

## Guidance Note 16

### Guideline for the management of the atypical appearance of the cervix in cervical screening

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#### Reason for this guidance note

- Sample takers working in the CervicalCheck programme will sometimes observe anomalies and abnormalities of the cervix when they examine the women.
  - Most findings are common variants that do not require any action.
  - Rarely, some findings may be suspicious of cancer.
  - Cervical screening is **NOT** a diagnostic test so if cervical cancer is suspected then the screening test should not be taken and the woman should be referred appropriately for assessment.
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#### Assessment

- The sampletaker's clinical judgement must be used in assessing the cervix for any abnormalities that may suggest the presence of a cervical cancer.
  - To ensure best management of this woman, correct referral is of the utmost important.
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#### Common Findings

Common cervical anomalies include:

- nabothian cysts (mucous retention cysts)
  - cervical eversion
  - cervical polyp/fibroid
  - endometriosis
  - obstetric/surgical scarring or trauma.
- Hormone use and childbirth can also impact on the cervix and how it may look on speculum examination.
  - These observations do **NOT** warrant referral to colposcopy and inappropriate referrals to colposcopy lead to delays in the service.

Click on the links for on-line resources: [Cervix image library](#); [Cervix visual assessment guide](#)

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#### Actions required when cervical cancer cannot be ruled out

If all of the above anomalies have been ruled out and the abnormality is still suggestive of cervical cancer:

- do not proceed with a cervical screening test
- refer immediately to the colposcopy clinic by phone call  
The phone call must be followed up with a written referral. Clear and detailed documentation on the appearance of the cervix must be included with the written referral.