The smear taking journey: A practice nurse perspective

CAITRIONA GAFFNEY RGN, BNS, H. DIP, CNS/PN
GRAIGUENAMANGH MEDICAL CENTRE, CO KILKENNY

Introduction
The CervicalCheck screening programme commenced nationally in September 2008 offering free smear tests to women aged 25 – 60 years. CervicalCheck aims to reduce the mortality from cervical cancer by detecting abnormal cells on the cervix that, if left untreated, may become cancerous.

Practice nurses are ideally placed to help their practice population reduce their risk of cervical cancer by providing a quality smear taking service, giving up-to-date clear concise information and by raising awareness among their patients.

Through the delivery of a positive smear taking experience, practice nurses encourage women to continue to participate in the CervicalCheck screening programme further reducing their risk. This article gives a broad outline of my journey to perform smear tests.

Training
For a practice nurse to register with CervicalCheck and perform programme smear tests it is best practice to undergo an accredited programme of smear taking training. This enables him/her to achieve appropriate knowledge, skills and attitudes in screening women for cervical cancer.

The training bodies responsible for providing smear taking training, in partnership with CervicalCheck are:

1. The Irish College of General Practitioners (ICGP)
   The ICGP training is delivered through e-learning. The theory component is completed over twelve weeks with a one day attendance at a clinical skills workshop. The whole course is completed over twenty-four weeks.

2. The Royal College of Surgeons in Ireland (RCSI)
   The RCSI training is a three and a half day course involving two classroom days, one review study day and a half day for a written theory assessment.

3. The National University of Ireland, Galway (NUI)
   The NUI Galway training is delivered through a blended learning approach with a one day workshop at NUI, followed by an e-learning module. The whole course is completed over twenty-four weeks.


   Practice nurses who are registered with CervicalCheck must nominate a doctor who will assume clinical responsibility for their smear tests. A clinical trainer from CervicalCheck is also assigned to each trainee for support and supervision during the training period. Once the
training period is complete, CervicalCheck continues to support practice nurses through clinical updates, their website www.cervicalcheck.ie and the freephone information line.

Clinical updates and continuous professional learning is advised every three years to bring practice nurses up to date with CervicalCheck’s activities and policies, maintain competency and to keep them aware of any changes that are made in the management of results.

**Patient Participation**
For those who have never had a smear test, CervicalCheck sends an invitation letter to all eligible women that are on their screening register. Even if a woman has not received an invitation letter, she can make an appointment with a registered General Practitioner or practice nurse if she is aged between 25 – 60 years. For women who have previously had a smear test they will be sent a reminder letter to attend for their next smear, before the test is due.

There are a few exceptions to the age 25 – 60 rule:
- women 20 years and over with renal failure requiring dialysis or are about to undergo a renal transplant are eligible
- women 20 years and over with HIV infection or post organ transplant are eligible
- women 60 years and over whom have never had a CervicalCheck smear test may have one programme smear and if that is normal then will be exited from the programme
- women of any age attending DES clinic or with recommended post-colposcopy monitoring are eligible
- women of any age post hysterectomy with less than 10 years routine recall and no CIN at hysterectomy and those with completely excised CIN at hysterectomy*

* Diethylstilbestrol (DES) is an estrogen drug which was given to women whilst pregnant between the 1940 – 1970’s to prevent miscarriage. Subsequently, published research has shown that DES did not actually prevent miscarriage and identified it as a cause of rare vaginal and cervical cancer in girls and young women who had been exposed to DES before birth (in the womb). The National Maternity hospital runs a clinic for the daughters of these women, whereby they have yearly smears with two samples taken – endocervical and ectocervical.

**Consultation**
Women should be counselled before, during and after their smear test. It is important that they understand all the information given to them and are aware of the risks and benefits of screening.

With the implementation of HPV triage of low grade abnormalities, it is important to discuss HPV infection and the possibility of HPV reflex being used as a screening test. Make the patient aware that only the neck of the womb will be tested; not the womb, fallopian tubes or ovaries and that it is not a test for cancer but a screening test. Educate the patient about the importance of having regular smear tests and the signs and symptoms suggestive of cervical cancer.

Inform how and when she will receive the results and the practice procedure in the event of an abnormal result. Free of charge, face-to-face consults are advised for all abnormal results. Avoid using too much medical jargon with uncomplicated explanations. Keep it simple, clear and consistent. Once the woman is happy with the information provided, consent must be signed and the cervical cytology form completed.

**Procedure**
The ideal time to take a smear test is mid-cycle and it should be avoided if menstrual blood is present.

Following the CervicalCheck guidelines, these are the steps I take to perform a smear test:
- offer the use of toilet facilities
- set-up trolley with gloves, tissues, sanitary pads, appropriate size speculums (with other sizes to hand if required) cervex-brush, liquid-filled vial (ensuring not past its expiry date)
- set-up lighting
- allow privacy to undress and provide with a disposable sheet to cover
- wash hands and don gloves
- first touch should be the woman’s thigh or arm and not the vulva so as to prepare her for the test
- ask the woman to get into position –legs bent, knees flopped out to each side and sit on hands/place hands under bottom. This lifts up the pelvis and can make it easier to locate the cervix. This is the most traditional position, there are alternative positions
- wet speculum with warm water, if the vaginal walls are very dry e.g. in post-menopausal women, a lubricant can be used. Do not use on the tip of the speculum as this may contaminate the cervix and cause the sample to be unsatisfactory
- gently insert speculum and locate cervix, examining all areas of the vulva, vaginal walls and cervix
- visualise the entire cervix
- the sample should be taken from the junction between the squamous epithelium of the ectocervix and the columnar
epithelium of the endocervix. This everts outwards at different stages in a woman’s life. The everted area, over time, changes from thin columnar epithelium to thicker squamous epithelium. This area changing is called the transformation zone (TZ) and is where metaplastic changes occur. 

- if excessive mucous is present this should be gently removed before sampling
- rotate the cervix-brush five times in a clockwise direction at 360 degrees and place into vial
- do not leave the brush standing in the vial or detach head of the brush into the vial. Push bristles vigorously against the bottom until brush strokes are separating and rotate to ensure all the collected cells are in the vial
- close the lid on the vial ensuring the black line on the lid passes the black line on the vial
- withdraw the speculum gently with the blades apart until the cervix is no longer within the blade
- dispose of clinical waste and wash hands
- explain that she may have some spot bleeding for a day or two and not to be alarmed. The cervix has a very rich blood supply and can bleed on touch
- allow to get redressed in private, providing with tissues and sanitary pads
- keep the unlabelled portion of the vial free of labels so that the contents of the sample can be seen. Specimens may be returned to the smeartaker if details are missing on the cytology form or on the vial
- finish completing the cytology form

Dispatching samples
Do not delay in sending samples to the laboratory. Place the vials and requisition forms in the transport container provided and post within five days, even if the transport container is not full. I send my container by registered post to avoid it getting misplaced or delayed reaching the laboratory. Women should not be asked to post samples themselves and should not incur the cost of postage. The fee paid to GPs for smeartaking services includes cost of postage of the cervical cytology samples.

CervicalCheck has developed a Primary Care Self Audit Tool that health professionals can complete to assess effectiveness and compliance with providing a quality smear test.

Follow up results
As part of the CervicalCheck programme, results are usually provided within four weeks of a woman having her smear test. In the case of a negative result, the woman is notified by CervicalCheck and advised that she will be reminded when her next smear test is due. In the case of an abnormal result the woman should be phoned and advised to come in and see her smeartaker and a face-to-face consultation should explain what the abnormality is and what happens next. Try not to alarm the woman with the initial phonecall.

All the management recommendations can be accessed at the following link on the CervicalCheck website.


HPV triage will commence in May 2015 whereby samples reported by cytology as showing a low grade abnormality (ASCUS or LSIL) will be reflex tested for the presence or absence of certain sub-types associated with cervical intraepithelial neoplasia (CIN).

The smeartaker is responsible for providing women with their result and for arranging any necessary follow up or referral. As a failsafe measure, CervicalCheck will also advise the woman by letter that her smear result is available and to contact her smeartaker.

Conclusion
In conclusion, practice nurses working within the CervicalCheck screening programme are encouraged and supported to develop, maintain and improve their professional skills.

Having a good relationship with the your patient by showing good communication skills, providing adequate information and providing a quality smeartaking service, promotes a more positive experience and encourages the woman to return for their subsequent smears. As Maya Angelou said, “They may forget your name, but they will never forget the way you made them feel.”

References