Issues you may encounter at a cytology appointment and things to consider.

Christine Black Con SRH March 24

Aims and Objectives

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

Cytology appointment

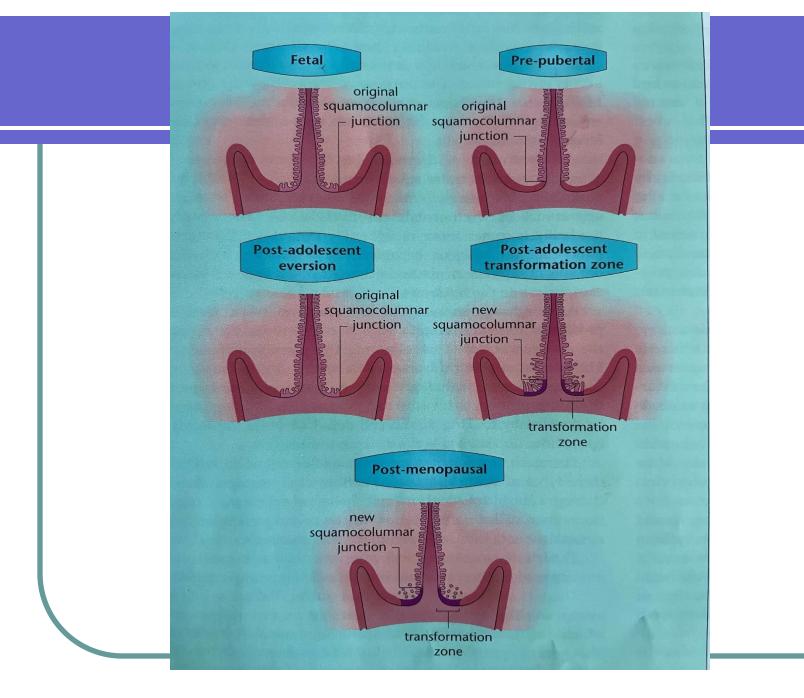
Reality of a 10 min consultation + paperwork + SCCRS



Cytology appointment

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









Nabothian follicles







Resources



- BSCCP | Image Gallery
- Image library | DermNet (dermnetnz.org)
- <u>Colposcopy Digital Atlas (iarc.fr)</u>

Sexually Transmitted Infections





• Gonorrhoea : 5641 cases 2022

• Chlamydia : 13148 cases 2022

• HIV : 317 cases 2022

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
- Sexual history
- Especially so if somebody complains of discharge, post-coital bleeding or intermenstrual bleeding



CIN2+ is "an indicator disease" for HIV infection.

BHIVA/BASHH/BIA Adult HIV Testing guidelines 2020

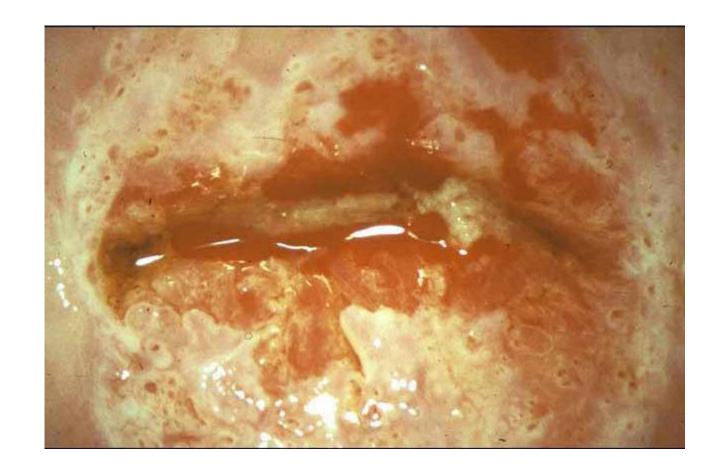
December 2022, an estimated 6,600 people were living with HIV in Scotland, of whom 6,150 (93%) had been diagnosed.

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 can make any changes needed
- Make 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 sex with somebody new within the last 6 months?'
- 'When was the last time you had sex with anybody else?'.....
- Find the right words for your clients and your clinic



 23 year old, not had smear test, requesting one... anxious as a friend has been diagnosed with 'cancer'.



 38 year old, hasn't had smear test for years, 'too scared', now a friend has been diagnosed with 'cancer'.



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?
 Photo Gallery | Labia Library
- Vulva:
 - Skin conditions (eczema, psoriasis, warts, ulcers, VAIN, Lichen sclerosis)
 - Signs of chronic itch and scratching
 - Fissuring
 - Dryness

Pictures of vulval skin conditions

• Image library | DermNet (dermnetnz.org)

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 sex?

How common is VV atrophy?



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

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 skin care advice
- Vaginal moisturisers (Replens, Regelle, Yes)
- HRT (systemic and local)
- Local estrogen (Vagirux/vagifem tablets, Ovestin cream, Estring) is safe and needs to be given lifelong
- Lubricants
- Psychosexual problems need to be addressed, too, often secondary due to atrophy



Psycho-sexual problems

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

Reasons **not** to deal with psychosexual 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 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.....

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

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
- My Body Back Clinic?



My Body Back

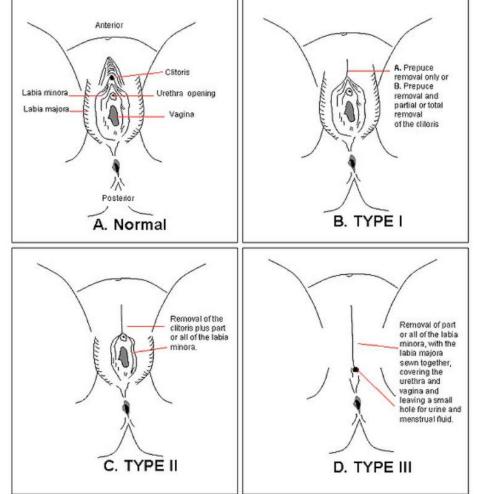
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my body	The My Body Back Project We offer cervical screening, contraceptive care, STI testing and maternity care for people who've experienced sexual violence.	
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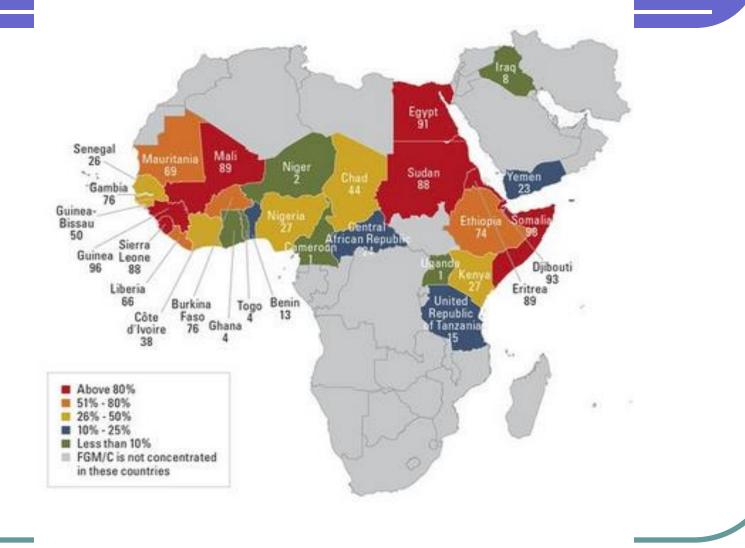
What is FGM

- 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,cauterisin g, 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 patient info and Green top guideline
- HOME (fgmaware.org)
- Female genital mutilation: the facts GOV.UK (www.gov.uk)
- Free FGM Training Online | Recognising & Preventing FGM Free Course | Virtual College (virtual-college.co.uk)

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

Recommended actions

- Issues for the woman?..referral to acute gynaecology
- Support <u>www.saheliya.co.uk</u>
- Record client's feelings about the practice
- Identify young girls at potential risk ;childrens name /DOB/school

Flag them up to HV/School nurse/social work
 Not sure what to do ask the CPU

Requirement to record FH of FGM on medical records

Thank you

