

Smear Takers Talk- Problems you may encounter during smear taking and things to consider.

Aims and Objectives

- Raise awareness
- Identify concerns
- Manage them
 - STIs
 - Menopausal symptoms
 - Psycho-sexual problems
 - FGM

Smear Taking

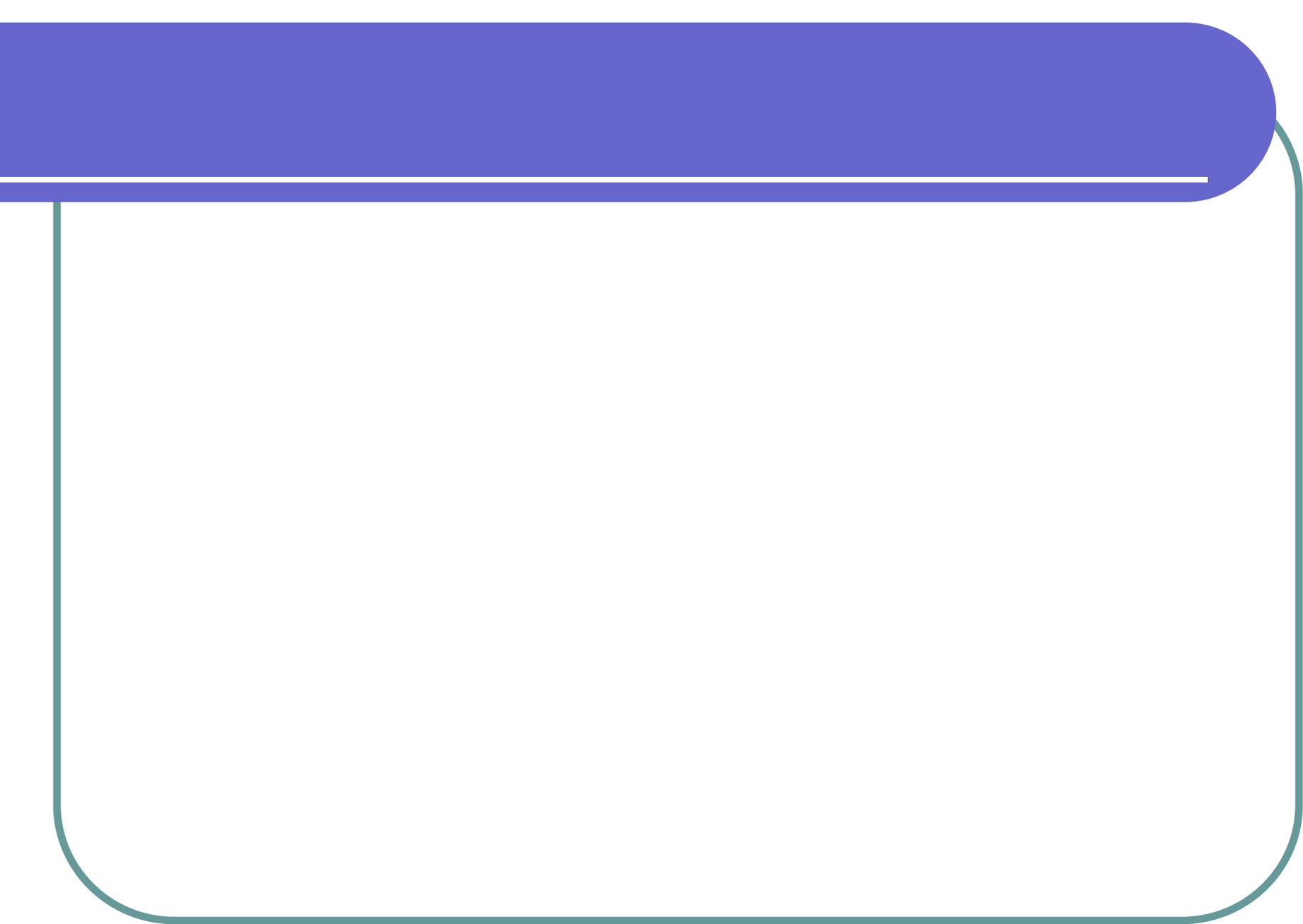
- Reality of a 10 min consultation + paperwork + SCCRs



Smear Taking

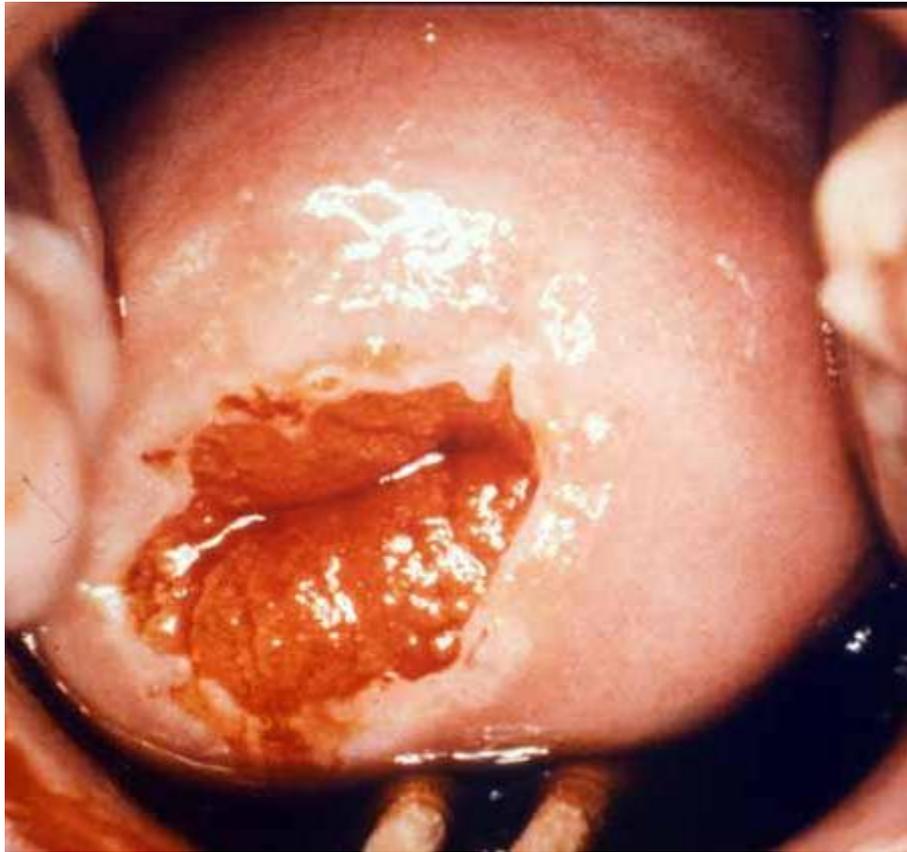
- Woman's Health Consultation!
- You are doing a vaginal examination, take the opportunity to **screen, observe and reflect**
- **Identify and refer onwards if needed**



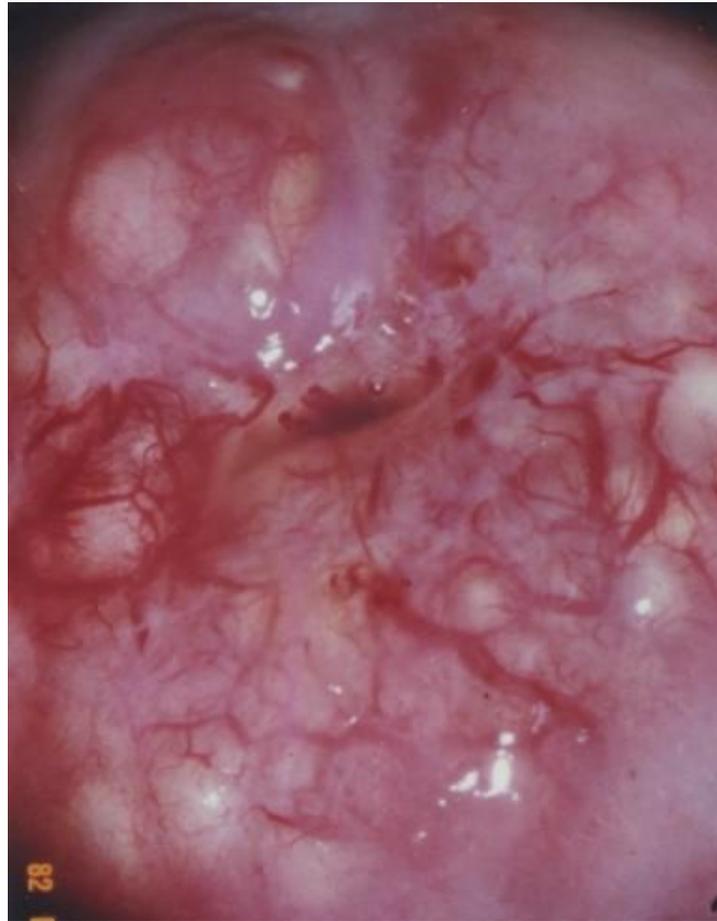




Ectopy

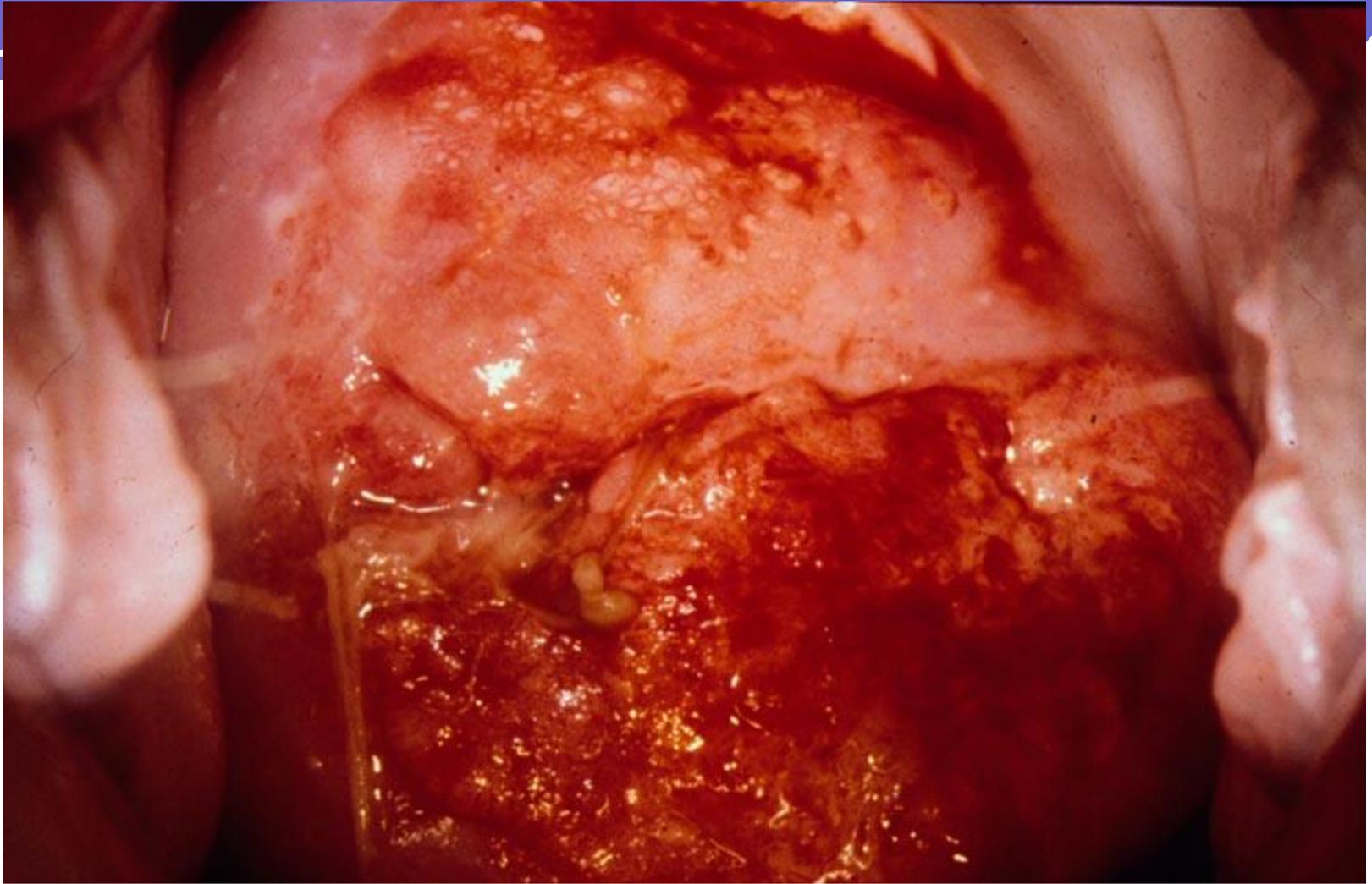


Nabothian follicles



No prizes





Sexually Transmitted Infections

● Incidence

- Number of new cases of Chlamydia stable in Scotland 16,320 (2014HPS)
- New infections highest in under 25s (70% of infections)
- 70% Chlam and 72% GC in YW <25
- Peak age for women 20-24 Chlamydia 2280/100000
- Men 20-24 Chlamydia 1083/100 000

HIV

- Cervical cancer is an AIDs defining illness
- CIN2+ is “an indicator disease” for HIV infection.
- Approx 16% unaware have HIV (improving yr on yr)
- 42% in 2014 presented with late manifestations
- 374 new cases in 2014, 87 Jan – March 16 (31 in GG&C)
- 5111 known to be living with HIV in Scotland

Sexually Transmitted Infections

- Many women assume because they had a smear test taken they also had a STI screen!...and vice versa

Sexually Transmitted Infections

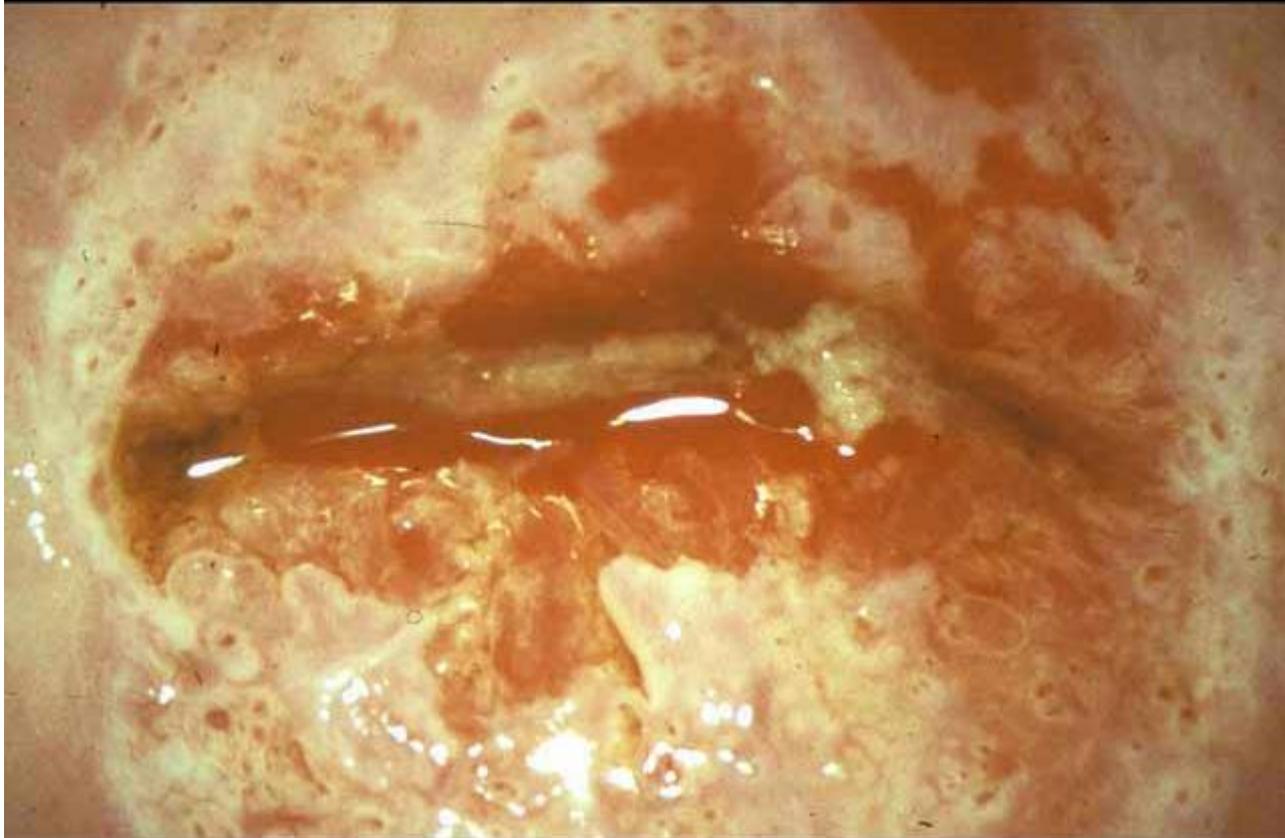
- You are doing a vaginal examination, take the opportunity to **screen**, observe and reflect
- Especially so if somebody complains of discharge, post-coital bleeding or inter-menstrual bleeding

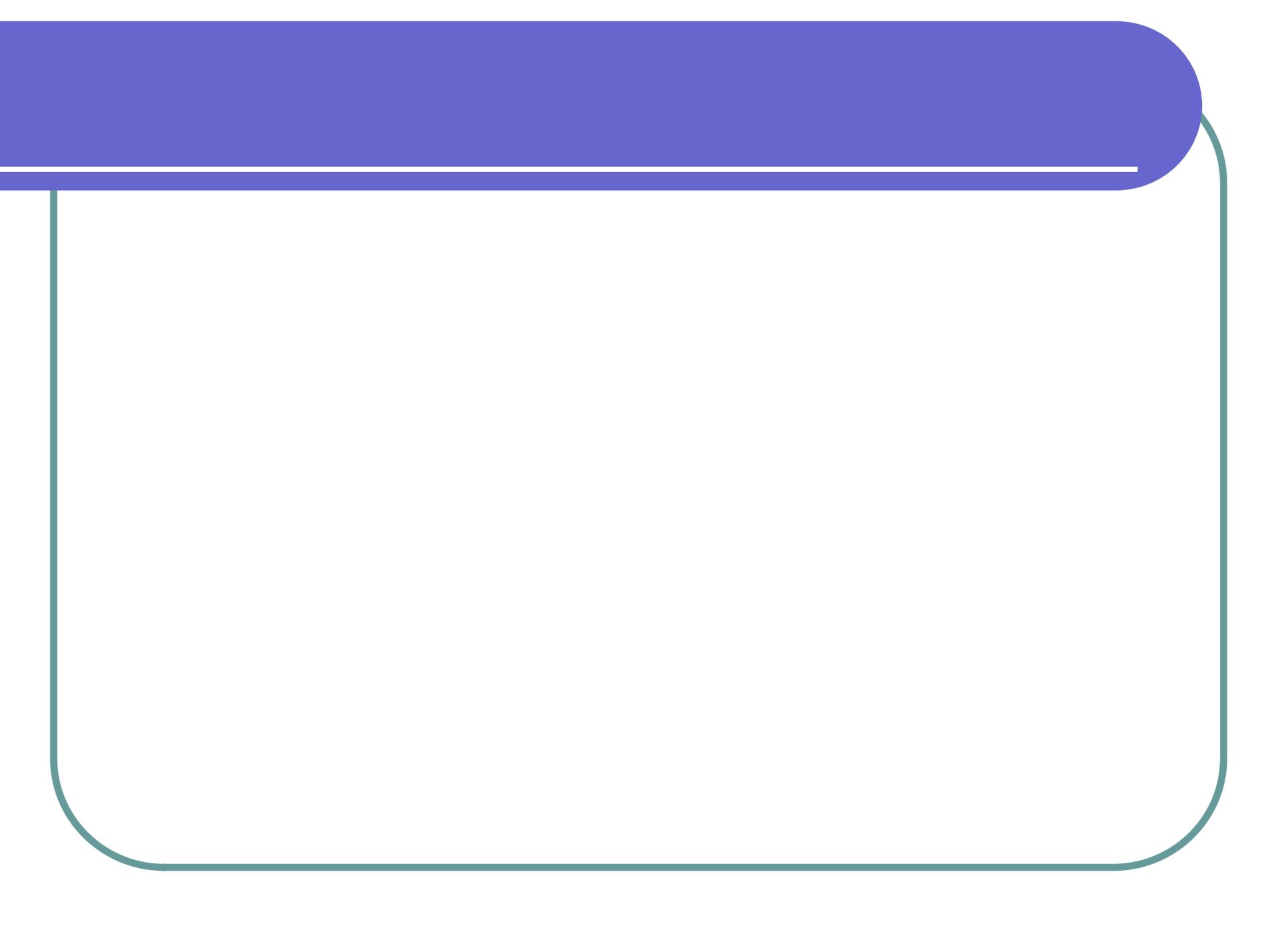
Sexually Transmitted Infections

- Review **your** clinic/room
 - Is it set up for Chlamydia/Gonorrhoea screening?
What tests are used?
 - What forms do you require?
 - Where do tests go?
 - What happens if there is a positive result?
 - **You are the driver for change!**
 - **Consider HIV and Syphilis testing as part of a routine SHS.**



Cervicitis





Endometriosis.



Sexually Transmitted Infections

- **One question only**

- ‘Would you like a SHS screen?’
- ‘Have you had a new partner within the last 6 months?’
- ‘When was the last time you had sex with anybody else?’
- Find the right words for your women and your clinic

Case 1

- 23 year old, never had smear test, 'too scared', now a friend has been diagnosed with 'cancer'.
- *2 possible questions*
 - *Why too scared? Have you any symptoms?*
 - *Remember 1:10 are Chlamydia positive-
offer screening in under 25 (SIGN 109)*

Case 2

- 38 year old, hasn't had smear test for years, 'too scared', now a friend has been diagnosed with 'cancer'.
- *2 possible questions*
 - *Why too scared? Have you any symptoms?*
 - ***Consider STI screening, increase in older women due to change in sexual behaviour***
 - *(SIGN 109)*

- Questions?

Menopause



Vulva-Vagina-Cervix

- You are doing a vaginal examination, take the opportunity to **screen, observe and reflect**

Vulva-Vagina-Cervix

- What are you looking for?
- **Vulva:**
 - Skin conditions (eczema, psoriasis, warts, ulcers, VAIN, Lichen sclerosis)
 - Signs of chronic itch and scratching
 - Fissuring
 - Dryness

Pictures of vulval skin conditions



LS plus atrophy



Vulval eczema



Vulva-Vagina-Cervix

- How long has the change been there?
- Are there any symptoms, such as pain, itch, bleeding, dryness?
- Does it interfere with life (not only sex life, but cycling, sitting, working...)

Vulva-Vagina-Cervix

- Refer for specialist advice
- Give simple advice
 - Avoid all soap (even Dove!) No bubbles or Bombs!
 - Avoid irritating substances
 - Moisturise (Dermol 500, Epaderm, Aqueous cream) twice a day

Postmenopausal changes



Vulva-Vagina-Cervix

- **Vaginal and Cervical Atrophy**
 - Thin mucosa/skin
 - Pain with speculum insertion
 - Smooth shiny vaginal walls, lack of elasticity
 - Petechial bleeding on gentle touch
 - Small shiny cervix, sometimes flush with vaginal wall, difficult to find cx os
 - Repeated unsatisfactory smears postmenopausally

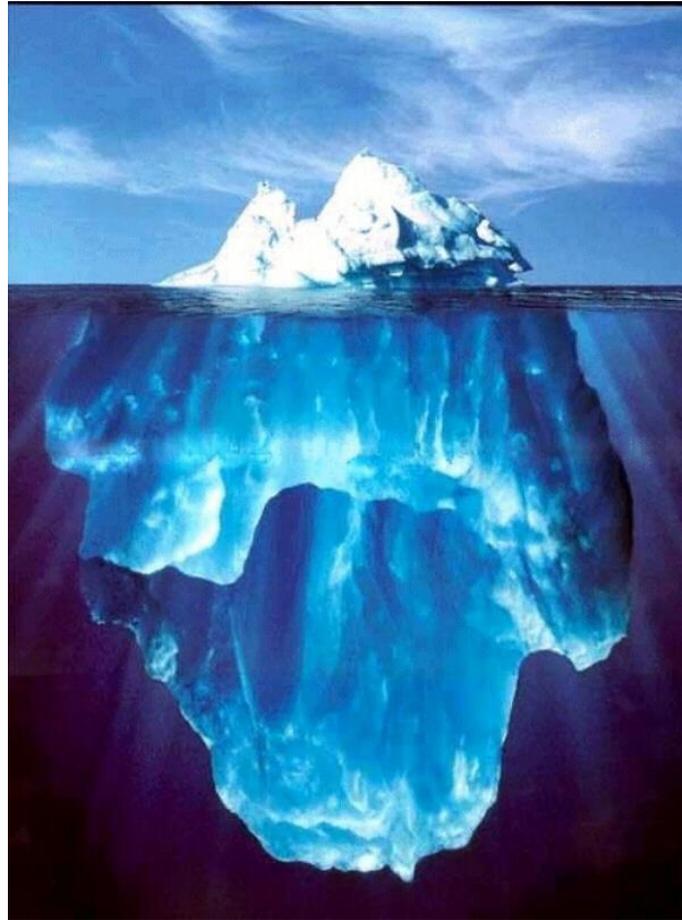
Vulva-Vagina-Cervix

- Women find it difficult to mentioned it themselves, we need to ask
- Does this cause problems with sexual intercourse?

How common is VV atrophy?

- Very
- Not only in postmenopausal women but in women following breast cancer treatment, sometimes with Depo-Provera, following radiotherapy....

The tip of the iceberg



Case 3

- 54 year old woman for smear, always normal, recent examination very uncomfortable and 'unsatisfactory' result, now really worried about repeated test
- What would you do?
- Useful resource:
www.menopausematters.co.uk



Treatment for VV atrophy

- General vulval advice
- Lubrication (Replens, Senselle, Yes)
- HRT (systemic and local)
- Local estrogen (**Vagifem** tablets, Ovestin cream, Estring) is safe and needs to be given **lifelong**
- **Psychosexual problems need to be addressed, too, often secondary due to atrophy**

- Questions?

Psycho-sexual problems



Psycho-sexual problems

- You are doing a vaginal examination, take the opportunity to **screen, observe and reflect**

Picture perfect?



Reasons **not** to deal with psycho-sexual issues

- Lack of time
- Unable to 'fix problem'
- Perceived lack of training and how to talk about sex
- Fear of exposing own sexual difficulties/fears
-

What can we do?

- Warm up to it.....



What are we looking for / indicators

- Avoidance of smear test!!!
- Never being happy with any offered method of contraception
- Response during examination
 - Difficulties with actual examination
 - 'I couldn't do your job-how awful'
 - Detachment
 - Giggle/embarrassment

What are we looking for / indicators

- What do you feel during examination?
 - Sudden embarrassment
 - Anxiety
 - Tension
 - Nervousness
-
- You might be sensing a reflection of the patients feelings

Reasons for psychosex problems

- Body image (menopause, colostomy...)
- Domestic Abuse
- Past sexual abuse
- Relationship breakdown
- Infertility
- Loss of parent, child, pregnancy
- Incontinence.....

First steps we can do to help

- Reflect: 'I have the impression this is very difficult for you.....

.....

.....

.....

.

First steps we can do to help

- Listen
- Recognise/reflect/acknowledge problem with patient
- Share distress
- Acknowledge you do not have all the answers!
- Invite back
- Refer onwards **if** requested/ready to deal with the problem

DD

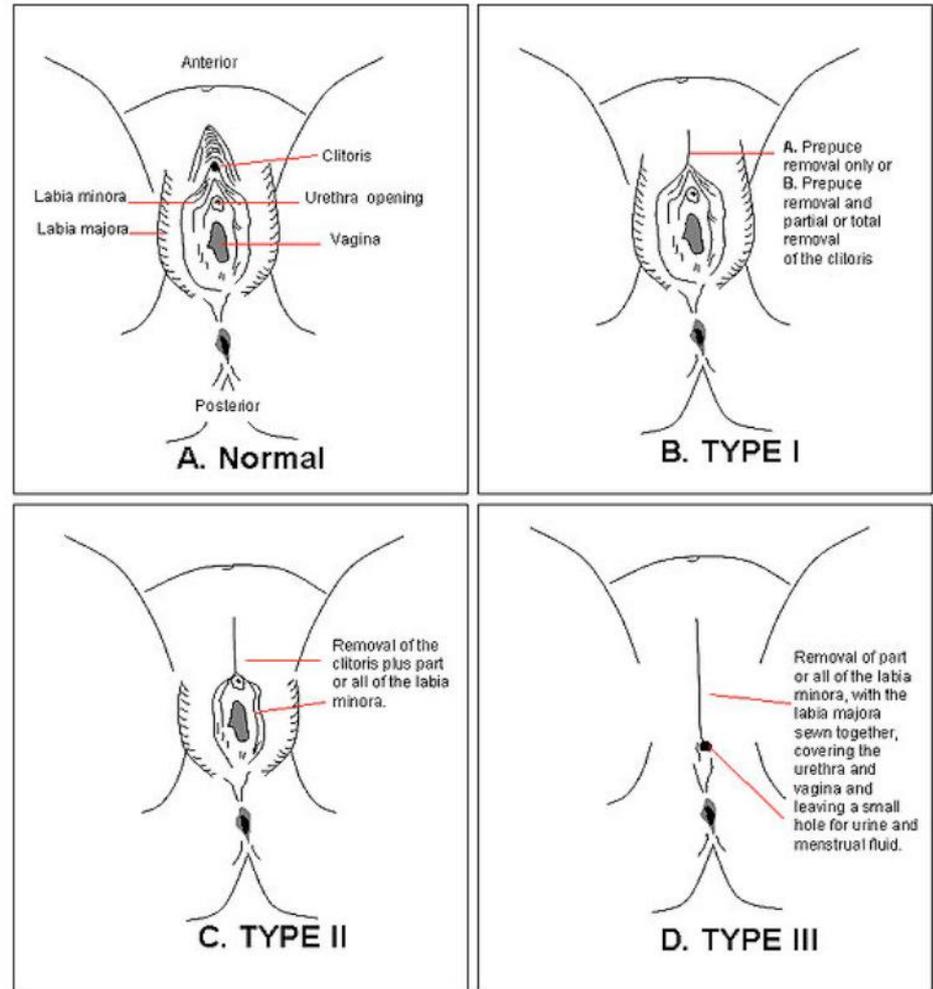
- Never / very infrequently been sexually active
- Atrophy
- Previous surgery
- Medical problems like arthritis, disabilities challenging mobility

- Questions?

FGM

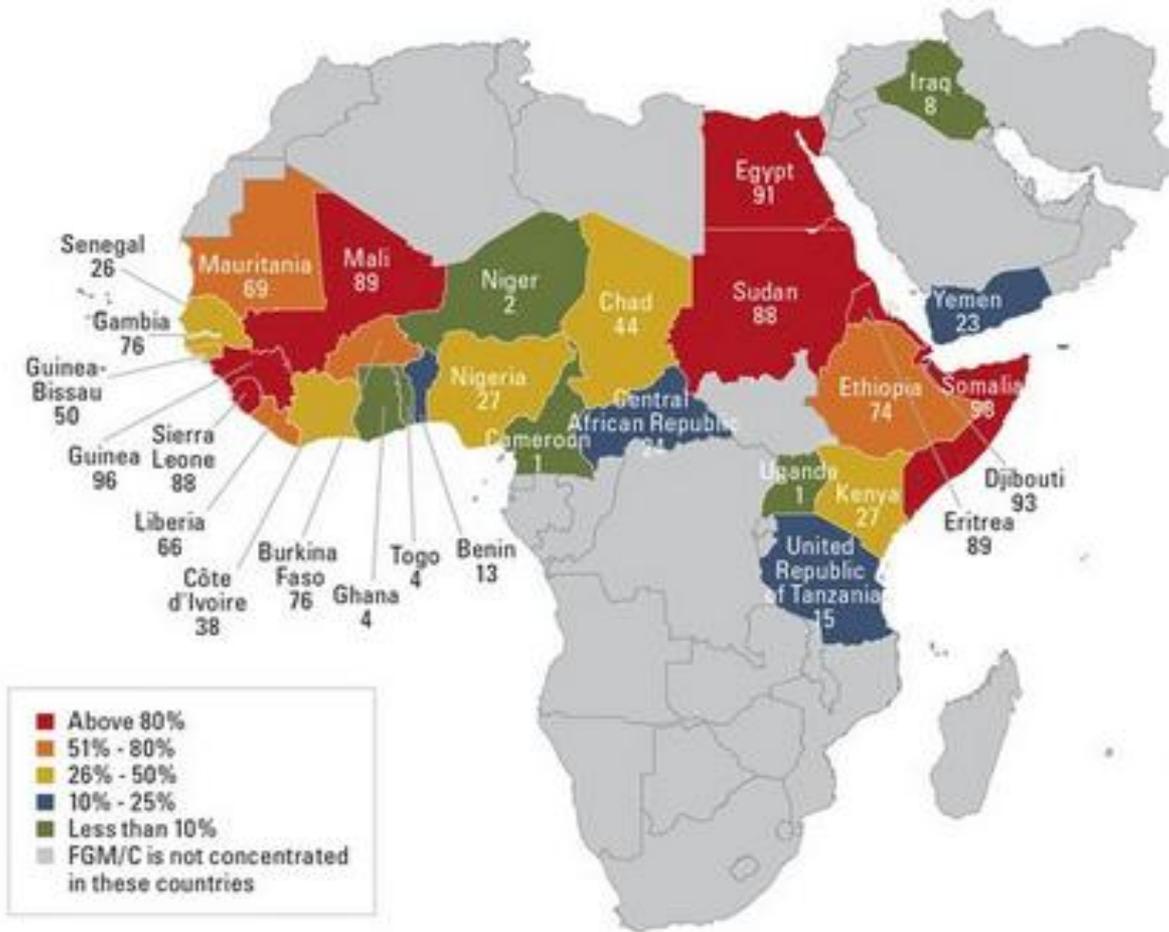
What is FGM

- Collective term for procedures carried out for non medical reasons that remove, cut, or mutilate the female genitalia
- Types I- IV
- IV includes piercing,pricking, stretching,cauterising, corroding



Map 4.1 FGM/C is concentrated in a swath of countries from the Atlantic Coast to the Horn of Africa

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country



Guidance

- RCOG green top guideline no 53. 2015
- Tackling FGM in UK 2013, intercollegiate guidance
- See also “FGM aware”
- <http://onescotland.org/equality-themes/gender-equality/female-genital-mutilation-fgm/>
- Learn pro basic awareness training available
- National guidelines coming soon

Your role

Identify, support, protect

- Ask the question.. “have you been cut?”
“are you open or closed?”
- Be culturally sensitive but still ask
- Children born to women who have experienced FGM are at risk
- Opportunity to discuss and protect
- Refer to support agencies : Saheliya, Hemat Gryffe (WA Glasgow), shakti (WA Edinburgh) as required.

Recommended actions

- Issues for the woman?..referral to Sandyford/Stobhill?
 - Support via Saheliya
 - Record client's feelings about the practice
 - Identify young girls at potential risk
 - Flag them up to HV/School nurse/social work
- Not sure what to do ask the CPU
- Requirement to record H/FH of FGM on medical records

Thank you

