Cervical Smears and Pipelle Workshop

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Who should have a smear?

- All women who have ever been sexually active should have regular cervical smear tests from the time they turn 20 until they turn 70
- This includes:
  - women immunised against HPV
  - single women
  - lesbians
  - disabled women
  - women who have been through menopaus
  - women who are no longer having sex

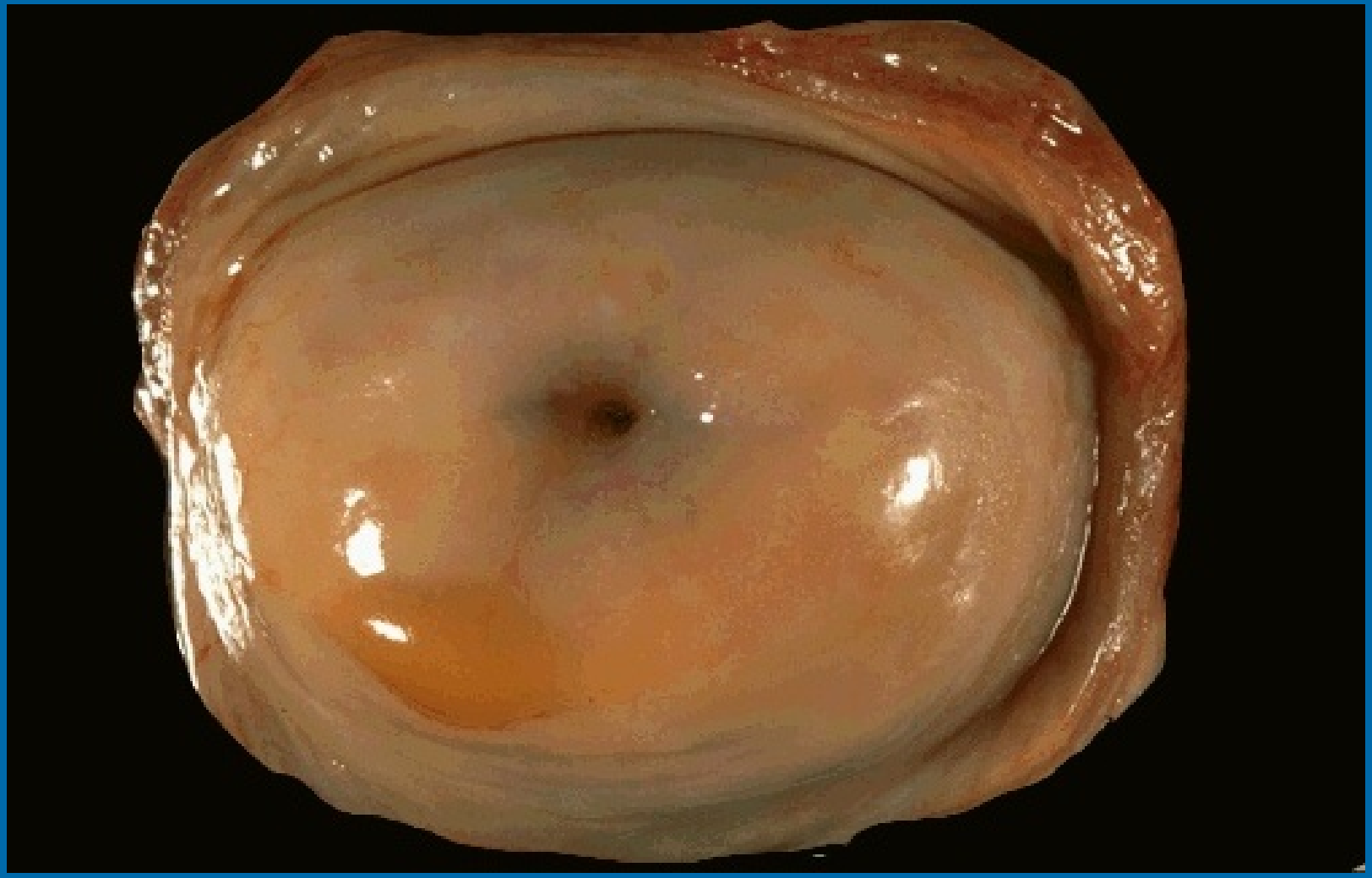
How to perform a cervical smear

Preparation

- Make sure woman is not menstruating
- Explanation and how results will be obtained
- Offer a chaperone
- Get gear ready
  - Speculum, light, brush, thinprep, gloves, tissues
- Make sure woman is relaxed and warm

Position *your* patient so you can see her cervix

- Vaginas slope backwards
- Really great to have a plinth with drop down end
- Pillow under bottom works well



Perform the smear

- Put brush into cervical os
- Rotate brush three times
- Put brush immediately into open thinprep jar and vigorously swirl brush around in jar
- Screw top of jar on firmly
- Remove speculum

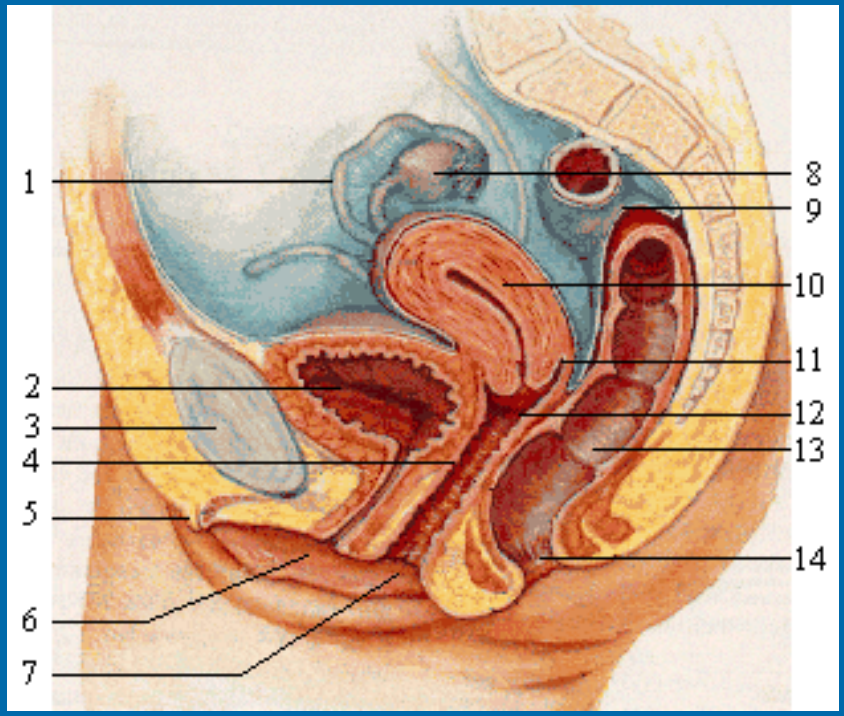
Bimanual examination

- I think bimanual a examination should be part of a smear examination
- Opportunity for other pelvic pathology

What can go wrong?

- Can’t find cervix
- Too sore
- Too much bleeding
- Weird looking cervix
- Inadequate result

Difficulties locating cervix?



Vaginas slope backwards

Difficulties locating cervix?

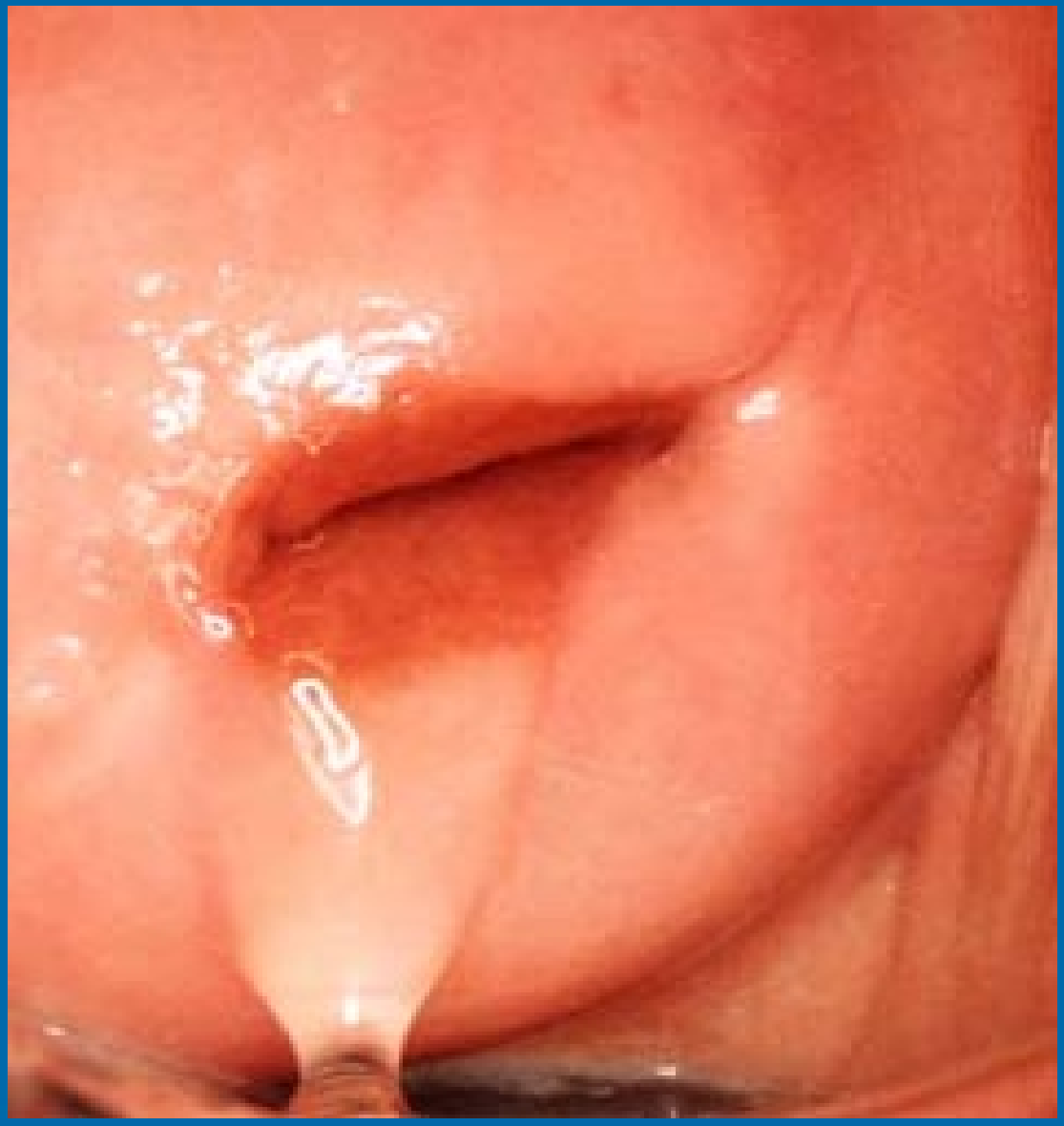
- Remove speculum
- Perform bimanual exam and find cervix with index finger
- Direct speculum to that spot
- Pillow under bottom
- Elevate pelvis
- Long speculum

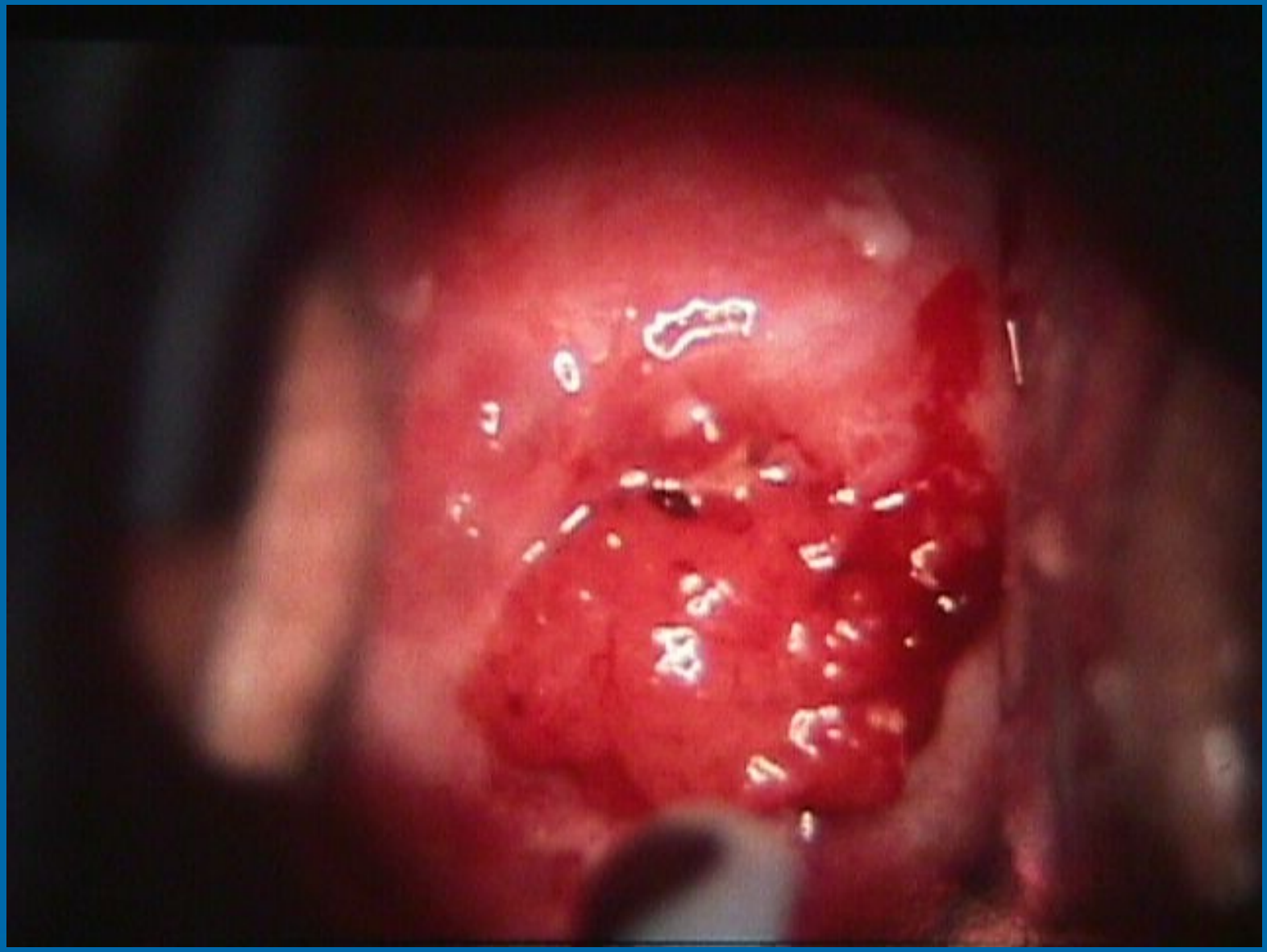
Postmenopausal women often benefit from vaginal oestrogen

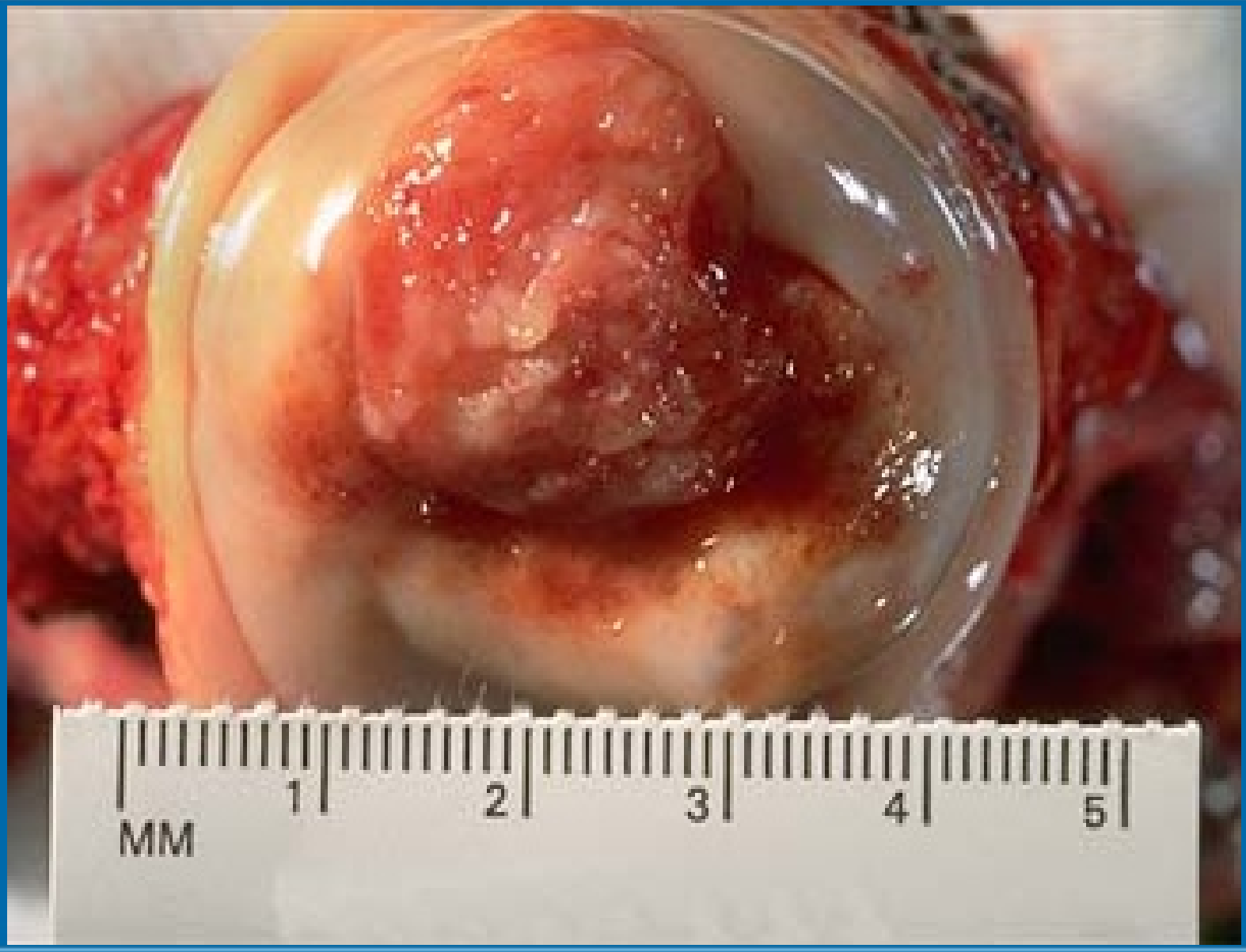
- Ovestin vaginal cream once weekly for 1 month prior to a smear
- Transforms a razor blade experience into a very easy and painfree experience

Bleeding cervix at smear

- Don’t do a smear during menstruation
- Many cervices bleed slightly on contact with cervical smear brush
- If bleeds a lot or if from one area then refer particularly if has postcoital bleeding



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2
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Inadequate Results

- Repeat smear
- If still unsatisfactory consider referral

How to do a Pipelle

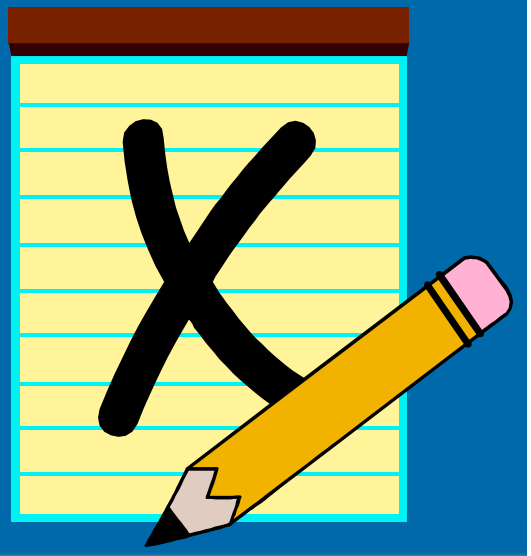
An easy office-based investigation

Indications

- Irregular vaginal bleeding in 40+ women
- Post menopausal bleeding
- Bleeding on tamoxifen
- Obese PCOS

Exclusions prior to performing a Pipelle

- Pregnancy
- Infection



Tell women…

- A Pipelle will be uncomfortable for a brief moment
- A result is not always obtained
- Offer a chaperone

Organise your gear

- Speculum and light
- Lubricant
- Pipelle
- Tenaculum
- Histology pot with formalin

Perform the Pipelle

- Abdo exam
- Bimanual - is uterus anteverted or retroverted
- Insert speculum
- Get perfect view of cervix
- Insert pipelle…..

Perform the Pipelle

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- Pass pipelle up to fundus
- Withdraw center plunger and rotate and move it up and down
- Remove pipelle and put sample in pot
- Do it again as pathologists always want more!!

Pipelle Problems

- It won't go in
- Will only go in 2 to 3 cm
- No tissue obtained
- Insufficient sample

What if it won’t go in ?

- Put the tenaculum on anterior lip of cervix
- Could use local - I don’t
- Pull gently on tenaculum to straighten bend between cervix and uterus
- Try to pass pipelle again
- Make sure you are aiming the right way

What if it still won't go in ?

- Cease action
- Scan
- Refer

Won’t go in far

- Probably not through into os

No tissue obtained

- Either not in or no tissue there e.g. postmenopausal with very thin endometrium
- Do scan anyway in this scenario

Insufficient sample

- An indication for referral
- 20% have some pathology

Thanks