PAP SMEAR COLLECTION PROCEDURE

Conventional Pap Smear Collection Procedure

Specific instructions for preparation of the Pap smear are given in Pap-Paks supplied by PSIP. In summary, they are as follows: The cervical smear is obtained by rotating the cervical scraper (modified Ayer spatula) around the ectocervix with the emphasis on the squamo-columnar junction. Material is spread evenly on one portion of the glass slide.

The endocervical smear is obtained by gently inserting the cytology brush into the distal endocervical canal at, or just beyond the squamo-columnar junction. The brush is rotated one full turn and gently removed. This material is spread evenly by rotating the cytology brush back and forth over a different area of the glass slide.

Finally, the vaginal smear is taken from the posterior fornix with the spatula end of the cervical scraper smeared on the last remaining portion of the glass slide.

Material on the slide should be fixed immediately, either with the cytology fixative supplied in the Pap-Paks, spray fixative, or immersion in alcohol. Immediate fixation is essential to prevent air-drying artifact which may render the smear uninterpretable. All slides should be labeled with the patient's name. Under most circumstances, a single slide is adequate for a complete Pap smear.

The Pap smear requisition should be filled out as completely as possible. Essential information includes the patient name, birth date, last menstrual period and specimen source. Any special studies or special information desired should be indicated on the requisition such as maturation index. Social security number should be indicated as well; it is the most reliable way of retrieving previous patient data.

Liquid Based Pap Collection Procedures

THINPREP PAP TEST: (Also see Hologic's ThinPrep Quick Reference Guide)

A. Endocervical Brush and Spatula Protocol:

1. Obtain an adequate sampling from the ectocervix using a plastic spatula.

2. Rinse the spatula as quickly as possible in the PreservCyt solution vial by swirling the spatula vigorously in the vial 10 times. Discard the spatula.

3. Obtain an adequate sampling from the endocervix using an endocervical brush device. Insert the brush into the cervix until only the bottom most fibers are exposed. Slowly rotate ¼ or ½ turn in one direction. DO NOT OVER ROTATE.

4. Rinse the brush as quickly as possible in the PreservCyt solution by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall. Swirl the brush vigorously to further release material. Discard the brush.

5. Tighten the cap so that the torque line on the cap passes the torque line on the vial.

6. Record the patient's name and ID number on the vial. Also, record the patient information and medical history on the cytology requisition form.

7. Place the vial and requisition in a specimen bag for transport to the laboratory.

BROOM-LIKE DEVICE PROTOCOL:

1. Obtain an adequate sampling from the cervix by inserting the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently and rotate broom in a clockwise direction 5 times.

2. Rinse the broom as quickly as possible into the PreservCyt solution vial by pushing the broom into the bottom of the vial 10 times forcing the bristles apart. As a final step, swirl the broom vigorously to further release material. Discard the collection device.

3. Tighten the cap so that the torque line on the cap passes the torque line on the vial.

4. Record the patient's name and ID number on the vial. Also, record the patient information and medical history on the cytology requisition form.

5. Place the vial and requisition in a specimen bag for transport to the laboratory.

All ThinPrep Pap slides are screened using the Hologic Corporation ThinPrep Imaging System. This system is a device that uses computer-imaging technology to assist in the detection of abnormal cells during primary cervical cancer screening of ThinPrep slides. This technology greatly improves the detection of high-grade cervical intraepithelial lesions.