

## **Cervix chart for sample takers in primary care**

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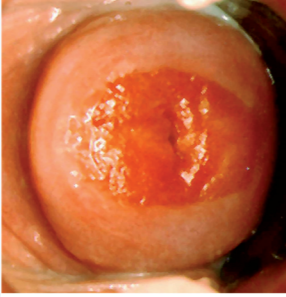

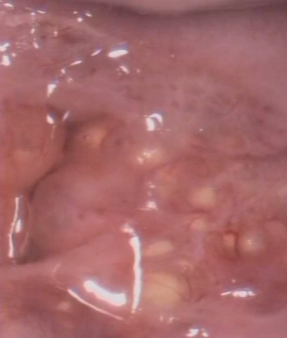
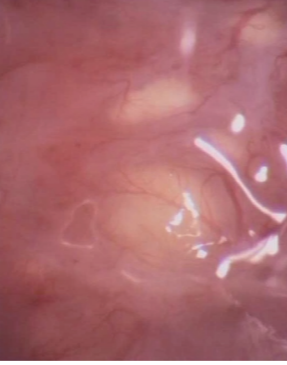

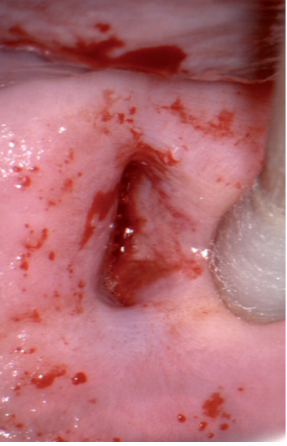


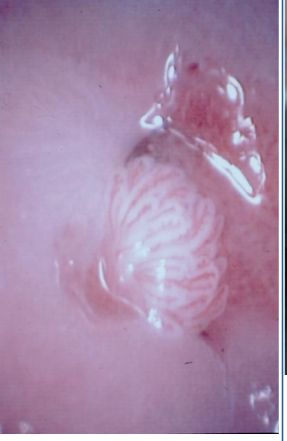


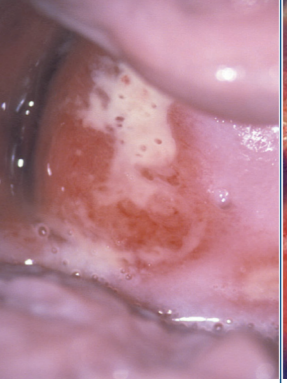
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## Cervix chart for sample takers in primary care

Condition	Recommendations	Examples
Normal cervix	Continue with call/recall as part of national screening programme	 
Cervical ectropion	Take cervical cytology sample as indicated by call/recall, may get some bleeding at time of taking sample Refer if symptomatic, eg postcoital bleeding, to genitourinary department ( $\leq 40$ years) or gynaecology ( $> 40$ years)	 
Nabothian follicles	Reassure – cervix can have varied appearance Take cervical cytology sample as indicated by call/recall If infection suspected, take swabs for culture and sensitivity	 
Stenosed cervix	If cytology sample adequate, no further intervention May need to use endocervical brush in addition to Cervex brush to get good cytology	
Atrophic cervix	Routine cervical cytology sample May need local/systemic oestrogen	
Cervical polyp	Take cervical cytology sample as indicated by call/recall (mention polyp on test request form) Refer for removal of polyp	 
Cervical warts	Take cervical cytology sample as indicated by call/recall May have a varied appearance, often with associated warts elsewhere If warts persist, consider referral	 
Cervicitis/vaginal discharge	Take swabs for culture and sensitivity, including <i>Chlamydia</i> Consider referral if symptoms persist after treatment	 
Cervical cancer	Urgent referral using cancer proforma	