

WOMEN'S
HEALTH

By Dr Shilpa McQuillan,
accredited menopause
specialist, GP and
community gynaecologist

What every woman needs to know about cervical screening



IT'S that time of year again, when women's health advocates and campaigners come together to encourage those with a cervix to attend their cervical screening, to prevent cancer.

A dedicated week is provided as a platform to highlight the importance of cervical screening because cervical cancer is one the most common, but easily preventable cancers, and with results arriving within a few weeks, you are provided with reassurance for the next three to five years.

But deciding to attend your screening appointment can be a difficult decision. It is recognised that the procedure is intimate, and attending is very much a

personal choice, so women must feel fully informed and comfortable when making the decision.

A third of women do not attend their screening

With so much awareness around, it is surprising to learn that a large number of women choose not to attend.

I was shocked that a national survey showed more than 70 per cent of women aged 25-29 did not think cervical screening would reduce their cancer risk. This highlights that there is still a long way to go in educating people about cervical cancer. Even for those who understand the benefit, there are reasons for not taking up the screening,

including: finding it hard to find time in a busy schedule; struggling to get an NHS appointment; or the procedure can feel too embarrassing. Statistics show that for those who avoid their screening the majority do so because this intimate procedure can feel invasive, uncomfortable, and provokes a sense of being out of control.

I continue to see many patients who shy away from having their test, both young women facing their first screening and those who have attended before. Getting that first screening call can be nerve-racking, and avoiding it can be provoked from hearing somebody else's story. Then there are women who have their own previous negative experiences.

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These experiences, among others, can result in conditions such as vaginismus (the involuntary tensing or contracting of the vaginal muscles) and vulvodynia (intense pain around the vulva and vagina), with the prospect of future examination seemingly impossible.

These pains are REAL and should not be minimised or dismissed. A proportion of women have existing genital skin conditions such as eczema, lichen sclerosus and genito-urinary atrophy (caused by hormonal changes in pregnancy, breastfeeding, perimenopause, and menopause). All of these can result in loss of vaginal stretchiness, dryness, heightened sensitivity, and thinned skin - which can make the procedure intolerable.

If you are feeling overwhelmed, please do not worry in silence. Speak to a specialist, we are here to support you.

Here are my tips to making the procedure as comfortable as possible:

- Ask to book a long appointment if you are worried about feeling rushed.
- To help you feel relaxed, you may wish to bring support. Listening to calming music and practising breathing exercises during the examination can help to reduce anxiety and tensing of vaginal muscles.
- If you have underlying vulval or vaginal conditions, you may benefit from topical treatments such as oestrogen cream and moisturisers, which can be prescribed a few months leading up to the procedure. If it is possible, using a small speculum during the procedure can make the procedure more comfortable. Water-based lubricants should also be used at the time of the procedure to reduce discomfort. A common incorrect myth is that lubricants impair screening results — let me reassure you this is not the case.
- To feel more in control, you may wish to insert the speculum together with the nurse or doctor. Booking a preceding appointment to look at equipment in advance can help you feel more empowered and knowledgeable about the procedure.

This test could really save your life — the facts

Cervical screening (once called a smear test) checks the health of a cervix (the neck of the womb, opening into the vagina). It's a simple procedure, where

a soft brush is used to gently sweep cells from the cervix.

It does not directly test for cancer but checks for certain high risk variants of the human papillomavirus (HPV), as these are found in 0.99 per cent of all cervical cancers. In some cases, high-risk HPV can lead to changes on the cervix, and rarely, it can develop into cervical cancer. This does not mean that everyone with HPV develops cancer. In fact, HPV itself is a common virus, with the majority of the population (men and women) getting it at some point in their life. The virus often clears itself within a few years, and most do not know they carry it, as symptoms are uncommon.

The virus can remain in the body, dormant for many years, without causing any harm. Therefore, in those who test positive for the virus, it is not possible to say when exactly the virus was picked up.

People who should attend for screening

In England, NHS cervical screening is offered to anybody with a cervix aged 25 to 64, including people in same-sex relationships, transgender, and non-binary people with female reproductive organs. The recall for a test is 3-5 years depending on age.

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People younger than 25 are not routinely invited to screening as developing cervical cancer is rare below this age. HPV changes that clear themselves is common in this age range, so screening would lead to unnecessary treatment and worry.

If you have symptoms

The HPV screening is a routine test, and not to investigate those with symptoms. The majority of virus carriers have no symptoms; therefore, it is important to attend the regular screenings when invited. If you get bleeding after sex or between your

periods, outside of your screening invite, then you should speak to your doctor immediately as this could be a sign of inflammation and changes to the cervix (or other female genital areas) that needs separate investigation.

After the test

The sample is sent for testing to a laboratory.

If the sample is negative for high risk HPV, there is no need for further investigations, and you will continue to be invited for routine screening. If the sample is positive for high risk HPV, the same sample will be further tested for cell changes, and based on this you will either be offered more regular screening or referred for further investigation to look at the cervix in more detail. Even if you carry a high-risk HPV type, the chance of getting cervical cancer remains low, because the aim of screening is to pick up changes early so that they can be easily treated and do not turn into cervical cancer.

Reducing your risk of getting HPV

There are many variants of HPV. As well as cervical cancer, some are also known to lead to other rare cancers such as vaginal, penile, head, and neck; and more commonly genital warts. There are ways to help reduce transmission. Using barrier contraception (such as condoms) helps because HPV is usually acquired through skin-to-skin contact. Having a weakened immune system can make it harder to clear the virus; lifestyle modification such as not smoking can help prevent this.

A routine vaccination programme has also been introduced since 2008. The aim is to prevent people getting the virus in the first place. The vaccine cannot help in eradicating the virus if you have it already, therefore the programme is aimed at young school children and people under the age of 25, where it is rare to have acquired the virus. The vaccine programme is aimed at preventing both sexes from acquiring HPV.

Dr Shilpa McQuillan leads the Berkshire Menopause Clinic in Henley and is an accredited menopause specialist, community gynaecologist and women's health GP.

For more information, email info@berkshiremenopauseclinic.com or visit www.berkshiremenopauseclinic.com