

HOW TO TAKE A CERVICAL SMEAR?

Pages with reference to book, From 142 To 143

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INTRODUCTION

Cancer of cervix is the third commonest carcinoma of women in Pakistan and is undoubtedly responsible for a substantial number of deaths. Cervical cytology (Pap smear) is a well established and effective way of screening for this malignancy. Because of the non-invasive nature of the test, easy accessibility of the cervix and a long natural history of the disease. Pap smear can easily be performed by doctors and trained health personnel with far reaching consequences. When appropriate, a physician should not miss the opportunity of taking a Pap smear.

WHO QUALIFIES FOR PAP SMEAR?

All women, irrespective of their age, who are sexually active should have a cervical smear taken. If a woman has had regular cervical smears in the reproductive age then one can stop screening these women at the age of 60 years.

HOW OFTEN SHOULD PAP SMEAR BE PERFORMED?

The first cervical smear, if negative should be repeated after one year (this is to exclude the false negatives). If the second test is also negative then smears should be performed every three years upto the age of 60 years. However, if a woman above the age of 60 years is seen for the first time a Pap smear should be taken.

WHEN TO DO A PAP SMEAR?

The best time to take a cervical smear is one week after menstruation. It is however not always possible to time this accurately and therefore a smear can be taken at any time of the cycle except during menstruation.

INSTRUMENTS AND MATERIAL REQUIRED (FIGURE)

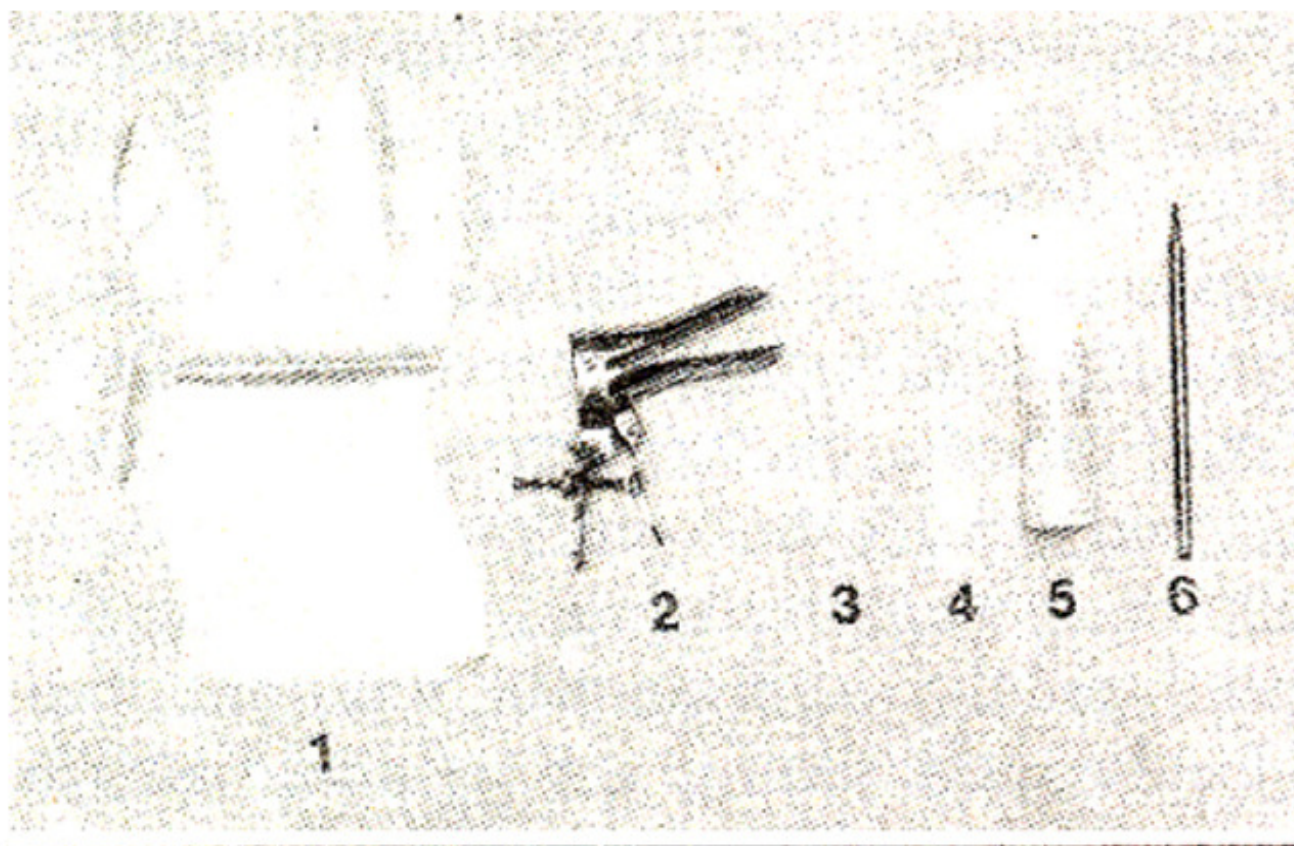


Figure: Instruments and Materials

1. Disposable plastic gloves.
2. Cusco's bivalve speculum.
3. Disposable plastic Ayers spatula.
4. A clean glass slide.
5. "Smear fix" spray or ordinary hair spray.
6. A pencil to label the slide.

PROCEDURE

Always remember to:

See the cervix, Scrape the cervix and Feel the cervix. The patient should be lying comfortably in the dorsal position with her legs drawn up. A bivalve Cusco's speculum is gently inserted in the vagina after lubricating it with warm water only. (Lubricating jellies may contaminate a smear and thus obscure findings). The cervix should then be exposed and cleansing should be avoided. An Ayers spatula is then used to take a cervical scrape making sure that a specimen from the squamocolumnar junction is obtained. In most women this critical area is located at or near the external os. The specimen should then be thinly and uniformly spread on a clean glass slide. Avoid leaving thick areas that cannot be properly examined. The smear should then be "fixed" promptly with a spray fixative or alcohol. Air drying of the smear should be avoided because it interferes with interpretation of the smear by the cytopathologist. A bimanual pelvic examination is then performed to rule out pelvic abnormalities. Once fixed, the smear must be clearly labelled and sent in a form.

RESULTS OF PAP SMEAR

1. Normal - the patient can be re-assured.
2. Inflammatory - usually the cytopathologist would request a repeat smear after appropriate treatment

has been given.

3. Positive - patient should be counselled. A repeat smear is taken (to exclude a false positive report) and she should be referred to a specialist for colposcopy.

4. Unsatisfactory - this means that the cytopathologist was unable to comment on the smear because either it was improperly taken, air dried or was contaminated with blood or inflammatory exudate. Smear should be repeated.

SENSITIVITY OF THE TEST

A pap smear, if properly taken, has a sensitivity of 85%. If cervical cytology is performed in association with colposcopy the sensitivity index rises to 98%.

COUNSELLING OF PATIENTS

It is very important that the physician should communicate with the patient and elaborate on the following points:

1. A negative test re-assures but it is not a general “cancer test”. (It is only specific for cervical cancer).
2. Symptomatic patients with negative tests still need to be referred to a specialist.
3. A positive test does mean “Cancer”. One may have identified pre- invasive disease which is curable and does not need radical treatment.
4. Unsatisfactory specimen does not mean positive or negative results.

COST OF A PAP SMEAR

The cost to the patient is between Rs. 50 - 70. This includes the cost of disposable materials, processing of slides and the fee of the cytopathologist. The fee of the clinician is however not included.