

# THE MEDICAL PRACTICE AT 48 WIMPOLE STREET

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## PRACTICE POLICY ON CERVICAL SCREENING

Cervical screening is carried out in the practice by Dr Khalique, Dr Pattani and Dr Whitby. Dr Lebens and Dr Taylor are also able to perform cervical screening but must be accompanied by a chaperone. Dr Sawyer does not perform pelvic examinations.

We use liquid based cytology as recommended by NICE guidelines. All our cytology is analysed by TDL with whom we have a service agreement. TDL does not currently send the results to the PCT's to forward to the National Screening Database for their recall records. We therefore encourage patients who have an NHS GP to either allow us to send their results to their GP or send them to the patient to forward. Patients notify us in writing if they do not wish information to be passed onto their NHS GP (see patient registration document).

### Introduction

If it is their first smear, patients are given the "Patient Information Leaflet Cervical Screening". **We always inform the patients of their results in writing within 1 week.** Patients address for results is rechecked by the doctor at the time of consultation. The **term normal** is used to describe a negative result. Women with a clinically suspicious cervix are referred for colposcopy regardless of their smear result. See list of gynaecologists with an interest in colposcopy.

### Interpretation of Results

NEGATIVE = normal

#### **Recall protocol for negative screening results**

No/negative previous screening	Routine recall
>65 & no previous negative screening	3 negative tests over 9 years
Previous abnormal screening	See protocol for borderline and mild dyskaryosis
Previous treated CIN	See protocol for CIN
Previous untreated CIN1	>3 negative tests, 6-12 months apart then routine recall

#### INADEQUATE

Repeat sample after treating any infection within 3 months.  
If technically inadequate repeat asap.  
If 3 inadequate smears refer for colposcopy.

#### NEGATIVE WITH INCIDENTAL OBSERVATIONS

Investigate and manage and inform patient as appropriate. Recall as for negative result.

#### BORDERLINE

Repeat sample within 6 months. Most smears will revert to normal by this stage.  
Persistent borderline smears >3 in 10 years will require colposcopy.  
Usually due to HPV infection.  
Give patient About HPV fact sheet.  
3 negative results 6 months apart required before returning to routine recall.

## MILD DYSKARYOSIS

Repeat sample in 6 months. Many return to normal by this stage.

>2 refer for colposcopy.

If previous treated CIN2 or more refer for colposcopy.

3 negative results 6 months apart required before returning to routine recall.

## MODERATE or SEVERE DYSKARYOSIS

Refer for colposcopy

SEVERE DYSKARYOSIS ?INVASIVE CARCINOMA  
GLANDULAR NEOPLASIA ?GLANDULAR NEOPLASIA

Urgent referral to a gynaecological oncologist.

## COLPOSCOPY

Give patient About Colposcopy fact sheet

### Treatment

CIN2 and 3 should be treated once diagnosed.

CIN1 maybe treated or kept under close surveillance.

Maybe offered at first visit under local anaesthetic.

Cervical function is only rarely compromised by treatment.

Some crampy pain and vaginal bleeding may occur.

### Follow up after TAH

Vault smear at 6 and 12 months if TAH for CIN.

If negative discontinue further screening.

No smears necessary after routine TAH.

Subtotal hysterectomy requires routine recall smears.

### References

1. Cervical screening results EXPLAINED a guide for primary care, NHS Cancer Screening Programmes ([www.cancerscreening.nhs.uk/cervical/publications](http://www.cancerscreening.nhs.uk/cervical/publications)):
2. Cervical screening: THE FACTS
3. An abnormal smear fact sheet (SK)
4. Patient information leaflet Cervical Screening (SK)
5. About Colposcopy fact sheet (SK)
6. HPV fact sheet (SK)
7. NICE Guidelines liquid based cytology for cervical screening (review) (no 69)  
10 Nov 2003

### Referral Pathways

#### GYNAECOLOGISTS WITH AN INTEREST IN COLPOSCOPY/GYNAE-ONCOLOGY

- 1) Mr Paul Carter
- 2) Mr Alan Farthing
- 3) Mr Peter Mason
- 4) Prof John Shepherd