

Patient information

Smear tests after hysterectomy- advice for patients and GPs

This leaflet will provide guidance for general practitioners, patients and colposcopy/gynaecology staff on the follow up required to meet NHSCSP guidelines after hysterectomy.

Vault sampling is not part of the routine cervical screening programme, however individuals who have had a hysterectomy with CIN present are potentially at risk of developing VAIN (vaginal intraepithelial neoplasia) and invasive vaginal disease.

There is no clear evidence that colposcopy increases the detection of disease on follow-up and the **treating gynaecologist is responsible for follow up in this group of individuals.**

Good practice before considering hysterectomy

- All patients in the cervical screening age range undergoing a hysterectomy for other gynaecological reasons than a diagnosis of cervical cancer should have a negative test result within the screening interval. Otherwise, a cervical sample should be taken as part of their pre-operative investigations.
- All patients being considered for hysterectomy who have an uninvestigated abnormal test result or symptoms attributable to cervical cancer should have diagnostic colposcopy and an appropriate biopsy.
- Hysterectomy is a recognized treatment for histologically proven CIN if there are co-existing conditions appropriately treated by hysterectomy.

- Hysterectomy is an acceptable form of treatment in cases where abnormal endocervical cytology persists despite a prior excisional biopsy of adequate size. This is provided that all measures to exclude occult invasion have been applied. Incomplete excision of CGIN requires discussion in a Colposcopy MDT Meeting and in most cases would warrant a repeat LLETZ excision to exclude residual and invasive disease.

Follow-up after a hysterectomy

1. For women on routine recall and with no CIN in their hysterectomy specimen, no further vaginal vault cytology is required. The gynaecologist who performed the hysterectomy to inform the cytology recall system.
2. Women not on routine recall and with no CIN in their hysterectomy specimen, should have vaginal vault testing at six months following their hysterectomy and then ceased if this is HR HPV negative. **This situation should not occur as a patient's cervical screening status should be known at the start of any gynaecological consultation.**
3. Women who undergo hysterectomy and have **completely excised CIN** should have vaginal vault testing 6 months following their hysterectomy.
 - (i) If vault smear is negative for HR HPV – individual to be discharged.
 - (ii) If vault smear is positive for HR HPV – for Colposcopy Clinic appointment: if no VAIN visible on colposcopic assessment to be discharged
4. For women who undergo hysterectomy and have **incompletely excised CIN** (or uncertain excision), follow up should be as if the cervix remained in situ and to be referred to Colposcopy Clinic for management as follows:

CIN1 – vault smear at 6 months, 12 months and 24 months.

CIN 2/3 - vault smear at 6 months, 12 months and 9 annual vault smears

Follow up for incompletely excised CIN continues to 65 years or until 10 years after surgery (whichever is later)

Responsibility for implementing this follow up rests with the gynaecologist who performed the hysterectomy operation. Vault cytology after hysterectomy is not prompted by the cytology recall system.

The gynaecologist discharging the patient who requires further vault cytology should ensure the patient's general practitioner receives specific written guidance for follow up. The patient will need to have their vault smear taken in a General Gynaecology Clinic.

Follow up of patients with possible incomplete excision of CIN is carried out in the Colposcopy Clinic.

5. If the patient has had a **sub-total hysterectomy** (cervix not removed) they need to continue to have regular smear tests and remain within the cytology recall system in the usual way until the age of 65.

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nhs.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk>

