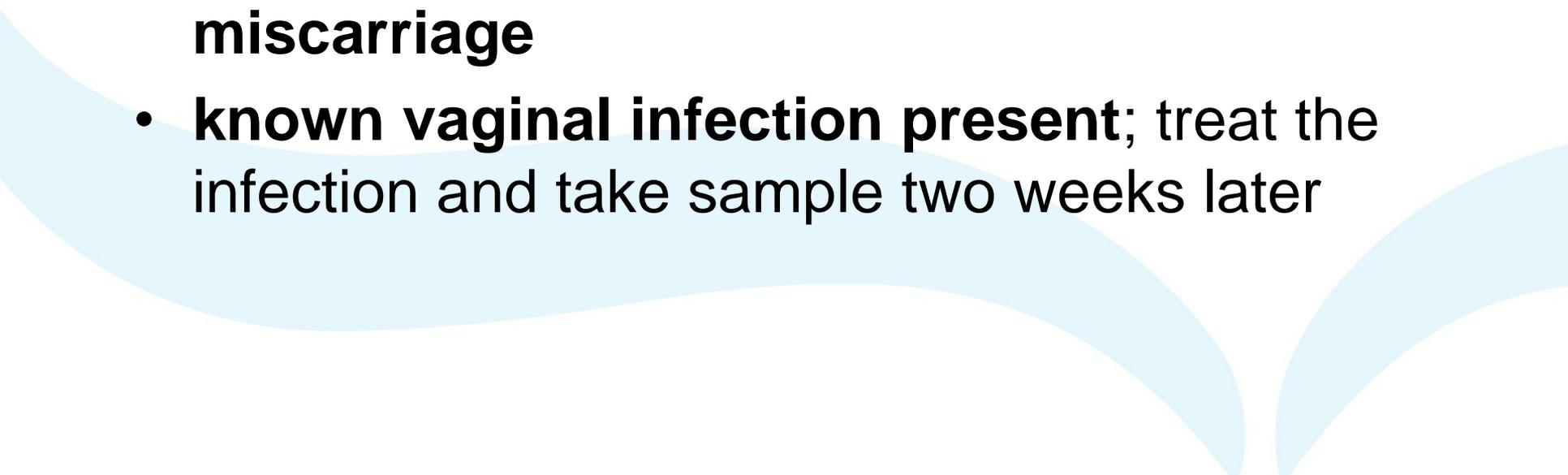
- Do they understand that an abnormal test result will mean having more tests? a
- Are they able to retain the information for long enough to make an effective decision?
- Are they able to make a free choice (that is, with no pressure from supporters or health professionals)?

Community Learning Disability Team are there to support the individual and you

When is a screening test not appropriate

- **During heavy Per Vaginal (PV) bleeding (as the test may not be satisfactory due to the presence of blood)**

Clinical judgement has to be used. There have been cases of cervical cancer where diagnosis was delayed because of persistent bleeding leading to a repeatedly postponed cervical screening test. Consider whether it is prudent to inspect the cervix if this scenario arises.

- **If the patient is pregnant** (defer the test unless clinical judgement indicates it is best to take one e.g. the patient has previously failed to respond to screening invitations and is very overdue cervical screening/never had a test)
 - **Patient less than 12 weeks post-natal and miscarriage**
 - **known vaginal infection present**; treat the infection and take sample two weeks later
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A Cervical screening test is not a diagnostic test and so is not appropriate in the following circumstances:

- If a patient under the age of 25 attends with symptoms that could be caused by cervical disease
- If a patient of any age presents with symptoms or signs suspicious of cervical malignancy (Take a cervical screening test if it is due but do not wait for the result before referring)

Useful links

- **Sample takers document**

<http://www.sccrs.scot.nhs.uk/Documents/Sample-Takers/National%20Sample%20Taker%20Advise%2002020%20v6.pdf>

- **Jo's trust**

<https://www.jostrust.org.uk/>

- **CRUK**

<https://www.cancerresearchuk.org/health-professional>

Sandyford

- <https://www.sandyford.scot/professionals>

CPD

- **FRSH**

<https://www.fsrh.org/home/>

- **NES – Trauma informed practice**

<https://learn.nes.nhs.scot/17122/equality-and-diversity-zone/protected-characteristics/mental-health/opening-doors-trauma-informed-practice-for-the-workplace>

- **Safe communication in health care practice**

<https://www.csmen.scot.nhs.uk/resources/online-resources/safe-communication-in-health-care-practice/>

- **Shared decision making**

<https://learn.nes.nhs.scot/18350/shared-decision-making>

- **Education for Health sexual health elearning**
 - <https://www.e-lfh.org.uk/programmes/sexual-health-and-hiv/> (ensure you are familiar with Scottish guidelines)
 - **RCGP sexually transmitted diseases**
<https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/sexually-transmitted-infections-in-primary-care.aspx>
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