CervicalCheck
AN CLÁR NÁISIÚNTA SCAGTHÁSTÁLA CEIRBHEACS
THE NATIONAL CERVICAL SCREENING PROGRAMME

Taking a Quality Cervical Screening Sample

Creating an environment of safety, trust and respect

FAQs



CS/PUB/ST-58 Rev 1

Contents

1. Administrative and scheduling considerations 1

1.1 What are the administrative duties involved in the delivery of a cervical screening programme in a practice/clinic? 1

1.2 What are the key considerations for healthcare professionals/admin staff when scheduling a screening appointment? 2

1.3 Must I offer a screening appointment for a woman that is not a patient of the practice? 4

1.4 Where can I order leaflets and educational materials for use in the surgery? 4

2. Consultation skills, informed consent and confidentiality 6

2.1 What information needs to be given to the woman in order for her to make an informed decision to participate in screening? 6

2.2 How can healthcare professionals ensure patients' understanding during the cervical screening process? 7

2.3 How can I ensure that the woman is giving fully informed consent for the test? 8

2.4 How is data collected and stored in the Cervical Screening Register (CSR)? 11

2.5 How will a woman's information be used by CervicalCheck? 12

3. Taking a quality Cervical Screening Sample 13

3.1 What are the steps involved in conducting a cervical screening consultation and test? 13

Optimising lighting & positioning for cervical screening 15

3.2 Should I use lubricant when passing a speculum to take a cervical screening sample? 18

3.3 What are the important aspects of completing the cervical screening form? 19

3.4 How can I make the cervical screening appointment more comfortable for the patient and reduce anxiety? 21

3.5 How can healthcare professionals provide specific support to different communities and individuals during cervical screening? 22

3.5.1 Supporting the LGBT+ Community 22

3.5.2 Supporting women who have experienced sexual trauma 23

3.5.3 Supporting women that have experienced Female Genital Mutilation (FGM) 24

3.6 How does the cervix vary in size, shape and position within the vagina depending on parity and mode of delivery? 26

3.7 What is a cervical ectropion (an ectopy)? 27

3.8 What are Nabothian follicles? 28

3.9 What is a cervical polyp? 29

3.10 Can you identify cellular abnormalities during sample taking? 30

3.11 What is the cervical screening protocol for women who have had a hysterectomy? 31

3.12 What is best practice in collecting a high-quality cervical screening sample? 35

3.13 What steps should be taken after a cervical screening test is complete? 37

3.14 How do you submit samples to the laboratory? 39

CS/PUB/ST-58 Rev 1

4. Troubleshooting when taking a cervical screening test 42

4.1 How can sample taking be made more comfortable for women experiencing menopausal symptoms? 42

4.2 Should I perform a cervical screening test if a woman is requesting one due to symptoms suggestive of cervical cancer? 46

4.3 Should I perform a cervical screening test if a woman wants an extra out-of-cycle non-programme screening test? 48

4.4 What do I do if I notice that the woman has a vaginal prolapse? 49

4.5 How do you support a woman with a learning disability? 50

5. Contraceptives and cervical screening 53

5.1 Can I take a cervical screening test when an Intra uterine contraceptive device (IUCD) is in place? 53

5.2 Do I need to remove a NuvaRing© prior to sample taking? 55

5.3 Do you need to remove a vaginal ring (pessary) prior to sample taking? 56

6. Cervical Cancer Awareness 57

6.1 What are the signs and symptoms of cervical cancer? 57

6.2 Is it appropriate to take a cervical screening test when a woman presents with abnormal vaginal bleeding or symptoms suggestive of cervical cancer? 58

This ebook outlines the principles and practical steps for taking a high-quality cervical screening sample, with emphasis on accuracy, patient comfort and inclusive care.

1. Administrative and scheduling considerations

1.1 What are the administrative duties involved in the delivery of a cervical screening programme in a practice/clinic?

In every GP practice or clinic, there must be a **Clinically Responsible Doctor (CRD)** who holds a contract with CervicalCheck to deliver a cervical screening service. The CRD can carry out the administrative tasks associated with the provision of cervical screening services on behalf of CervicalCheck or assign them to another registered sample taker within the practice/clinic.

The responsibilities of this role include

Registration

Ensure that all sample takers are registered with CervicalCheck under the CRD. If there is more than one CRD in the practice, each sample taker must register under each CRD. Click here to access the *Registration form for health professionals* to register sample takers in your practice/clinic.

Education and training

Support all sample takers to undertake an accredited Cervical Screening Education Programme.

All sample takers including the CRD must complete a Clinical Update every three years (these are available on nssresources.ie)

Supplies management

Order and manage supplies needed for cervical screening. Manage stock rotation of sample vials in line with manufacturer's expiry date on each vial batch.

Sample handling

Ensure samples are dispatched within three working days of the earliest test date and maintain a log to track them. The administrator must check the sample tracking system (log) to ensure that every sample issued has an associated result and correct recall recommendation.

Follow-up

Make sure that result recommendations are followed up and acted upon. The CRD has the responsibility to send colposcopy referrals, but the administrator must ensure that all referrals are sent and received.

Failsafe

Monitor and action any failsafe requests issued by CervicalCheck so that all HPV positive or abnormal cytology results are followed up appropriately.

Click here to find out more about how you can respond to failsafe requests.

Quality assurance

Download the quality assurance cervical screening protocol here: *CervicalCheck's cervical screening protocol and quality assurance audit tool*.

1.2 What are the key considerations for healthcare professionals/admin staff when scheduling a screening appointment?



1. Check eligibility

- Use the eligibility checker on the CervicalCheck website before confirming an appointment. You'll need:
  - Clinic ID
  - Woman's name & date of birth (DOB)
- The woman's CSP ID and eligibility date will appear at the end of the check.
- You can also check eligibility via Freephone 1800 454555.



2. Non-practice patients

- Any woman normally resident in Ireland can have a screening test at any registered practice (if she is eligible).
- On the day of the appointment, recheck eligibility for non-regular patients.
- Avoid patient mix-ups by flagging similar demographic details in the practice management system.



3. Answering common patient questions

Encourage women to ask questions. Here are some common ones:

- Is the test free? Yes.
- Can I bring a friend for support? Yes.
- Do I need my invitation letter? Preferably yes, but not required.
- For clinical questions, refer to a clinical healthcare professional.



4. Appointment timing and duration

- Consider childcare and working schedules when offering screening appointments.
- Consider if the patient needs a longer appointment and if it's available.



5. Chaperone option

- Patients can bring their own chaperone for emotional support.
- All patients should be offered a chaperone at the clinic.



6. Interpreter services

- If English is not the patient's first language, consider an interpreter. Click here for further information.
- Multilingual forms, information sheets & videos are available here on the CervicalCheck website.



7. Easy-read materials

- Accessible cervical screening information is available here for different stages of screening.
- Choose materials suited to the patient's needs.



8. PPS number

- Patients should bring their PPS number for record validation.
- If a woman does not have a PPS number a test may still be carried out, please contact the CervicalCheck helpline to confirm that she is registered with the programme and eligible for a test.



9. Best time for an appointment

- Avoid scheduling during menstruation.
- Light bleeding is okay—it is unlikely to impact the result.



10. Update contact details

Check that the woman's address on the Practice Management System is correct and ensure that the current correct address is printed on the cervical screening form so that the result letter issues to the right woman at the right address.

1.3 Must I offer a screening appointment for a woman that is not a patient of the practice?

Yes

Any eligible woman has the right to choose where she has her cervical screening test. Your practice should facilitate screening for all eligible women, even if they are not a registered patient of your practice.

Find a registered practice/clinic

Women can search for registered practices/clinics here on the CervicalCheck website.

1.4 Where can I order leaflets and educational materials for use in the surgery?

CervicalCheck provides a range of **information leaflets** that can be ordered from www.healthpromotion.ie

You can also access **learning resources** and downloadable materials on CervicalCheck to support patient education.



Case Study

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THE NATIONAL CERVICAL SCREENING PROGRAMME

Background

A 36-year-old woman is due for her routine cervical screening test but does not want to attend her registered GP practice due to personal reasons. She visits the CervicalCheck website to find alternative clinics registered with CervicalCheck in her area. After identifying a nearby clinic, she calls the practice to inquire about booking the screening test. The receptionist informs her that the clinic only offers screening to their own patients and therefore, she cannot be seen for the test.

The woman is upset, as the CervicalCheck website clearly states that women can attend any clinic or GP practice for their cervical screening test.

Situation

- The woman is frustrated because the information provided on the CervicalCheck website does not align with the policy of the clinic she contacted.
- The practice is unaware that they are obliged to provide cervical screening to women who are not registered patients, as part of their contract with CervicalCheck.

Resolution

The woman may feel hesitant to return to her original GP practice or may seek out another provider who can perform the screening. To prevent misunderstandings and ensure that all women have equal access to cervical screening, it is essential for all reception staff to be familiar with the guidelines outlined by CervicalCheck and for practices to adhere to them.

Learning Points

- **Staff Awareness:** Reception staff and practice managers should be informed of the CervicalCheck guidelines.
- **Patient-Centred Care:** Support women's choice of location for screening to enhance their experience.

2. Consultation skills, informed consent and confidentiality

2.1 What information needs to be given to the woman in order for her to make an informed decision to participate in screening?

When a woman attends for a cervical screening test, it is essential to inform and support her throughout the process.

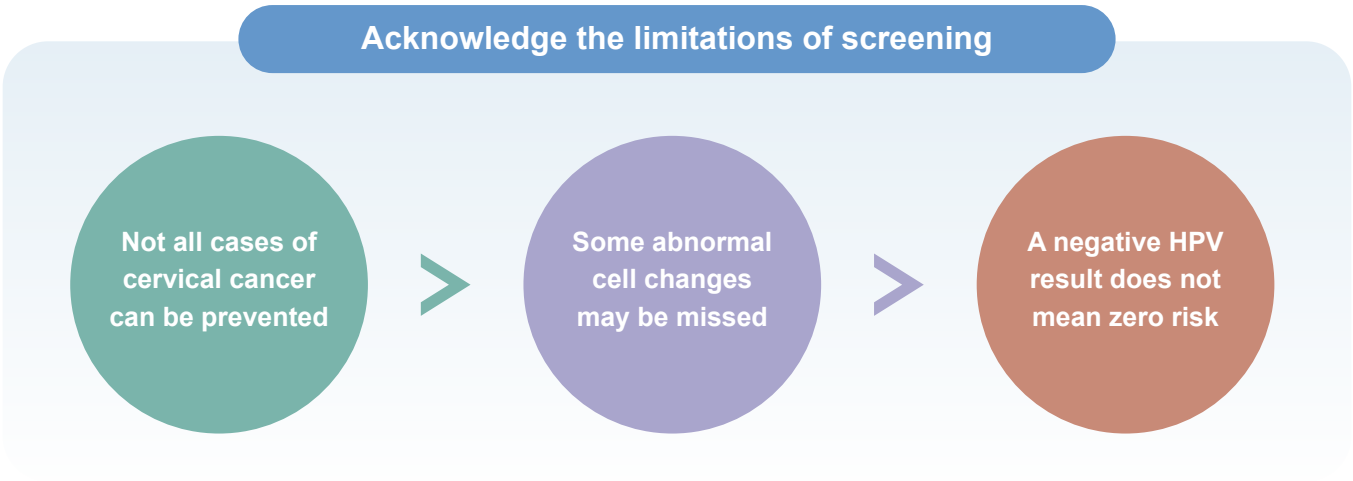
What should be explained?

- **The process** – What will happen during the test.
- **Benefits and limitations of screening** – What screening can and cannot do.
- **Ensure the purpose of screening is fully understood and the need for diagnostic investigations in the presence of abnormal symptoms such as bleeding is discussed**.
- **Any symptoms should be discussed with the GP even if the screening result is normal**
- **What the results might indicate and when and how results will be received.**
- **Data use** – How personal data is handled and protected.

Steps to follow for a good consultation

- **Share the CervicalCheck Information Sheet**
- **Use multilingual resources and easy-read materials where needed**
- **Explain the benefits and limitations of screening**
- **Explain all possible results and how and when the woman will receive her results**
- **Explain what colposcopy is and give an overview of all possible results and programme recalls**

HPV is the main cause of over 90% of cervical cancers – Early detection is key to prevention!



Cervical screening is NOT a test for cancer – It helps prevent it from developing.

If a woman develops abnormal symptoms between screening even in the presence of a normal screening test, she needs to seek medical advice promptly.

Additional resources for sample takers

- **Online Guide to accessible cervical screening information** – simple, plain English resources.

2.2 How can healthcare professionals ensure patients' understanding during the cervical screening process?

Ways to support understanding

- Use simple, jargon free language.
- Provide written information in advance where possible.
- Offer multilingual resources and interpreter services.
- Confirm understanding using "teach back" (ask the patient to summarise key points).

Helpful resources for sample takers

- **Multilingual forms**, information sheets and videos available on the CervicalCheck website.
- **Easy-read guides** – Accessible screening information tailored to different stages of the process can be found here.
- **Translation & interpreting services** – The HSE provides interpreter support if English is not the patient's first language; Further information can be found on the HSE Translation Hub

2.3 How can I ensure that the woman is giving fully informed consent for the test?

Informed consent is both a legal and ethical requirement. Sample takers should:

- ✓ **Use simple, jargon free language.**
- ✓ **Provide written information in advance where possible.**
- ✓ **Offer multilingual resources and interpreter services.**
- ✓ **Confirm understanding using "teach back" (ask the patient to summarise key points).**

Legal framework for consent

The Assisted Decision Making (Capacity) Act 2015 came into effect in April 2023.
For more details on this Act, click here

Presumption of capacity

All adults are presumed capable of making decisions for themselves.

Capacity is assessed for each decision at the time it is made.

Only challenge capacity if, after full support, the woman cannot understand, retain or communicate her decision.

- ✗ **Third-party consent (such as next of kin) is NOT accepted**

No one can consent for someone else unless they have legal authority to do so.
Consent must come directly from the individual or from someone who has the legal authority.

The NSS are actively working to implement the ADM legislation - any queries on this can be escalated to access@cervicalcheck.ie

How consent is given

A woman must actively consent to participate in CervicalCheck by:

- Signing the Cervical Screening Form.
- Providing a witnessed mark *(if unable to sign).*
- Giving verbal consent *(witnessed and documented).*

Consent allows CervicalCheck to

- Receive, store and use the woman's details and results.
- Share relevant information with the sample taker, laboratory, colposcopy services and the National Cancer Registry of Ireland (NCRI).
- Use the woman's screening test sample in teaching, in reviews/audits or research. The woman's information will be anonymised and kept safe, secure and confidential in line with current data protection regulations.

Case Study

Consent and capacity in cervical screening

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Background

Mary, aged 56, attends her local GP practice for a cervical screening test. She has an intellectual disability and is accompanied by her sister, who is also her carer. Reception staff had allocated a longer consultation time in recognition that Mary might need extra support. On arrival, her sister tells the sample taker, *"I give permission for Mary's test — she needs it done."*

What happens next?

The sample taker explains that CervicalCheck does not accept third-party consent. Consent must come directly from Mary, unless she cannot understand, retain, or communicate a decision even with support.

The sample taker sits with Mary, using easy-read materials and clear, simple language. She explains:

- What the test involves (showing the brush and speculum).
- Why the test is important for Mary's health.
- What will happen with Mary's information and results.

Mary is encouraged to ask questions and the sample taker checks her understanding by asking her to explain back what will happen. Mary nods, says *"yes,"* and signs the cervical screening form, clearly indicating her consent to proceed. Her sister acts as a witness.

Reflection and learning

- All adults are presumed to have capacity unless proven otherwise.
- Consent must come directly from the woman — not from family or carers.
- Support strategies (easy-read materials, visual aids, extra time) are essential for informed decision-making.
- ✗ Proceeding on the basis of third-party consent would have been unlawful and invalid.

Key takeaways for practice

- Always presume capacity and provide supports to aid understanding.
- Consent must be active and individual (signed, witnessed mark, or verbal consent).
- Reception staff may flag when a woman may benefit from easy-read materials at the time of booking, so she can review them at home before her appointment.
- Allowing longer consultation times ensures adequate discussion and a supportive environment for informed decision-making.
- Good documentation of the consent process protects both the woman and the sample taker.

Case Study

Missed consent – Form not signed

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Background

Sarah, aged 42, attends her GP practice for her routine cervical screening test. The consultation goes well — she understands the process, agrees to the test and the sample is taken without difficulty. However, the sample taker forgets to ask Sarah to sign the cervical screening form.

What happens next?

When the sample arrives at the laboratory, staff notice the missing signature. The lab sends the form back to the practice, which delays the processing of the sample. Sarah is contacted and asked to return to the practice to sign the form and verify that all her personal details are correct. Only then can her sample proceed for analysis.

Why do we ask a woman to sign the form?

The signature is the woman's formal consent to:

> Allow CervicalCheck to receive, store and use her personal details and screening results. This data will always be anonymised for research & reporting.

> Permit CervicalCheck to share relevant information with stakeholders involved in her care, such as:

– the sample taker.

– the laboratory.

– Colposcopy services.

– The National Cancer Registry of Ireland (NCRI).

Without this signed consent, the programme cannot legally process or share her information.

Reflection and learning

> Consent must be active, documented and witnessed.

> A missing signature causes delays, wasted resources and unnecessary stress for the woman.

> Forging or adding a patient's signature is fraud and a serious professional and legal breach.

Key takeaways for practice

> Always check the consent form is signed before sending the sample.

> If a signature is missed, recall the woman to complete and confirm the form.

> Never attempt to "fix" the error by signing on the patient's behalf.

> Implement a "double-check" system (e.g., reviewing the form before dispatch) to reduce errors.

2.4 How is data collected and stored in the Cervical Screening Register (CSR)?

The Cervical Screening Register (CSR) is a secure electronic database managed by CervicalCheck. It contains the demographic details of women living in Ireland.

What information is stored?

Demographic Details: Name, address, date of birth and PPS number.

Cervical Screening Programme Identifier (CSPID): A unique ID assigned to each woman.

Cervical Screening History: Results of screening tests and colposcopy procedures.

Other information: Information regarding hysterectomy, opt off, failsafe and colposcopy treatments

How is data collected?

- ✓ From the Department of Social Protection.
- ✓ From self-registration by women.
- ✓ When a woman attends a screening test.

Keeping the register updated

Women should inform CervicalCheck of any changes to their name or address.

Transgender men registered as male on the Department of Social Protection database will not receive an invitation letter and should self-register if they have a cervix.

Legal & data protection

The Health Provision of Information Act,1997 - Irish Statute Book allows CervicalCheck to obtain and store the details of women within the target population in order to deliver a cervical screening programme. CervicalCheck also store details of women outside the target age for public health and research purposes.

CervicalCheck is registered with the Data Protection Commissioner to ensure privacy and security.

2.5 How will a woman's information be used by CervicalCheck?

Consent matters - by giving consent, a woman allows CervicalCheck to:

- **Receive, hold and use personal details and screening information**
- **Share necessary information with relevant stakeholders**

Who are the relevant stakeholders?

Sample takers – ensures accurate screening and follow-up.

Laboratory – processes and analyses the screening sample.

Colposcopy services – manages any required follow-up care.

National Cancer Registry of Ireland (NCRI) – records screening outcomes for public health monitoring.

Maintaining confidentiality

Personal information is securely managed using a unique identification number:

- PPS Number (PPSN)
- Cervical Screening Programme Identifier (CSPID)

✓ Data is handled with strict confidentiality, ensuring privacy and security at all times.

More details can be found at www.cervicalcheck.ie in relation to how data is used by NSS/ CervicalCheck.

3. Taking a quality Cervical Screening Sample

3.1 What are the steps involved in conducting a cervical screening consultation and test?

Step 1: Check that the patient is eligible for screening

- This can be done by using the online eligibility checker and entering their PPSN and DOB. Use the CervicalCheck website before confirming an appointment.

Step 2: Check patient history & preferences

- Ask about previous experiences – Did a particular position or speculum work well before?
- Be mindful of previous negative experiences or adverse sexual experiences which may be triggering for the patient.

Step 3: Ensure patient comfort through Trauma Informed practices

- Ask about any fears and concerns the patient may have regarding cervical screening.
- Encourage the patient to ask questions to reduce fear and anxiety.
- Show the patient the equipment that will be used and offer her the opportunity to handle it.
- Encourage slow, deep breathing to promote relaxation.
- Reassure the patient that they can ask you to stop at any time if they feel discomfort.
- Offer option of toilet to empty bladder prior to test.
- Reassure the woman that the door will be locked to ensure privacy.

Trauma Informed Care Clinical update

Step 4: Prepare for the procedure

- Prepare the couch and trolley prior to the woman entering the room.
- Ensure all supplies are within easy reach.
- Check expiry date of all supplies
- Give clear instructions regarding privacy cover, need to undress from waist down, where the woman can put her clothes and position on examination table.
- Use adequate lighting, including a headlight if needed.

Step 5: Selecting & preparing the speculum



Choose the appropriate size based on:

- Age
- Parity (number and mode of delivery)
- Vaginal anatomy
- Available sizes: Extra small, small, medium, medium long and broad

Lubricate the speculum (if needed) – avoid applying lubricant to the tip. Guidance note.

Step 6: Speculum selection & technique

- Keep a range of speculae available on a tray/trolley.
- Use the largest size that can be comfortably inserted—this helps retract the vaginal walls for better visibility.

Special Considerations:

- **Tall women / Posterior cervix:** Use a medium long speculum.
- **Lax vaginal walls**: Place the thumb digit of a large glove over the blades of speculum and cut the tip off, add this before Lubricate the sheathed speculum before and after application for smooth insertion into the vagina.
- **Lubrication:** Always choose a carbomer-free lubricant, as products containing carbomers can interfere with the sample and risk producing invalid results.
- **How to apply lubricant properly:** Use minimal amount (pea sized amount) – too much can interfere with the sample. Apply only to the outside portion of the speculum, avoiding the tip and the area that will contact the cervix or the Cervex brush.

Optimising lighting & positioning for cervical screening

Lighting placement for clear cervical visualisation

- ✓ Use effective lighting to locate and assess the cervix.
- ✓ Ideal light sources:
  - > Wall-mounted or floor-standing flexible lights with halogen bulbs.
  - > Headlights for hands-free illumination.

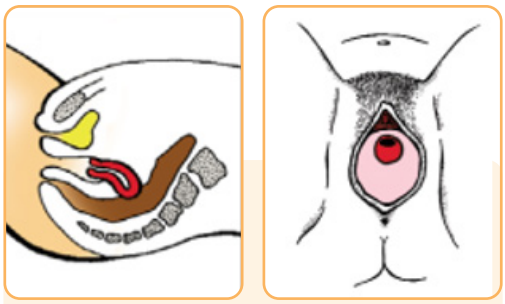
Tips for proper lighting

- > Angle the light correctly to illuminate the cervix and vaginal walls.
- > Be ready to adjust the lighting as needed.
- > Avoid contamination—handle the light with a paper towel when adjusting.

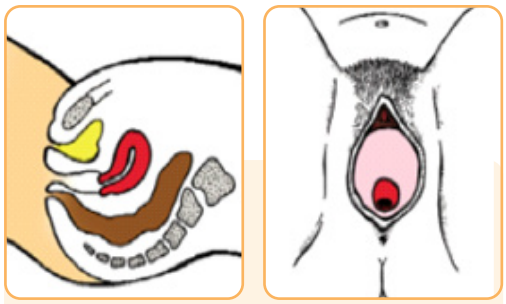
Optimal position for taking a cervical screening test

To ensure a quality cervical screening sample is achieved, the cervix must be visualised in its entirety. This can be challenging in some cases and the sample taker may need to consider different positional approaches.

The position of the cervix will vary from woman to woman and may be challenging to view.



Retroverted uterus - Cervix will be found anteriorly



Anteverted uterus - Cervix may be found posteriorly

Key message

If the cervix is not viewed in its entirety do not take the test.

Ask a colleague for help and if still unable to visualise the cervix refer the woman to colposcopy for screening.

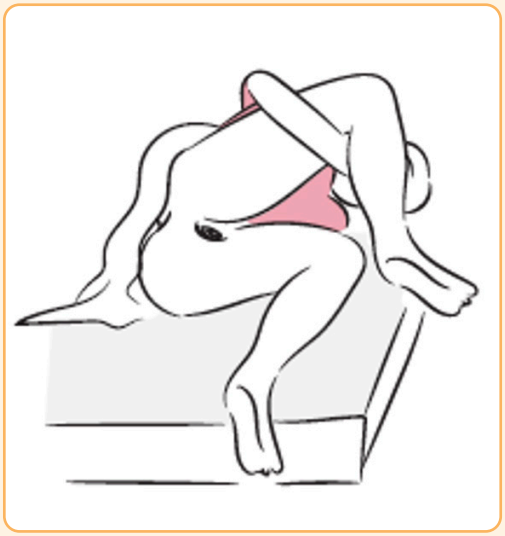
Positions to consider when taking a cervical screening test

Dorsal position (most common)



- ✓ Best for communication & observation between sample taker and patient.
- ✓ The woman lies with:
  - > Buttocks towards the light source for better visibility.
  - > Soles of feet together, knees bent, legs relaxed but open.
- ✓ Troubleshooting Tip:
  - > If visualisation is difficult, ask the woman to place her fists under her buttocks to adjust positioning.

Left lafteral position



How to position the woman in left lateral:

- ✓ The woman lies on her left side with her knees drawn towards her chest.
- ✓ The right buttock is slightly raised to allow for better access and visibility.
- ✓ The sample taker should position themselves behind the woman for optimal technique.

When to use the left lateral position:

- ✓ If the woman finds the dorsal position uncomfortable.
- ✓ If she has difficulty maintaining the dorsal position due to mobility issues.
- ✓ If the cervix is difficult to visualise in the dorsal position, particularly in cases of acutely anteverted or retroverted uterus.

Steps to inserting a speculum in the dorsal position

✓ Insertion of the speculum

1. Inspect the vulva and gently separate the labia.

2. Insertion

- Insert the speculum gently but firmly along the axis of the introitus, angling downwards and backwards.
- When the speculum is halfway in, rotate it gently 90 degrees.
- Angle the speculum towards the coccyx and do not open it until fully inserted.

3. Positioning

- Opening and closing the speculum while adjusting the angle should bring the cervix into view.
- Common error: Not inserting the speculum far enough.
- Allow the patient a moment to relax after speculum insertion.
- Consider that the cervix may be very anterior, posterior, or positioned to the sides

Adjustments

Using a medium long speculum

Avoid inserting too far—it may open in the fornix.

A slight withdrawal usually brings the cervix into view.

Dealing with flaccid vaginal walls

Tip: Place the thumb digit of a large glove over the blades of speculum and cut the tip off, use the speculum as normal with the glove in position to hold back the vaginal walls.

✓ This helps retract the vaginal walls and improves visibility.

✓ Always check the woman does not have a latex allergy prior to using this technique.



Insertion of the speculum

✓ **Record any difficulties** encountered during the procedure and note helpful solutions for future visits.

Example Notes:

"This woman has a retroverted uterus; cervix located anteriorly in the vagina."

"The cervix is very posterior; longest speculum was useful."

⚠ **Important:** If the cervix is present but **cannot be visualised, do not take a screening test.**

Resource

Please click on the link to view best practice in taking a cervical screening test video

3.2 Should I use lubricant when passing a speculum to take a cervical screening sample?

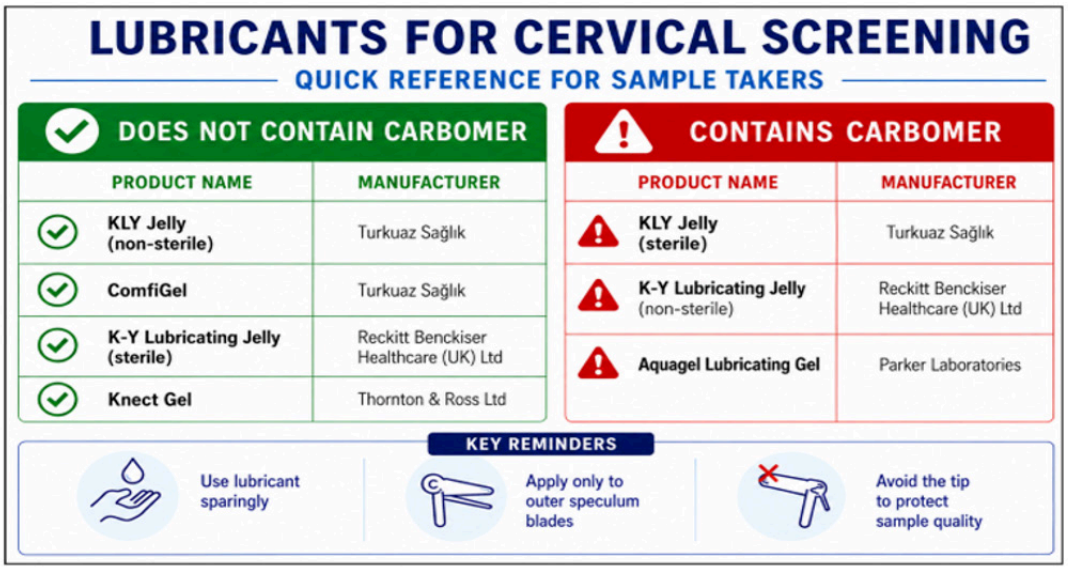
Why use lubricant?

Cervical screening can be uncomfortable for many women and painful for some. Using a small amount of lubricant can ease discomfort, reduce anxiety and improve the overall experience.

Which lubricant should you use?

Always choose a carbomer-free lubricant, as products containing carbomers can interfere with the sample and risk producing invalid results.

Common lubricants available in Ireland include



This information is accurate as of April 2026. Given that product formulations may change over time, it is recommended that users verify lubricant ingredients with both the HPRA and the relevant manufacturers on an ongoing basis.

There are other lubricants available. If you are using any lubricant other than the listed products confirmed by the HPRA as of April 2026, you must confirm the lubricant is carbomer free directly with the supplier, manufacturer or HPRA

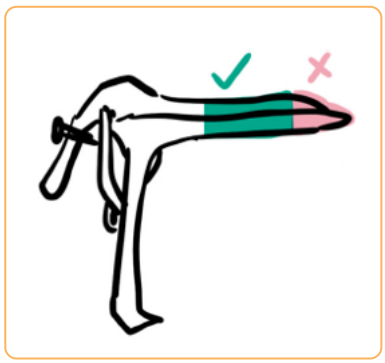
Key message

Please confirm with your supplier that your lubricating gel is carbomer-free, as gels containing carbomer may lead to invalid screening results. Carbomer-free lubricants are safe to use with cervical screening samples when used correctly. Click here to view guidance note on the use of lubricants.

Do not use water as a lubricant

Water does not provide adequate lubrication, evaporates quickly and can actually increase discomfort for women during the test.

How to apply lubricant correctly



- Use minimal amount (pea sized amount) – too much can interfere with processing the sample.
- Apply only to the outside portion of the speculum, avoiding the tip and the area that will contact the cervix or the Cervex brush.
- Select the appropriate size speculum.

Why is comfort important?

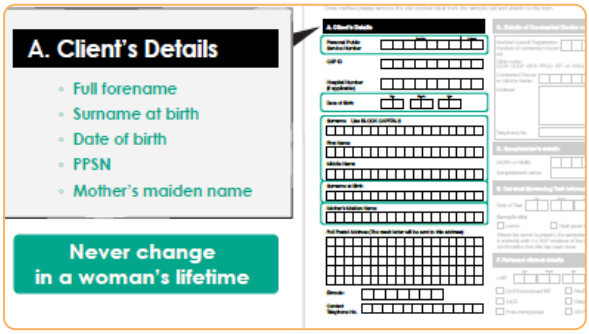
- A woman's experience during cervical screening matters. If the procedure is painful or uncomfortable, she may be less likely to return for future screenings.
- During menopause and in post-menopausal women, lower levels of oestrogen cause thinning, dryness and inflammation of vaginal tissues, known as **Genitourinary Syndrome of Menopause (GSM)**. This can make cervical screening more uncomfortable and, in some cases, affect the adequacy of the sample.

3.3 What are the important aspects of completing the cervical screening form?

Key responsibilities of the sample taker

- Record all mandatory demographic details in the woman's presence.
- Ensure legibility, accuracy and completeness of information.
- Take extra care if multiple patients with similar details attend (e.g. mother/daughter, twins, sisters).
- Accurately label the vial with the woman's name and DOB and complete all the mandatory demographics on the screening form (see below).

Mandatory demographic details



These must be recorded on the cervical screening form:

- ✓ Forename & Surname.
- ✓ Full residential address (for result delivery).
- ✓ Date of birth.
- ✓ Sample taker's name.
- ✓ Contract holder/CRD name (clinically responsible doctor).
- ✓ Registration numbers (Sample taker & CRD).
- ✓ First day of last menstrual period (LMP).
- ✓ Sample site (Cervix or Vault).
- ✓ Relevant medical history.

Unique identifiers (at least one required, but all recommended)

To avoid mix-ups, CervicalCheck recommends completing all of the following:

- ✓ Personal Public Service (PPS) number.
- ✓ Cervical Screening Programme Identification (CSP ID).
- ✓ Surname at birth.
- ✓ Mother's maiden name.

Permanent identifiers (do not change in a woman's lifetime)

- > PPS number & CSP ID.
- > Surname at birth & Mother's maiden name (when combined with Date of Birth).

Tip: Many practice management systems allow patient records with similar demographics to be flagged to reduce the risk of selecting incorrect details.

Obtaining consent

- > The woman must sign the cervical screening form, make a witnessed mark, or provide witnessed verbal consent as per Q2.3-2.5.
- > Ask the woman to check all demographic details are correct on form before she signs consent.
- > Before proceeding with screening, ensure all questions and concerns have been addressed and obtain consent from the patient. Cervical screening consent form.

Resource

Please click on the following link to view video on Best Practice for completing Cervical Screening Form

3.4 How can I make the cervical screening appointment more comfortable for the patient and reduce anxiety?

Creating a comfortable and supportive cervical screening experience

Cervical screening can be a routine procedure for some women, while for others, it can be a source of anxiety or distress. Healthcare professionals play a key role in ensuring that every woman feels safe, respected and in control during her appointment.

Here's how you can make the cervical screening experience more comfortable and reduce anxiety.

Step 1: Preparing the environment

- Ensure the room is warm, quiet and fully equipped with all necessary supplies.
- Consider using soft lighting and soothing background music to create a calming atmosphere.
- Provide privacy and reassurance that the appointment is confidential.

Step 2: Welcoming and building rapport

- Greet the patient warmly, express gratitude for their attendance and check how they're feeling.
- Use inclusive, jargon-free language to enhance understanding and comfort.
- Share your experience as a sample taker to subtly reassure any anxieties.
- Offer multilingual resources where needed.

Step 3: Managing anxiety and distress

- Explain the procedure clearly before starting—knowing what to expect can ease fears.
- Encourage a support person (friend or family) to attend if desired.
- Teach relaxation techniques, such as deep breathing, to help manage anxiety.
- Speak gently and reassuringly, keeping the conversation light and supportive.
- Validate their emotions—let them know it's okay to feel anxious and they're in control.

Additional support & next steps

- If a woman's anxiety is severe, consider a mild relaxant (at the discretion of the CRD).
- In cases where screening is not possible due to anxiety, refer to a colposcopy unit for specialist care.
- If screening is not possible due to trauma, refer to a specialist Sexual Assault Treatment Unit (SATU) that offers cervical screening.
- After the screening test is taken, ask the patient how was the experience and provide any necessary follow-up support.

3.5 How can healthcare professionals provide specific support to different communities and individuals during cervical screening?

Healthcare professionals play a vital role in ensuring that all individuals feel informed, respected and supported during cervical screening. This includes addressing specific needs, reducing barriers and creating an inclusive environment.

3.5.1 Supporting the LGBT+ Community

Understanding HPV transmission

- Anyone with a cervix who has had any form of sexual contact at any age can contract HPV.
- HPV is transmitted through skin-to-skin contact, including:
  - ✓ Digital, vaginal, anal and oral sex.
  - ✓ Touching in the genital area.
  - ✓ Sharing sex toys.
- Condoms do not fully prevent HPV transmission, as it can spread through any skin-to-skin contact.
- HPV infection is most common in young people during their first decade of sexual activity, with cases peaking between ages 18 and 30.

Barriers to screening for LGBT+ people

A CervicalCheck study identified key barriers preventing LGBT+ individuals from attending cervical screening:

Heteronormative assumptions by healthcare professionals

- This means assuming that all patients are heterosexual and cisgender (identifying with the gender assigned at birth).
- For example, assuming that a woman has only had sexual relationships with men or failing to recognise that trans men with a cervix may also require screening.
- Inappropriate or gendered questions that do not reflect the person's identity
- Fear or anxiety about the test procedure

How to provide better support

- ✔ Use inclusive language and avoid assumptions
- ✔ Ensure questions reflect the person's lived experience
- ✔ Provide clear, reassuring information about the procedure
- ✔ Direct individuals to LGBT+ awareness resources in cervical screening

Further resources

CervicalCheck has developed dedicated LGBT+ awareness materials for healthcare professionals. Explore them here.

3.5.2 Supporting women who have experienced sexual trauma

Psychological well-being is a crucial consideration in cervical screening. Studies indicate that two in every five women will experience some form of abuse in their lifetime (click here to access CSO sexual violence report 2022). For those who have experienced sexual trauma, a cervical screening appointment can be distressing.

Healthcare professionals must be able to recognise the signs of trauma and integrate the principles of Trauma-Informed Care into their practice to ensure a compassionate and supportive experience.

Key Principles of Trauma-Informed Care

Using sensitive and respectful communication

Be aware of language that can be triggering

Offering choice and control to the patient

Being aware of potential triggers

Encouraging collaborative decision-making

Learn more: Trauma-Informed Care in Cervical Screening

To deepen your understanding, watch this webinar on Trauma-Informed Care and Cervical Screening.

Specialist support in Sexual Assault Treatment

Four of the six **Sexual Assault Treatment Unit's** (SATU) in Ireland currently offer a specialist cervical screening service for people who have experienced sexual violence.

SATUs Providing Cervical Screening Services:

- ✓ **Donegal SATU**
- ✓ **Dublin (Rotunda) SATU**
- ✓ **Galway SATU**
- ✓ **Waterford SATU**

Trained SATU staff are skilled in providing trauma-informed cervical screening, ensuring a more comfortable and patient-centred experience for survivors of sexual violence.

Future expansion of cervical screening clinic: Work is underway to extend this service to additional SATUs across Ireland.

3.5.3 Supporting women that have experienced Female Genital Mutilation (FGM)

Understanding the challenges

Women who have undergone Female Genital Mutilation (FGM) may experience significant barriers to cervical screening, including:

- > Language barriers.
- > Cultural stigma surrounding cervical disease.
- > Fear, anxiety or trauma associated with medical examinations.

For some, the physical challenges of screening can be profound. If FGM has resulted in only a small opening for urination, it may be difficult to:

- ✓ Visualise the cervix.
- ✓ Take an adequate sample of cells.
- ✓ Conduct the procedure without causing pain.

The Emotional and psychological impact



Lifelong emotional difficulties can make cervical screening distressing. Disclosure of FGM may cause anxiety, particularly if the woman was unaware of her experience.



Some women may not know they have undergone FGM. Receiving this information during screening may be distressing and require time to process.



Being in a screening position and exposing genitalia may trigger trauma or flashbacks.

Providing compassionate care to support women affected by FGM

1. Approach the conversation with sensitivity and cultural awareness.
2. Explain the process clearly and allow extra time if needed.
3. Offer reassurance, choice and control throughout the cervical screening procedure.
4. Refer to specialist services for additional support and care. Available at the IFPA clinic in Tallaght

For more information and specialist services, click here

3.6 How does the cervix vary in size, shape and position within the vagina depending on parity and mode of delivery?

Cervix in women who have never given birth vaginally



- ✓ Size: typically, small
- ✓ Shape: small, pinhole-like opening (external os)
- ✓ Position: high in the vagina

Cervix in women who have given birth vaginally



- ✓ Size: generally larger
- ✓ Shape: more irregular, external os may appear wider/slit-like
- ✓ Position: often lower in the vagina

⚠ All sample takers need to be able to identify the cervical landmarks needed in order to obtain a quality sample. A sample taker must visualise the cervix in its entirety and ensure cells are sampled from the squamocolumnar junction (SCJ) and the transformation zone (Tz).

Why is this important for cervical screening?

- ✓ Full visualisation of the cervix is essential, especially the transformation zone—the area where most cervical cytological abnormalities originate.
- ✓ Awareness of cervical variations helps in selecting the right speculum and ensures an accurate screening test.

Cervical appearances and influencing factors

The appearance of the cervix varies due to several factors, including:

- > Age – hormonal changes over time affect cervical texture and position.
- > Parity – vaginal childbirth alters the size and shape of the cervix.
- > Hormonal status – puberty, pregnancy, menopause and contraceptive use influence cervical appearance.
- > Infections – certain infections can cause inflammation, discharge, or unusual textures.
- > Previous surgeries – procedures such as LLETZ, cone biopsy, or hysterectomy can leave scars or alter cervical structure.

Key considerations for sample takers

Cellular abnormalities or precancerous changes cannot be detected by the naked eye.

Be familiar with normal cervical variations, such as Nabothian follicles or polyps.

Avoid misinterpreting benign changes during screening.

By understanding these variations, sample takers can confidently assess the cervix and ensure high-quality sample collection. Please refer to Clinical reference chart for visual inspection of the cervix.

3.7 What is a cervical ectropion (an ectopy)?



Cervical ectropion occurs when glandular cells from the endocervical canal migrate to the outer cervix (ectocervix). This natural process, also known as eversion, is influenced by hormonal changes and cervical growth.

Key facts

Previously referred to as cervical erosion.

Often seen in women on hormonal contraception.

While it may appear alarming, it is a common physiological change.

Best practice for sample takers:

If a wide ectropian is present you may need to remove the brush from the os when completing the final rotations to ensure you sample the entire Tz and Squamocolumnar junction.

The cervical sample should contain:

- ✓ squamous cells
- ✓ columnar cells
- ✓ cells from the Tz zone
- ✓ cells from the Squamocolumnar juction.

Recognising normal cervical changes helps ensure high-quality sample collection and reduces unnecessary concerns for patients.

3.8 What are Nabothian follicles?



- ✓ Nabothian follicles are small, mucus-filled cysts on the surface of the cervix.
- ✓ A normal and benign finding during cervical screening.

How do they form?

The stratified squamous epithelium of the ectocervix grows over the columnar epithelium that has everted out from the endocervical canal. This blocks the cervical crypts, trapping mucus inside, leading to cyst formation.

Appearance

Often seen on the cervix at different stages of ripeness—ranging from small, translucent bumps to larger, opaque cysts.

Key message

Nabothian follicles do not indicate disease and typically require no treatment.

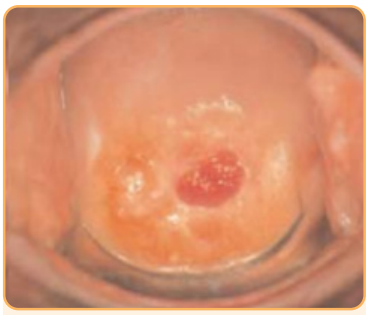


3.9 What is a cervical polyp?

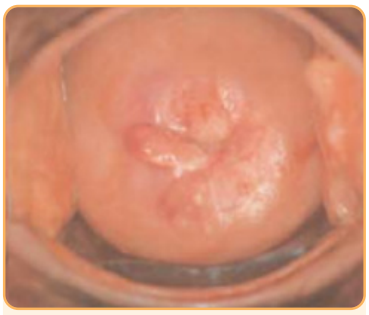
Two main types of cervical polyps

Sessile: broad-based and attached directly to the cervix.

Pedunculated: Attached by a thin stalk, allowing movement.



Sessile polyp



Pedunculated polyp

Screening considerations

- If a polyp is present, the cervical screening test can proceed as usual.
- Ensure the sample includes cells from the transformation zone.
- If a pedunculated polyp is noted ensure you sample on and under the polyp.

When to refer?

If the polyp is causing symptoms such as

Unexplained bleeding > **Persistent discharge** > **Other discomfort**

Next steps: symptomatic polyps may require referral to an ambulatory gynaecology unit for further evaluation.

Resource

Clinical guidance note on Management of abnormal bleeding or other symptoms of cancer.

3.10 Can you identify cellular abnormalities during sample taking?

A thorough visual examination is essential but diagnosis relies on colposcopic assessment and histopathology. A screening test should not be taken if cancer is suspected. Always act on suspicious findings to ensure timely intervention; you should contact colposcopy for further advice and possible urgent referral.

What should you do if you notice an abnormality?



If you observe an unusual or suspicious lesion on the cervix that does not appear benign.



Do not ignore it—abnormalities may require further assessment.

Contact colposcopy for expert advice.

Consider urgent referral if needed.

Key message

If there is a clinical suspicion of cervical cancer DO NOT TAKE THE TEST and refer urgently to colposcopy.

Please click onto CervicalCheck Vulva and Cervix Image Library to access the Cervix Library.

Please click here to assess Clinical reference chart for visual inspection of the cervix

You can register on Nssresources to complete a clinical update on **Enhancing Cervical Screening: Cervical Visual Assessment Guide** presented by our Clinical Director Prof Noirin Russell.

3.11 What is the cervical screening protocol for women who have had a hysterectomy?

Eligibility depends on the type of hysterectomy:

- **Sub-total hysterectomy: Uterus removed but cervix remains**
- **Total hysterectomy: entire uterus and cervix removed**

Click here to read more about different types of hysterectomies.

Documenting a sub-total hysterectomy on the screening form

If a woman has had a sub-total hysterectomy, her cervix is still intact, she should be screened as per the general population. This is documented on the screening form by:

- Ticking the sample site as **cervix**.
- Ticking the **sub-total hysterectomy box**.

Form completion for Sub-total Hysterectomy

E. Cervical Screening Test Information

Date of Test Day ☐☐ Month ☐☐ Year ☐☐

Sample site

☑ Cervix ☐ Vault (post total hysterectomy)

Where the cervix is present, the sampletaker must visualise the entire cervix and sample it correctly with 5 x 360° rotations of the broom/brush. Submission of the sample is confirmation that this has been done.

F. Relevant clinical details

LMP Day ☐☐ Month ☐☐ Year ☐☐

☐ OCP/Hormones/HRT	☐ Pre/Post Transplant	☐ Post-coital bleeding
☐ IUCD	☐ Dialysis	☐ Post-menopausal bleeding
☐ Post-menopausal	☐ HIV Positive	☑ Sub-total Hysterectomy
		☐ Total Hysterectomy

Correct documentation of a sub-total hysterectomy will:

- **Confirm you have viewed the cervix in its entirety**
- **Ensure the woman gets the correct recall as per the general population.**

Documenting a total hysterectomy on the screening form

If a woman has had a total hysterectomy her uterus and cervix has been removed, her screening requirements will depend on the reason for her total hysterectomy.

Screening requirements following a total hysterectomy

If the total hysterectomy is for

Non-CIN or non-cancer pathology reasons:

- No further cervical screening is needed.
- The treating clinician or the GP should complete the Hysterectomy Data Collection Form and advise the woman she requires no further screening. Otherwise, the woman will receive unnecessary CervicalCheck invites which could result in over-screening.

Key message

If you are informed that a woman has had a total hysterectomy and the histology is benign, download the Data Collection form and email it to admin@cervicalcheck.ie. CervicalCheck will make this woman permanently inactive and she will receive no further screening invites.

- **Click here to access the Hysterectomy Data Collection Form.**

Total hysterectomy for the treatment of CIN or unexpected CIN noted on histology:

- The woman should be referred to colposcopy for follow-up by the Gynaecologist who performed the hysterectomy.
- If the Gynaecologists omits to refer the woman to colposcopy this can be done by her GP, requesting the woman be seen for post hysterectomy screening.
- The treating colposcopist will determine the follow up and discharge instructions.

Total hysterectomy but her histology is unknown:

- Such as in cases where there is no available documentation detailing her procedure and outcome.
- She should undergo **one further screening test** documenting sample site as a vault and Total hysterectomy ticked on the form.
- If this **HPV test is negative**, she can be discharged from screening, provided her doctor signs and returns the Hysterectomy Data Collection Form to CervicalCheck to confirm that the woman requires no further screening.
- If this **HPV test is positive**, she will be recalled as per the general population.

Click here to read the full Guidance Note on screening after hysterectomy.

A total hysterectomy is documented on the screening form by:

- Ticking the sample site as **Vault**.
- Ticking the **Total hysterectomy box.**

Form completion for a Total Hysterectomy

E. Cervical Screening Test Information

Date of Test Day ☐☐ Month ☐☐ Year ☐☐

Sample site

☐ Cervix ☑ Vault (post total hysterectomy)

Where the cervix is present, the sampletaker must visualise the entire cervix and sample it correctly with 5 x 360° rotations of the broom/brush. Submission of the sample is confirmation that this has been done.

F. Relevant clinical details

LMP Day ☐☐ Month ☐☐ Year ☐☐

☐ OCP/Hormones/HRT	☐ Pre/Post Transplant	☐ Post-coital bleeding
☐ IUCD	☐ Dialysis	☐ Post-menopausal bleeding
☐ Post-menopausal	☐ HIV Positive	☐ Sub-total Hysterectomy
		☑ Total Hysterectomy

Completion of the Hysterectomy Data Collection Form

- CervicalCheck does not have access to a woman's medical history or records.
- CervicalCheck does not automatically remove women from the Cervical Screening Register after hysterectomy, as the Programme does not have the relevant information.
- A woman can only be removed from the register by herself, or by her clinician completing the Hysterectomy Data Collection Form.

When a negative vault screening result is received, CervicalCheck will automatically send a Hysterectomy Data Collection Form to the sample taker for completion.

A woman will no longer receive invitation letters once the doctor returns the Hysterectomy Data Collection Form, confirming a total hysterectomy and no further need for screening (provided there is no history of CIN treatment or unexpected CIN on histology).

Once the form is processed and actioned on the register, the woman will be notified by post that she will no longer be invited for screening.

Please complete all sections of the form and sign and stamp same before returning it to CervicalCheck to ensure the woman is correctly removed from the Cervical Screening Register(CSR). This will ensure the woman does not receive any unnecessary future invitations.

If there are any uncertainties regarding the type of hysterectomy a woman has had and any confusion over whether she has or has not got a cervix intact:

- Perform a speculum examination to determine if there is a cervix present.
- Request the discharge medical notes/histology reports from her Gynaecologist who preformed the hysterectomy to verify the type of hysterectomy preformed.
- Refer to colposcopy for assessment if sample site can not be determined by speculum exam and cannot be confirmed by discharge medical notes/ histology reports from her Gynaecologist.



CervicalCheck
AN CLÁR NÁISIÚNTA SCAGTHÁSTÁLA CEIRBHEACS
THE NATIONAL CERVICAL SCREENING PROGRAMME

Hysterectomy Data Collection Form

Dear Doctor,

In order to avoid inappropriate correspondence with a woman who has had a total hysterectomy and who does not require future cervical screening, please complete and return the form below if CervicalCheck should cease correspondence with the identified woman.

Woman's name: _____

Woman's address: _____

_____

_____

_____

Date of birth: ___ ___ ___ ___ ___ ___ ___ ___

PPS number: _____

Surname at birth: _____

Mother's maiden name: _____

For reference:

Cervical Screening Results and Management Recommendation Guide.

CS/PUB/ST-39 Cervical or Vault Screening Post Hysterectomy flow chart.

CS/PUB/ST-44 CervicalCheck Clinical Guidance Note: Cervical Screening post Hysterectomy.

These publications are available on the CervicalCheck website *(Information for Health professionals)*.

I wish to confirm that the woman identified above does not require cervical screening in the future as she has had a total hysterectomy.

Doctor's signature: _____

Doctor's MCRN: _____

Date: ___ ___ ___ ___ ___ ___ ___ ___

Doctor's stamp

The completed form should be returned to: **CervicalCheck, Freepost LK407, Limerick**

CS/F/REG-42 Rev 8

3.12 What is best practice in collecting a high-quality cervical screening sample?

Examine the cervix carefully, noting any features such as:

- Eversion.
- Polyps.
- Nabothian follicles.

Collecting the sample

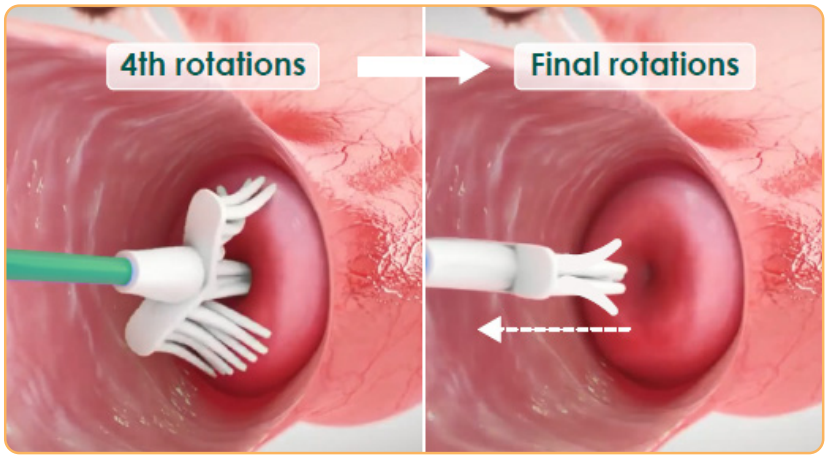
- Identify your landmarks, ensuring you sample the SCJ, squamous and columnar cells and the transformation zone.
- Insert the long central bristles of the Cervex brush (broom with green handle and white tip) into the cervical os.
- Rotate the brush 360° five times clockwise, applying gentle “pencil” pressure for optimal contact with the ectocervix.

Ensure full sampling of:

- ✓ Cervical os
- ✓ Squamocolumnar junction (SCJ)
- ✓ Transformation Zone (Tz)

⚠ Incomplete sampling can lead to false negatives!

If eversion is present, spiral the brush outward in a circular motion to ensure the entire area is sampled effectively.



Transferring the sample



- Immediately transfer the collected cervical cells into the vial.
- Vigorously mash & bash the broom against the bottom of the vial to release the cells.

⚠ DO NOT stand the broom in the vial!

- No need to transfer mucus—only the cellular sample is required.



- Tighten the cap of the vial just past the torque line to ensure a secure seal.
- Double-check that the lid is fully closed to prevent leakage or contamination.

Speculum removal & aftercare

- ✓ Loosen the speculum: gently release the screw to fully relax the blades before removal.
- ✓ Ensure the cervix is not pinched when closing the speculum.
- ✓ Check for contact bleeding: inform the patient if present and offer a light sanitary pad.
- ✓ Dispose of equipment: place used materials in the clinical waste bin.
- ✓ Label the vial: ensure proper identification for accurate processing.
- ✓ Remove the detachable vial sticker identifying vial number and attach to screening form (upper right hand corner of screening form).

Resource

Please click on the following link to view video on Best Practice when taking a quality cervical screening sample

3.13 What steps should be taken after a cervical screening test is complete?

Immediate post-test care



Provide privacy for the patient to get dressed



Invite them to sit comfortably at the desk



Check if they are feeling okay and offer water



Ask if they have any immediate questions



Be prepared for varied reactions—offer extra time or space if needed

Explaining next steps



Outline possible results and recommendations



Explain how and when they will receive their results



Inform them about cervical cancer symptoms and the importance of seeing a doctor if symptoms arise—regardless of screening results

Clinical documentation (examples, not exhaustive)

- Speculum size: record if relevant.
- Cervical position: document the position of the cervix.
- Cervical appearance:
  - Cervix visualised? describe its appearance.
  - Bleeding on contact if present.
  - Abnormal discharge if noted.
  - Physiological changes (e.g., eversion, post-menopausal changes).
  - Cervical anomalies.

Sample handling & final steps

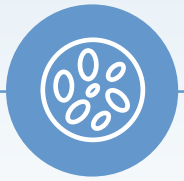
- ✓ Check all details on the form and ensure the vial is correctly labelled.
- ✓ Attach the vial label to the form.
- ✓ Place the sample and the corresponding form in the transport box.
- ✓ Complete the sample log.

Checklist prior to sample dispatch

- Each vial has a minimum of 6 weeks/42 days expiry left on it. **Remember vial date format is YYYY/MM/DD.**
- Each vial has been labelled correctly with woman's unique identifiers: First name/Surname and DOB
- Each vial must have a corresponding form
- Check that the details on the form are the same as the details on the vial
- Ensure the adhesive barcode from the vial is placed in the allocated box on the form
- Each form has been checked and is fully completed with women's correct details
  - CSPID and PPSN
  - Woman's signature
  - Correct Contracted Doctor
  - Correct Sample taker
  - Date of sample
  - Sample site box checked
- The date of dispatch for each sample has been documented on the practice log

3.14 How do you submit samples to the laboratory?

Timely dispatch is essential



Samples must be dispatched to the laboratory within 3 working days from the date of collection in the transport boxes provided by CervicalCheck (ScreenLink).



Prompt dispatch ensures timely results for the patient.



Maintain a written record of the date the sample was sent from the practice in your sample log.

Key responsibilities

- Women must never be asked to post their own samples.
- Clinics/practices are responsible for dispatching samples.
- Postage costs are included in the contractor's CervicalCheck fee.

Sample dispatch checklist

- [ ] Forms fully completed (including correct MCRN/NMBI numbers).
- [ ] Each form matches a vial and is fully labelled (surname, forename, DOB).
- [ ] Vial label attached to the form.
- [ ] Informed consent recorded (signature, witnessed mark, or verbal consent).
- [ ] Vials must have at least 6 weeks expiry.
- [ ] Vial expiry date format: YYYY:MM:DD.

Packaging samples correctly



Use CervicalCheck transport boxes for sample dispatchment.



Follow universal precautions for handling and packaging.



Maintain a written record in your sample log of the dispatch date.

Keeping a practice sample log

A sample log ensures:

- ✓ A visual record of samples taken.
- ✓ Tracking from test to dispatch to identify missing results.
- ✓ Clinic-wide review of results and referrals.
- ✓ Failsafe system to confirm all samples and results have been received.

How to maintain the log

- > Can be a hardback A4 notebook or an Excel spreadsheet.
- > Record samples on the day the sample is taken.
- > Check all forms and corresponding samples are fully completed prior to dispatch to the lab.
- > Update the log with results when received.
- > Follow up on missing results by contacting the lab.
- > All staff must be trained in proper log management.

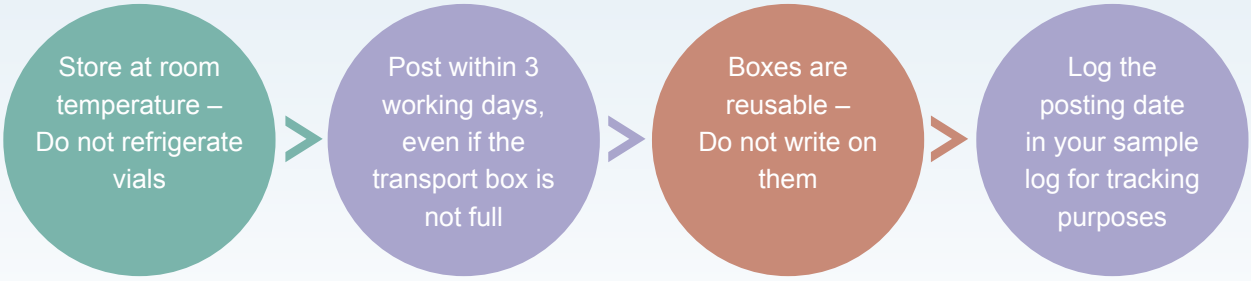
Key message

A well-maintained sample log and clear dispatch process help ensure accuracy, efficiency and patient safety in cervical screening.

Example of what a log may look like

Name	DOB/CSPID	Date of test	Date of dispatch	Result and recall	Referred to colp (if applicable)	Woman informed
Jane Doe	00/00/0000 0010000	01/01/2024	03/1/2024	HPV neg 5 year recall	N/A	N/A
Ann Bloggs	00/00/000 11001221	02/01/2024	03/1/2024	HPV+ LSIL	Referral sent 23/01/2024	Call made to woman on 23/01/2024

Important sample tracking tips



For further information on taking a cervical screening test, please click on this link.

4. Troubleshooting when taking a cervical screening test

4.1 How can sample taking be made more comfortable for women experiencing menopausal symptoms?

Understanding Genitourinary Syndrome of Menopause (GSM)

After menopause, oestrogen deficiency can cause thinning and shrinking of vulval, vaginal, urethral and bladder tissues. This can lead to:

- Vaginal dryness.
- Discomfort during speculum insertion.

Managing GSM with Vaginal Oestrogen

If a woman presents with symptoms of vaginal atrophy, consider:

- ✓ Prescribing vaginal oestrogen (tablet, gel, or cream) for at least 2 weeks before screening to improve comfort.
- ✓ Recommended regimen:
  - Nightly for 2 weeks, then 2–3 times per week, based on symptom severity.
  - Refer to CervicalCheck's guidance on vaginal oestrogen use, based on NICE Menopause Guidelines (2023).
- ✓ Stopping vaginal oestrogen before screening:
  - Tablets/pessaries: discontinue 2 days before screening to avoid interference with lab results.
  - Be aware that many women use vaginal products and should be advised to avoid using any vaginal creams, pessaries, medicines, or moisturisers (lubricant) for two days before their screening appointment, as these products can sometimes affect the accuracy of their cervical screening test. Please click on the following link for full clinical guidance note.

Challenges when sample taking

- Post-menopausal women may have reduced cervical secretions and the SCJ and Tz everts into the Endocervical canal.
- If HPV is detected, a reflex cytology test is required. Due to the SCJ everting inside the Endocervical canal, the retrieval of an adequate sample may be challenging and may result in an unsatisfactory result.
- If an unsatisfactory result occurs, vaginal oestrogen may help improve sample quality.

Referral & further support

If three consecutive unsatisfactory results occur, refer the patient for colposcopy.

For more information on using vaginal oestrogen and lubricants, please click here.



Case Study

Managing GSM

CervicalCheck
AN CLÁR NÁISIÚNTA SCAGTHÁSTÁLA CEIRBHEACS
THE NATIONAL CERVICAL SCREENING PROGRAMME

Background

Siobhán, aged 50, attended for her scheduled cervical screening test. She reported vaginal dryness and discomfort with intercourse since entering menopause. She also disclosed that her last screening test five years earlier had been "very painful" and that she was extremely anxious about repeating the experience.

What happened next?

Her symptoms were consistent with **Genitourinary Syndrome of Menopause (GSM)**, but this was not explored further. Vaginal oestrogen was not offered before screening.

During the appointment:

- The consultation was rushed, with little explanation or reassurance.
- The examination room was cold and Siobhán felt embarrassed and tense.
- Speculum insertion was painful, causing her to flinch and tighten further.
- The cervix was difficult to visualise due to dryness and retraction, but a sample was still attempted.

Although a sample was obtained, Siobhán left the clinic visibly distressed, saying afterwards, *"I'll never go back for another screening test."*

Reflection and learning

- GSM was not recognised or managed, leading to pain and distress.
- Comfort measures such as carbomer-free lubricant, smaller speculum and time to relax were not considered.
- Lack of explanation and reassurance compounded Siobhán's fear.
- The negative experience has deterred her from returning for future screening — increasing her long-term risk of undetected disease.

Key takeaways for practice

- Always ask about menopausal symptoms, particularly vaginal dryness or discomfort and consider **vaginal oestrogen prior to screening**.
- Acknowledge and validate previous negative screening experiences — give women time, choice and reassurance.
- Provide a warm, calm environment, use appropriate lubricants and choose the smallest comfortable speculum.
- Negative encounters have lasting consequences — a single painful screening may lead a woman to avoid all future tests.

Case Study

Managing GSM with Vaginal Oestrogen

CervicalCheck
AN CLÁR NÁISIÚNTA SCAGTHÁSTÁLA CEIRBHEACS
THE NATIONAL CERVICAL SCREENING PROGRAMME

Background

Anne, aged 62, attends her GP for her routine cervical screening appointment. She reports vaginal dryness, discomfort with intercourse and significant anxiety about the screening due to painful past experiences. She has not used any local treatment for these symptoms.

What happened next?

The sample taker recognised that Anne's symptoms were consistent with **Genitourinary Syndrome of Menopause (GSM)**. To improve her comfort and ensure a higher-quality sample, the GP prescribed a short course of **vaginal oestrogen cream**.

> Anne used the cream nightly for 2 weeks, then reduced to 3 times per week.

> She discontinued use 2 days before her screening test, in line with CervicalCheck and NICE guidance (2023).

> On review, Anne reported improved comfort and reduced dryness.

During the appointment, the sample taker noted easier visualisation of the cervix and sufficient cervical secretions to take a high-quality sample. The test was processed successfully with no issues.

Reflection and learning

> Vaginal oestrogen can greatly improve comfort for post-menopausal women, particularly those with GSM.

> A 2-week course before screening can reduce pain, improve cervical visualisation and help ensure an adequate sample.

> Without treatment, Anne may have experienced discomfort, reduced cooperation, or risk of an unsatisfactory result.

> If a sample is unsatisfactory, consider repeating after a course of vaginal oestrogen.

> Three unsatisfactory results should trigger referral to colposcopy.

Key takeaways for practice

> Always ask about menopausal symptoms during pre-screening consultations.

> Offer vaginal oestrogen where appropriate and follow the recommended regimen.

> Stop pessaries/tablets 2 days before the test; creams/gels may be used externally until the night before if symptoms are severe.

> Good communication, reassurance and clinical guidance improve both patient experience and sample quality.

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4.2 Should I perform a cervical screening test if a woman is requesting one due to symptoms suggestive of cervical cancer?

If a woman requests a cervical screening test outside of her routine schedule, it is often due to concerns or symptoms she is experiencing. However, **screening is not a diagnostic tool**.

Key Considerations

1

Take a full history – Understand her symptoms and concerns.

Perform a thorough examination, including a speculum examination to assess for possible causes.

2

If the cervix appears suspicious, do not take a screening test—refer urgently to colposcopy.

3

If the cervix appears normal, only take a screening test if it is due. However, ensure appropriate diagnostic tests are carried out if symptoms persist. Refer to Ambulatory gynae for investigations for abnormal symptoms.

⚠ **Cervical screening tests are not used to investigate abnormal vaginal bleeding.**

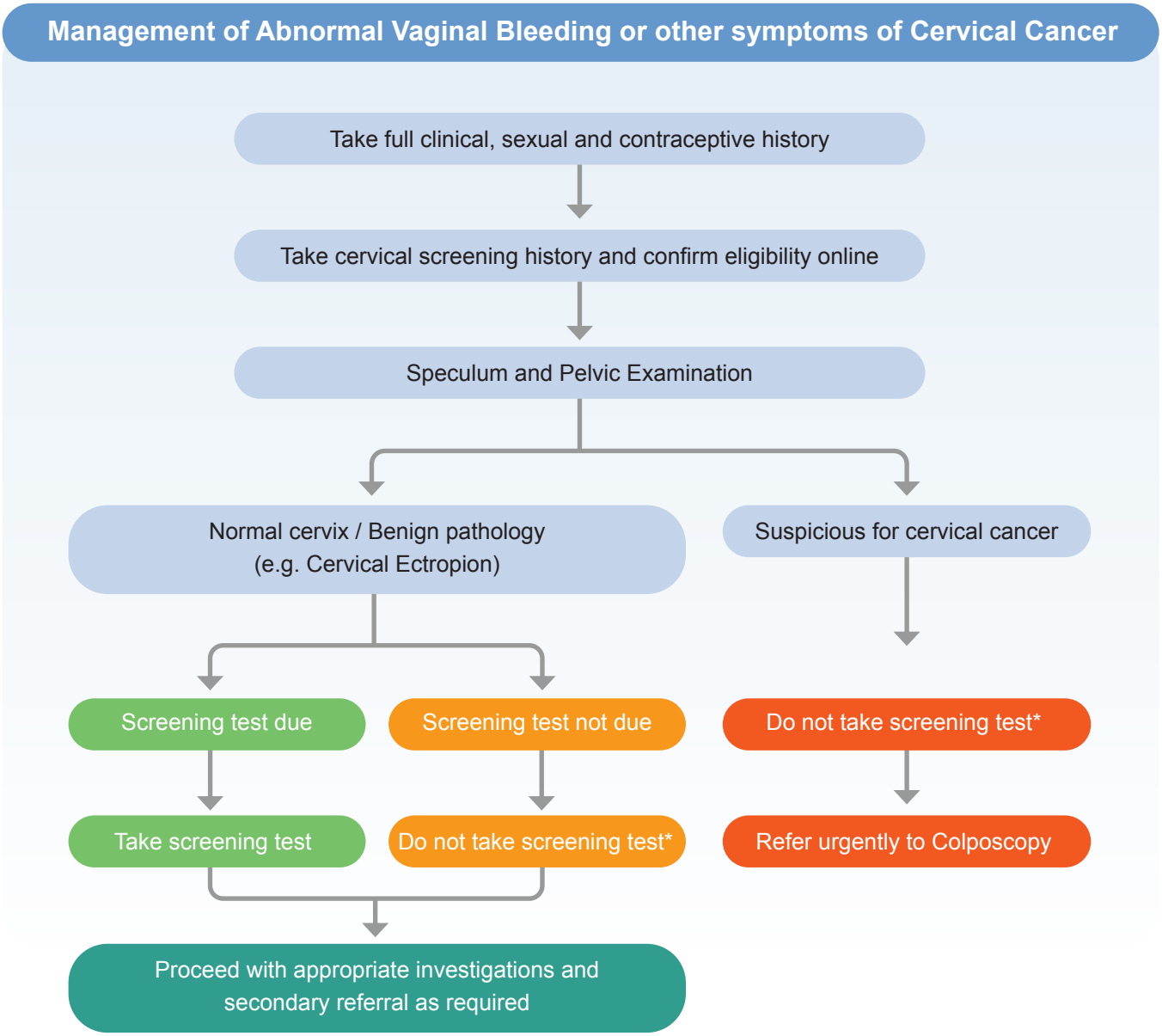
Why not use a screening test for symptoms?

- Screening is not diagnostic – it is designed to detect the presence of hr-HPV and detect early pre-cancerous changes in asymptomatic women.
- It may delay appropriate investigations for conditions requiring urgent attention.
- **Up to 10% of cervical cancers are not caused by high-risk HPV.**
- It provides false reassurance.

Next Steps

- If a woman presents with persistent unexplained symptoms, consider:
  - Pelvic examination
  - Secondary referral to Ambulatory gynae if clinically indicated
- Reassure her by explaining the difference between screening and diagnostic testing.

Please refer to CervicalCheck Clinical Guidance Note: Management of abnormal bleeding or other symptoms of cancer.



4.3 Should I perform a cervical screening test if a woman wants an extra out-of-cycle non-programme screening test?

The screening interval has been safely extended for women aged 30 years and over from three to five years because HPV testing offers a higher negative predictive value than the previous cytology-only test. A negative HPV result provides strong reassurance that a woman is unlikely to have abnormal cell changes or cervical cancer.

Why is HPV testing more reliable?



Most women clear HPV naturally and transient cell changes are unlikely to progress if HPV DNA is not present.



A negative HPV test provides twice the reassurance against high-grade cell changes over six years compared to a negative cytology test over three years.



Extending screening intervals does not compromise safety—it is based on strong scientific evidence.

What is the evidence behind the 5-Year screening interval?

The decision to extend the interval was based on a Health Technology Assessment (HTA) conducted by HIQA in 2017, supported by research, international best practices and WHO guidelines (2020).

Why can we safely extend the screening interval?

Higher Sensitivity: HPV testing is more accurate at detecting precancerous lesions when combined with reflex cytology.

High Negative Predictive Value: A negative HPV test means a woman is at very low risk of developing cervical precancer, allowing for longer screening intervals.

Why not offer an extra non-programme screening test?

Having an 'extra' test does not provide additional benefit and may increase the risk of harm, including:

- Unnecessary anxiety over transient HPV infections.
- Unwarranted colposcopy referrals, leading to potential overtreatment.

Key message

The current screening intervals are based on robust evidence and international guidelines to ensure maximum protection with minimal harm.

4.4 What do I do if I notice that the woman has a vaginal prolapse?

A diagnosis of pelvic organ prolapse often occurs during the taking of a cervical screening test.

There are four main types:

- Bladder bulging into the front wall of the vagina (anterior prolapse).
- Womb bulging down into the vagina (uterine prolapse).
- Top of the vagina hanging down (usually occurs post hysterectomy).
- Bowel bulging into the back wall of the vagina (posterior prolapse).

It is possible for more than one of these to occur at the same time.

- Treatment of uterine prolapse is largely dependent on the extent to which a woman is experiencing symptoms and should be determined by a gynaecologist. Please refer appropriately. For more information go to Pelvic organ prolapse | RCOG

4.5 How do you support a woman with a learning disability?

Women with learning disabilities may face unique challenges in the cervical screening process. The following guidance is designed to help cervical screening providers and primary care staff reduce barriers and improve understanding.

Communication

- Ask about communication needs.
- Find out how the woman communicates. If needed, ask her carer or support person for guidance.
- Arrange interpreters if required.
- If the woman uses sign language or requires an interpreter, contact our access officer at access@cervicalcheck.ie in advance.

Terminology

- Use familiar words
- Use the term the woman is comfortable with for “vagina” to avoid confusion or distress.

Pre-visit preparation

- Offer a pre-visit consultation.
- Invite her to see the clinic space beforehand to become familiar with the setting and the people.
- Demonstrate equipment.
- Show and explain the speculum and sample brush. Allow her to touch them if she wishes.

Physical comfort

- Practice positioning.
- Show the position needed for the test. Encourage her to try this at home (clothed), with carer support if helpful.



Support during the test

- Bring a companion.
- Reassure her that she can bring someone she trusts — a carer, friend or family member.
- Offer flexible appointments.
- Consider offering extra time or a first appointment of the day to reduce stress and allow time for reassurance.
- Create a calming environment.
- Use comforting measures like soft lighting or music to help her feel more relaxed.



Understanding and consent

To ensure informed consent, she must be supported to:

- Understand what the test is and why it matters
- Understand the test process, benefits and limitations.
- Retain the information.
- Give consent in her own way (verbal, non-verbal, or aided).
- Be aware of signs and symptoms of cervical cancer.
- Use materials in alternative formats such as:
  - Easy to read
  - Plain English.
  - Photo Story, click here to download.

Please read Q 2.3-2.5 for more information on consent

Supporting women with additional needs in cervical screening

- **Women with intellectual disabilities.**

  For guidance on assisting women with intellectual disabilities in having a screening test, watch this webinar:

  Access Webinar

- **Neurodivergent women.**

  For advice on assisting neurodivergent women in having a screening test, watch this webinar:

  Access Webinar

- **Other women with special needs.**

  CervicalCheck employs an **Access Officer** who can provide additional needs advice and assistance if required.

Need support? Contact CervicalCheck:

access@cervicalcheck.ie

CervicalCheck Access officer Tel: 061 406500

primarycarecoordinator@cervicalcheck.ie for further assistance.

Primary Care Coordinator: Tel: 061 406 500 or 061 406 567/547

5. Contraceptives and cervical screening

5.1 Can I take a cervical screening test when an Intra uterine contraceptive device (IUCD) is in place?

Yes — a cervical screening test can be performed with an IUCD/IUD in situ. The presence of the IUCD does not affect the accuracy of the screening test result. However, it's essential to proceed carefully to avoid accidently pulling on the strings and removing the IUCD.

Before the test

- Ask the woman if she has an IUCD in place.
- Tick the corresponding IUCD box on the cervical screening form.
- If there is a hormonal element to the IUCD tick both the IUCD box and the hormone box on the cervical screening form.

During the test: technique tips

- Be aware that IUCD threads may extend into the vagina.
- If you cannot see the threads in a woman who has a IUCD in place continue with the test and refer her to her GP for investigations to identify where the IUCD is located.

Key message

Always ensure adequate sampling of the

Cervical os,

Squamocolumnar junction (SCJ)

Transformation Zone (Tz) the most important area for screening.

⚠ If threads are long or become entangled

If threads are longer than usual or become caught in the broom:

1. Pause. Assess the situation.
2. Try gently lifting the broom off the cervix.
3. Rotate the broom in the opposite direction to free the threads.
4. Once the broom is removed, check that the threads are still present and visible.
5. Once you have freed the threads complete the 5* 360 degree rotation in a clockwise direction.

If not:

- Stop the procedure.
- Seek assistance from a colleague experienced with IUCDs.
- If alone, gently attempt to remove the broom with great care.

⚠ Accidental IUCD removal

If the threads become entangled and are not released before removing the brush, the IUCD could be pulled out accidentally.

Always check the cervix after sample collection to ensure IUCD threads are still visible.

Informing the woman

If the IUCD is displaced or expelled, it will no longer be effective. Counsel the woman on:

- The risk of unintended pregnancy.
- Signs of expulsion: cramping, heavier than normal bleeding.
- How to check for threads herself.
- Using additional contraception (e.g., condoms) and seeking advice if threads can't be felt.

Important timing note

A screening test should not be carried out within 3 months of IUCD insertion or removal, to avoid sampling errors and discomfort.

5.2 Do I need to remove a NuvaRing© prior to sample taking?

No — it is not necessary to remove the NuvaRing before a cervical screening test once you can visualise the cervix in its entirety.

- It does not affect test accuracy
- Some women may choose to remove it temporarily
- On rare occasions, the ring may be accidentally expelled during the procedure

If the ring is removed (purposefully or accidentally)

If the NuvaRing© is taken out:

1. Rinse it with cold or lukewarm water.
   ⚠ Do not use hot water.
2. Reinsert it as soon as possible.
3. The ring can be out of the body for up to 3 hours without reducing its effectiveness.

Key reminder for providers

- No need to remove the ring routinely.
- Inform the woman it can stay in place once you can visualise the cervix in its entirety, unless she prefers otherwise.
- If expelled, advise on correct reinsertion.

5.3 Do you need to remove a vaginal ring (pessary) prior to sample taking?

No, removal is not necessary.

- Ring pessaries can stay in place during a cervical screening test.
- They do not interfere with the accuracy of the test results.
- In fact, the pessary may assist in visualising the cervix by supporting the uterus in women with lax vaginal walls — making it easier to locate the cervical os.

Considerations for post-menopausal women

Ring pessaries are most commonly used by post-menopausal women.

These women may experience:

- Vaginal dryness.
- Discomfort during sampling. See question 4.1 for more details.

To improve comfort:

- Use simple carbomer free lubrication.
- If needed, consider a short course of local oestrogen replacement.

What if the pessary becomes dislodged?

- If the ring is accidentally displaced during the test, it may need to be re-sited by a doctor.
- However, some women are able to self-manage reinsertion.
- If unsure, pause the test and discuss next steps with the woman.

Key message

- Do not remove the pessary routinely.
- It may actually help improve visibility during the procedure.
- Prioritise comfort, especially in older or post-menopausal women.

6. Cervical Cancer Awareness

6.1 What are the signs and symptoms of cervical cancer?

Be alert to the following symptoms:



Abnormal vaginal bleeding

Between periods (intermenstrual)

After sexual intercourse

After menopause



Abnormal vaginal discharge

May be foul-smelling or unusual in appearance



Pelvic pain or discomfort

Persistent pain in the lower abdomen or pelvic region



Pain or Discomfort During Sex

Unexplained dyspareunia (painful intercourse)

Important Note:

While these symptoms can be caused by other conditions, they should never be ignored.

Persistent, unexplained symptoms warrant further clinical assessment and diagnostic testing.

Clinical tip:

To learn more about cervical cancer go to Cervical cancer (who.int).

Please click here CervicalCheck Vulva and Cervix Image Library for a comprehensive image library of the common features and conditions of the cervix.

6.2 Is it appropriate to take a cervical screening test when a woman presents with abnormal vaginal bleeding or symptoms suggestive of cervical cancer?

Initial clinical assessment

When a woman presents with concerning symptoms:

- Take a comprehensive history
  - Include clinical, sexual, contraceptive and cervical screening history.
- Perform a speculum and pelvic examination.
  - Inspect the vulva, perineum, vagina and cervix.
  - A bimanual (pelvic) examination should also be included.

✓ **Important: Even if screening history is normal, persistent symptoms require further investigation.**

Management based on cervical appearance

✓ Cervix appears normal or shows benign pathology.

- If the woman is due for screening (check eligibility on the CervicalCheck website),
  - ✓ Take the screening test.
    - Also consider further diagnostic tests for unexplained symptoms.
- If the woman is not due for screening
  - ✗ Do not take the screening test.
    - Consider diagnostic evaluation regardless.

Action: Refer to Ambulatory Gynaecology or Gynaecology Clinic if symptoms persist.

⚠ Cervix appears suspicious for cervical cancer.

- Do not take a screening sample.
- **Action:** Urgently refer to the nearest colposcopy unit.

Why?

- Advanced invasive cancer may initially involve only a small part of the cervix.
- Visualisation of the entire cervix is essential for appropriate diagnosis.

Taking a screening sample could:

- Induce bleeding.
- Yield false-negative HPV or cytology results.
- Mask cancer due to inflammation and rapidly dividing cells.

Summary

Cervical Appearance	Due for Screening?	Take Screening Test?	Refer?
Normal	✓ Yes	✓ Yes	Consider further tests
Normal	✗ No	✗ No	Consider further tests
Suspicious	Irrelevant	✗ Never	Urgent Colposcopy referral

Case Study

Missed opportunity – the importance of understanding the fundamentals of screening

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THE NATIONAL CERVICAL SCREENING PROGRAMME

Patient Profile

Name: Jane.
Age: 40 years.
Presenting Complaint: Persistent post-coital bleeding.
Duration of Symptoms: 2 years.
Contraceptive History: Mirena© IUCD inserted 4 years ago.
Menstrual History: Amenorrhoeic since IUCD insertion.

Clinical scenario

A 40-year-old woman presents to her GP reporting persistent post-coital bleeding for the past two years. She has not had any menstrual bleeding since the insertion of a Mirena© four years ago. Despite the ongoing symptoms, no speculum examination is performed. She is reassured based on the fact that her most recent cervical screening test, conducted three years ago, returned a normal result. She is advised that her next routine smear is not due for another two years.

Key clinical issues

- The woman's persistent post-coital bleeding is a red flag symptom for cervical pathology, including malignancy.
- The absence of visible menses due to Mirena© use may mask bleeding episodes that would otherwise raise concern.
- No speculum examination was performed at presentation, despite symptoms suggestive of possible cervical disease.
- Over-reliance on past screening results led to a decision not to investigate further at the time.

Outcome

Six months later, the woman re-presented to a different provider with worsening symptoms. A speculum examination revealed a suspicious lesion on the cervix. She was urgently referred to colposcopy, where a biopsy confirmed stage IB1 cervical cancer. She underwent radical hysterectomy and pelvic lymphadenectomy.

Reflective learning points

- Cervical screening is not a diagnostic tool. It is designed to detect precancerous changes in asymptomatic women. The presence of symptoms, such as post-coital bleeding, warrants a full assessment regardless of screening history.
- Speculum examination should never be deferred in symptomatic patients. Normal cytology does not rule out cervical cancer, particularly if the lesion was missed, inadequately sampled, or developed rapidly.
- Red flag symptoms such as intermenstrual bleeding, post-coital bleeding, or abnormal discharge must be taken seriously and referral for colposcopy is needed if the cervix appears suspicious. If the cervix appears normal, referral to ambulatory gynae may be considered.

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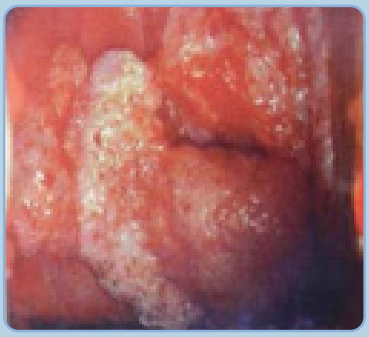
Case Study

The Importance of clinical judgment and referral pathways – A suspicious cervix

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THE NATIONAL CERVICAL SCREENING PROGRAMME

Background

A woman in her mid-40s attended for routine cervical screening in primary care. She was asymptomatic, with no history of abnormal results and was eligible for routine screening. During the procedure, the sample taker noted that the cervix appeared suspicious for cervical cancer, with abnormal vascular patterns and irregular surface changes. Despite these observations, the sample taker proceeded to take the cervical screening test.



What happened next?

When completing the cervical screening form, the sample taker wrote 'suspicious cervix' on the form. This action, in accordance with CervicalCheck's quality assurance protocols, is flagged in the laboratory. The laboratory, following standard operating procedures, will escalate the sample as a Training intervention (TIV). A Clinical Trainer will contact the sample taker to discuss the implications of taking a screening test when you have a suspicion of cervical cancer.

Reflection and learning

This case highlights a common point of confusion for some sample takers – the difference between a screening and a diagnostic test. Cervical screening is intended for asymptomatic individuals without any signs of disease. If the cervix appears suspicious for cervical cancer, it is no longer appropriate to take the test. The clinical concern supersedes the need for a screening test and an urgent referral to colposcopy should be made. The referral to colposcopy will be unnecessarily delayed while waiting for the results of the screening test. The clinical suspicion will always outweigh the results of a screening test.

Key takeaways for practice

- Visual assessment of the cervix is essential. If the cervix appears suspicious for a cervical cancer, stop the screening process and refer.
- Writing 'suspicious cervix' on the form is not a request for further review — it delays lab analysis.
- Education and confidence in referral decisions are crucial.
- Access to visual learning resources (e.g., cervix picture libraries, clinical updates, Clinical Reference Chart for visual inspection of the cervix) helps sample takers make confident decisions and prevent inappropriate test submissions.

Conclusion

The cervical screening test is not a diagnostic tool. In cases where the cervix appears suspicious for cervical cancer, urgent referral to colposcopy must take precedence. Ensuring that all sample takers are aware of this distinction is essential to safeguard women's health and uphold the integrity of the programme.

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Case Study

Cervix not visualised

CervicalCheck
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THE NATIONAL CERVICAL SCREENING PROGRAMME

Background

A woman attended for her routine cervical screening appointment. During the procedure, the sample taker encountered difficulty visualising the cervix.

Rather than adjusting the woman's position, using a different speculum, or seeking assistance from another trained sample taker, the decision was made to proceed with the test without having visualised the cervix.

What happened next?

> The sample taker completed the cervical screening form, accurately ticking the box to indicate "cervix" but adds an additional note on the form to say "difficult sample- os not visualised"

> When the sample arrived at the laboratory, it was flagged in accordance with CervicalCheck's quality assurance protocols.

> A clinical call to the sample taker to verify if the cervix was seen and sampled in its entirety. In this case, the cervix was not seen.

> The test was not analysed, as samples must be taken from the transformation zone of the cervix to be valid.

Reflection and learning

This case illustrates a key principle in cervical screening:

If the cervix cannot be seen, a valid screening sample cannot be taken.

Proceeding without visualising the cervix:

> Risks obtaining a sample not representative of the transformation zone – the area most at risk of cellular changes.

> Wastes clinical resources and can result in unnecessary distress for the woman, who must now be rebooked for another appointment.

> Misses the opportunity for real-time problem solving — for example, asking a colleague for support, adjusting lighting or position, or considering clinical factors such as vaginal atrophy.

Key takeaways for practice

Never take a blind sample/sweep. If the cervix cannot be visualised, do not proceed with the screening.

> Consider alternative strategies:

> Adjust the woman's position (e.g. lateral tilt, pillow under hips).

> Use a different speculum size.

> Ask a colleague to assist, if appropriate.

> Consider causes such as postmenopausal atrophy.

Documenting "cervix not seen" on the form ensures the lab will reject the sample.

A repeat appointment is needed, creating inconvenience and potential anxiety for the woman.

Conclusion

Taking a valid cervical screening sample requires clear visualisation of the cervix. If it cannot be seen, it is inappropriate to proceed, even with good intentions.

Investing in practical training, visual resources and peer support empowers sample takers to manage difficult cases effectively, improving outcomes for women and ensuring the delivery of high quality screening.

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