 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Pap Smear		Clinical Procedures	11-014-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		5
APPLIES TO:			
Community Health Nurses			

POLICY:

PAP smears shall be offered to adolescent girls and women in accordance with the recommendations of Canadian Task Force on Preventive Health Care and any clinical guidelines sanctioned by the Department of Health and Social Services. Registered nurses, who have received additional training from the clinical educator/delegate, are authorized to perform papanicolaou (PAP) smear testing in adolescent girls and women.

If a male health care provider is to perform a PAP smear, another female staff member of the health centre shall also be present in the room during the procedure.

DEFINITION:

PRINCIPLE:

- PAP smear testing is an effective tool for cancer prevention and early detection. It is a screening test and is not diagnostic.
- Liquid-based cytology test kits have a greater sensitivity and specificity; lower rate of unsatisfactory specimen samples; and allows for adjunctive HPV_DNA testing of same sample.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Procedure 11-014-01 Performing a Pap Smear
Policy 11-015-00 Wet Mount

REFERENCES:

Murphy, KJ & Howlett, R. (2007). Canadian Consensus Guidelines on Human Papillomavirus. *Journal of Obstetrics and Gynaecology Canada* 29(8).
Canadian Task Force on Preventive Health Care (1992). *Screening for Cervical Cancer*.

PROCEDURE 11-014-01

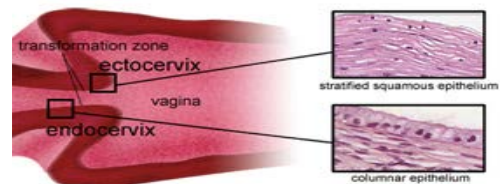
NURSING CONSIDERATIONS:

The frequency in which PAP smear screening is offered to adolescent girls and women shall be in accordance with the recommendations of the Canadian Task Force on Preventive Health Care and any additional clinical guidelines sanctioned by the Department of Health and Social Services.

1. There is no evidence that women who are pregnant should be screened any differently than women who are not.
2. A PAP smear consists of sampling the endocervical canal and the entire transformation zone.
3. The client should avoid douching, vaginal medications and intercourse for 24 hours prior to the procedure.
4. Ensure the room and equipment is warm. Maintain client privacy throughout the exam.

Cervical Anatomy:

1. The cervix is the distal portion of the uterus. Other segments of the uterus, moving proximally, are the isthmus, the corpus, and the fundus.
2. The endocervical canal is closed off from the main cavity of the uterus by a narrowing at the cervical isthmus.
3. The external opening on the cervix is the external os. The vaginal vault just outside the cervix ends at the vaginal fornix.
4. The area of the **squamocolumnar junction** marks the transition from the squamous epithelium of the exterior cervix to the columnar epithelium of the endocervical canal.
5. **Transformation zone** sampling:
 - a. The transformation zone cells are far more susceptible to the HPV virus and thus are the primary target of sampling for the Pap smear.
 - b. Successful Pap smear technique requires sampling from the active transformation zone in women with an intact cervix, or vaginal cuff for those status post hysterectomy.
 - c. The position of the transformation zone varies according to age. Women of childbearing age, the transformation zone is more often exposed (on the ectocervix), whereas in postmenopausal women, the transformation zone often is located within the endocervical canal.



Pap Smears in Pregnancy

1. During pregnancy, the cervix progressively enlarges, the **squamocolumnar junction** displaces outward, mucus becomes thicker and more abundant, and the cervix becomes much more vascular.
2. Extra care must be taken when gently blotting off excess mucus and when applying the Pap sampling device, especially after 20 weeks gestation. Do not disturb the mucous plug.

3. Despite these changes, evidence supports that Pap smears remain similarly sensitive and specific compared with the nonpregnant state, and that the pregnant state itself does not accelerate or worsen cervical dysplasia. In most women, the first-trimester cervix appears very similar to the nonpregnant cervix and behaves the same way as in the nonpregnant state.
4. The active transformation zone everts or externalizes progressively with advancing gestation, therefore, there is little need to probe or sample the cervical canal.
5. Ideally, obtain the Pap smear as early in pregnancy as possible to avoid exaggerated spotting and the discomfort the client experiences in the lithotomy position with an advanced gestation.
6. Be gentle while rotating the brush because cervical bleeding is more common in pregnancy. If the PAP is being performed beyond 10 weeks gestation, only the spatula should be used.

EQUIPMENT	
<ul style="list-style-type: none"> ✓ Appropriate sized disposable speculum (use metal sterile speculum as indicated) ✓ Water-soluble lubricant (for bimanual exam) ✓ Nonsterile gloves ✓ Cervical broom OR Cervical brush and plastic spatula ✓ Media for liquid-based testing 	<ul style="list-style-type: none"> ✓ Culture swabs as necessary (e.g. for gonorrhoea, Chlamydia, herpes, etc) ✓ Cotton swabs and transport media for wet mount as necessary ✓ Laboratory requisition forms

PROCEDURE:

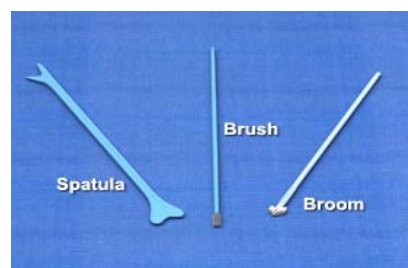
1. Obtain a medical history and review of systems. Clarify the client's risk factors for cervical dysplasia and review past PAP results if available.
2. Position client on the exam table/ stretcher in the lithotomy position, drape appropriately.
3. Prepare all equipment and supplies and test equipment. Apply non sterile gloves
4. Inspect the external genitalia and evaluate for discolouration, erythema, inflammation, lesions, rashes, masses, and tenderness. Ask the client if she has any concerns.
5. Choose a speculum that is of an appropriate size for the client.
6. Warm speculum with warm water and insert it. (Do not use lubricant on the speculum, particularly if additional cultures or wet mount are to be collected). Carefully advance the speculum, applying gentle pressure posteriorly.
7. Open the speculum to adequately visualize the cervix, then tighten the screw or lock the speculum into place.
8. Examine the cervix and note any signs of inflammation, infection, erosions or ulcerations, or condylomata. Avoid rubbing or otherwise traumatizing the cervix.
9. Identify cervical landmarks, including the transformation zone with its squamocolumnar junction.



10. Note the nature of the cervical mucus. Markedly excessive mucus or discharge may be gently blotted, not rubbed, from view. However, mucus actually may contain the exfoliated cells needed for microscopic examination. So, unless truly necessary, do not remove this mucus; include it in the sample.

11. Examine the vaginal fornices for obvious abnormalities.

12. Obtain the Pap smear by using either a cervical broom device or a combination of a cervical brush and a spatula. Follow the manufacturer's specifications



13. Cervical Broom:

- a. Insert the central or longest bristles into the cervical canal
- b. Apply gentle pressure to allow the outer bristles to contact the cervix.
- c. Rotate the broom clockwise five turns.

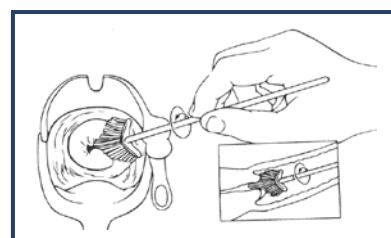
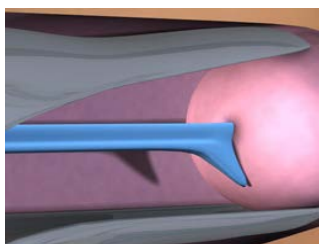


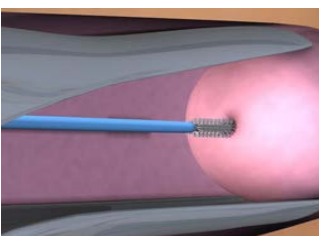
Figure 1: Obtaining the PAP smear using cervical brush (Adapted from Cytoc Corp).

14. Combination Spatula and Cytobrush:

- a. Insert the contoured end of the plastic spatula and rotate 360 degrees around the entire exocervix.



- b. Insert the cytobrush into the endocervix until only the bottom most bristles are exposed at the os. Slowly rotate $\frac{1}{4}$ to $\frac{1}{2}$ turn. Do not overturn the brush to avoid unnecessary bleeding.



15. Disconnect the broom, spatula

quid transport vial. Ensure the cap is



Adapted from Cytoc Corp, Malborough, MA.

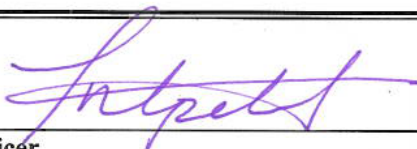

16. If the client has had a hysterectomy, be sure to sample the vaginal cuff itself.
17. If clinically indicated, collect other appropriate cervical cultures and/or wet mount samples.
18. Examine the vagina by slowly withdrawing the speculum, which is held slightly open, allowing the vagina to collapse over the blades. Note abnormalities.
19. Lubricate the gloved hand and proceed with the bimanual examination.
 - a. Pay particular attention to palpated abnormalities of the introitus, vagina, fornices, and cervix.
 - b. Palpate the areas of Skene's and Bartholin's glands.
 - c. Ask your client to bear down, and observe for uterine or pelvic floor prolapse and for leakage of urine. Having her cough facilitates assessment of pelvic support
20. Complete the remainder of the bimanual examination, noting size, contour, tenderness, and mobility of the uterus and adnexal structures.
21. Perform a rectal examination, as clinically indicated and as recommended by the Canadian Task Force on Preventive Health Care and any clinical guidelines sanctioned by the Department of Health and Social Services.
22. Make sure the Pap smear requisition form includes all pertinent data regarding your client, including clinical findings and client risk factors.
23. Clearly label all specimens with the client's identifier data.
22. Safely dispose of used equipment and supplies.
23. Inform the client to expect minor spotting or cramping, especially when performed during pregnancy.
24. Ensure accurate follow-up contact information is available on the client's health record and discuss the client's preferences for contact methods.

REFERENCES:

Arbyn M, Bergeron C, Klinkhamer P, et al (2008). Liquid Compared with Conventional Cervical Cytology. *Obstetrics & Gynecology*. 111: 167.

Murphy, KJ & Howlett, R. (2007). Canadian Consensus Guidelines on Human Papillomavirus. *Journal of Obstetrics and Gynaecology Canada* 29(8).

Canadian Task Force on Preventive Health Care (1998). *Screening for Cervical Cancer*.

Approved by:		Effective Date:
 11 FEB 2011		April 1, 2011
Chief Nursing Officer	Date	
 February 11, 2011		
Deputy Minister of Health and Social Services		Date

