HEALTH HOLDING
HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Obstetrics and Gynecology (Ambulatory Care)		
Document:	Departmental Policy and Procedure		
Title:	Pap Smear		
Applies To:	All Obstetrics and Gynecology Staff		
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1. PURPOSE:

1.1 Provide guideline for physician for collection of Pap smear; prevent errors in collection of Pap smear.

2. DEFINITIONS:

2.1 **Pap smear**- is a screening test to detect precancerous and cancerous cells of the cervix and vagina.

3. POLICY:

3.1 To screen sexually active women for pre-cancerous lesions of the cervix by getting pap smear.
3.2 To ensure that pap smear properly collected, labelled & documented in the electronic medical record of the patient.
3.3 Pap smear to be started 3 years after vaginal intercourse, no earlier than age 21.
3.4 Women aged 21 to 29, should have a pap test every 3 years. HPV testing should not be used for screening in this age group (although it may be used as a part of follow up for an abnormal Pap test).
3.5 Beginning at age 30, the preferred way to screen is with a Pap test combined with an HPV test every 5 years. This is called co-testing and should continue until age 65.
3.6 Women who are at high risk of cervical cancer because of a suppressed immune system (for example from HIV infection, organ transplant, or long term steroid use) or because they were exposed to DES in utero may need to be screened more often. They should follow the recommendations of their healthcare team.
3.7 Women over 65 years of age who have had regular screening in the previous 10 years should stop cervical cancer screening as long as they haven't had any serious pre-cancers (like CIN2 or CIN3) found in the last 20 years (CIN stands for cervical intra epithelial neoplasia).
3.8 Women with a history of CIN2 or CIN3 should continue to have testing for at least 20 years after the abnormality was found.
3.9 Women who have had a total hysterectomy (removal of the uterus and cervix) should stop screening (such as Pap tests and HPV tests), unless the hysterectomy was done as a treatment for cervical pre-cancer (or cancer). Women who have had a hysterectomy without removal of the cervix (called a supra-cervical hysterectomy) should continue cervical cancer screening according to the guidelines above.
3.10 Women of any age should not be screened every year by any screening method.
3.11 Women who have been vaccinated against HPV should still follow these guidelines.
3.12 Accurate sexual and health history should be filled on the requisition form which includes:
- 3.12.1 Patient 4 names for the Saudi and complete names for the Non – Saudi and Medical record Number and age.
- 3.12.2 Last menstrual period.
- 3.12.3 Pregnancy history.
- 3.12.4 History of IUD.
- 3.12.5 Previous abnormal pap smear.

3.12.6 Relevant clinical information e.g. abnormal bleeding, discharge, pelvic pain.
3.12.7 History of hormone use.

3.13 Report test result interpreted according to Bethesda system.

4. PROCEDURE:

4.1 Women should have a Pap smear when she is not menstruating. The best time is at least 5 days after your menstrual period stops.

4.2 For about testing before testing, a woman should avoid douching or using spermicidal foams, creams or jellies or vaginal medicines (except as directed by a physician). These agents may wash away or hide any abnormal cervical cells.

4.3 No intercourse during the 48 hours prior to the test.

4.4 The Pap test is done by:

4.3.1 The women paced on the examination table on her back with her knee up and bent and her feet in stirrup. The clinician will often first examine the outside of the patient's genital and rectal areas, including the urethra to assure that they look normal.

4.3.2 The physician inserts a speculum into the vagina so the wall of vagina and cervix can be seen clearly.

4.3.3 A cotton swab is sometimes used to clear away mucus that might interfere with an optimal sample.

4.3.4 Endocervical sample to be taken by inserting the cervical brush into the opening of the cervix and twirled around to collect a sample of cells.

4.3.5 Ectocervical samples also collected as part of the Pap smear. These cells are collected from a scraping of the area surrounding, but not entering the cervical os.

4.3.6 Both the endocervical and ectocervical samples are gently smeared on a glass slide and a fixative (a preservative) is used to prepare the cells on the slide for laboratory evaluation.

4.3.7 A bimanual exam usually follows the collection of the two samples for the Pap smear.

4.3.8 The samples will be labelled with patient name, date and file number.

4.3.9 The nurse will send sample to the laboratory for close and careful examination under microscope.

4.3.10 The physician will advise the patient to get appointment after two weeks for follow up of result.

4.5 Interpretation of result will be according to the Bethesda system.

4.5.1 Under the Bethesda system, pap tests samples that have no cell abnormalities are reported as "negative for intraepithelial lesion or malignancy." Samples with cell abnormalities are divided into the following categories:

4.5.1.1 ASC-atypical squamous cells. Squamous cells are thin flat cells that form the surface of the cervix. The Bethesda System divides this category into two groups:

4.5.1.1.1 ASC-US atypical squamous cells of undetermined significance. The squamous cells do not appear completely normal, but physician are uncertain about what the cell changes mean. Sometimes the changes are related to human papillomavirus (HPV) infection. ACS-US is considered mild abnormalities.

4.5.1.1.2 ASC-H- atypical squamous cells cannot exclude a high grade squamous intraepithelial lesion. The cells do not appear normal, but physicians are uncertain about what the cell changes mean. ASC-H may be at higher risk of being precancerous.

4.5.1.2 AGC- atypical glandular cells. Glandular cells are mucus- producing cells found in the endocervical canal (opening in the center of the cervix) or in the lining of the uterus. The glandular cells do not appear normal, but physicians are uncertain about what the cell changes mean.

4.5.1.3 AIS-endocervical adenocarcinoma in situ. Precancerous cells are found in the glandular tissue.

4.5.1.4 LSIL- low grade squamous intraepithelial lesion. Low grade means there are early changes in the size and shape of cells. The word lesion refers to an area of abnormal tissue. Intraepithelial refers to the layer of cells that forms the surface of the cervix. LSILs are considered mild abnormalities caused by HPV infection.

4.5.1.5 HSIL- high grade squamous intraepithelial lesion. High grade means that there are more marked changes in the size and shape of the abnormal (precancerous) cells, meaning that the cells look very different from normal cells. HSILs are more severe abnormalities and have a higher likelihood of progressing to invasive cancer.

5. MATERIALS AND EQUIPMENT:

5.1 N/A

6. RESPONSIBILITIES:

6.1 Physician.
6.2 Nurse.

7. APPENDICES:

N/A

8. REFERENCES:

8.1 ACOG Committee Opinion No. 534: Well-Woman Visit, Committee on Gynaecologic Practice, Obstet Gynecol. 2012 Aug; 120(2)1:421-24. Doi:10.1097/AOG.0b013e3182680517.
8.2 American Cancer Society 2004
8.3 NGC0102_bethesda_system2001
8.4 Guidelines for Obstetrics & Gynecology, Ministry of Health, 2013.

9. APPROVALS:

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