

WARNING:

Lubricant jellies should not be used to lubricate the speculum. Even though lubricant jellies are water soluble, excessive amounts of lubricant may compromise the test and possibly lead to an unsatisfactory result.

The patient should be tested 2 weeks after the first day of her last menstrual period, and definitely not when she is menstruating. Excessive amounts of blood may compromise the test and possibly lead to an unsatisfactory result.

PROCEDURE:

- A. Label the container and the requisition form with:
1. Patient name
 2. Date of birth
 3. Clinician's name
 4. Date of collection
 5. Clinical information
- B. Position of patient:
1. Although it is possible to perform cervical cytology sampling with the patient in a variety of positions, in the United States it is usually performed with the patient in the dorsolithotomy position.
- C. Preparation of Cervix:
1. Once the patient is positioned, an appropriately sized bivalve speculum should be gently inserted in the vagina, avoiding direct pressure on the sensitive anterior structures (urethra, etc.).
 2. Water may be used to lubricate and warm the speculum; however lubricant jellies should not be used. Several sizes of specula should be available so that an appropriate device may be chosen for the patient. Very young patients, patients with little sexual experience, and elderly patients with vaginal atrophy require the use of a smaller, narrower speculum than women who are sexually active.
 3. The speculum must be positioned so that the entire face of the cervix appears at the end of the instrument since a sample from this area is necessary for adequate specimen collection. A large cotton-tipped swab is often useful for helping to position the cervix.
 4. It is important to obtain a smear that is not obscured by blood, mucus, or inflammatory exudate. Following correct positioning of the speculum in the vagina, if there is mucus or other discharge present, it should be gently removed with a ring forceps holding a folded gauze pad. Inflammatory exudate may be removed by placing a dry 2" x 2" piece of gauze over the cervix and peeling it away after it absorbs the exudate, or by using a dry proctoswab or scopette. The cervix should not be cleaned by washing with saline as it may result in a relatively acellular smear.
- D. Exocervical Sample:
1. A variety of devices are available to obtain a sample from the exocervix. The most commonly employed devices are the wooden and plastic spatulas of a variety of shapes. When the vaginal portion of the cervix is scraped, care should be taken to sample the transformation zone (squamocolumnar junction). The scraping should be firm but gentle. Removal of pieces of tissue with the scraper should be avoided. Drop spatula into PreservCyt and rinse vigorously.
- E. Endocervical Specimen:
1. Currently, there are two methods in common use to obtain an endocervical specimen. They have been shown to provide a high yield of metaplastic and columnar cells. The instruments include a cytobroom, and endocervical brush. When using either the cyto broom or the brush, the instrument is gently inserted into the endocervix, turned 360 degrees, and withdrawn. Drop device into PreservCyt container and rinse vigorously.
 2. Cytology specimens should be considered infectious until fixed with a germicidal fixative. Observe universal precautions when handling specimens from all patients. (NCCLS document M29-T, Protection of Laboratory Workers from Infectious Disease Transmitted by Blood, Body Fluids, and Tissue; Tentative Guideline, 1989.)
 3. For a sample to be considered adequate, it is necessary to obtain a specimen from both the exocervix and the endocervix. This requires careful inspection of the cervix and localization of the transformation zone. Structural abnormalities of the cervix and vagina should be noted.
- F. Transporting Specimens:
1. Place PreservCyt container into biobag.
 2. Requisition is slipped into separate side slot.
 3. Send to Community Hospital.