



Smears without tears: reducing pain and distress from vaginal examinations

A guide for clinicians

Every woman is advised to have regular vaginal smear tests, but some women are so traumatised by the first one that they never go again. Taking a smear is a routine procedure for many doctors and nurses, but it can be very distressing to the woman for a variety of reasons. Any intimate examination may be acutely embarrassing, or extremely painful, both physically and psychologically - e.g. after trauma or sexual abuse which she may not feel able to talk about.

Moreover, as many as 1 in 6 women suffer from vulval pain at some time in their lives*, which may be intermittent and only related to touch or penetration, or continuous. This can make internal examinations excruciatingly painful, and make it impossible to sit comfortably for 24 hours or more afterwards. Sympathetic practitioners can do a lot to ease discomfort and fear, and by following these guidelines, they may ensure that more women come for life-saving tests.

1. **Friend/partner**
In the appointment letter tell the woman she may bring a companion who can help her to relax at the time and to remember what was said afterwards. This can be a chaperone to attend the examination or just a 'waiting room companion' as she prefers.
2. **Chaperone**
A female chaperone should be offered especially if the examiner is male.
3. **Students**
Permission for any students to observe should be sought in private, to ensure informed consent.
4. **Listen to the patient**
It is difficult for a woman to acknowledge that an internal exam is a problem, so if she indicates this, she must be taken seriously. Accept the woman's own assessment of the pain she might experience, request information about any conditions you are unfamiliar with, and ask how you can help. This will enable her to trust you, and put her in control.
5. **Discuss beforehand**
Before she undresses, discuss in detail what is to take place and the purpose of any procedure. Encourage her to familiarise herself with any instruments you plan to use. Explain that she may have slight bleeding after a smear, but this is normal. Ask her to let you know if she experiences any discomfort and reassure her that you can stop at any time.
6. **Privacy**
Ensure privacy, and if there is likely to be any delay, provide a blanket or wrap. Give her the choice (in private) of whether her companion attends the actual examination.
7. **Speculum**
If a speculum is needed, show it to her (see above). If she finds speculum exams painful, use the smallest one. She may prefer to insert it herself - she will not require aseptic technique. Explain each move step by step, as this is vital where there is vulval pain. Warm the speculum (if metal), then insert and withdraw slowly, to give her time to relax. If she has a recto-vaginal problem, consider opening the speculum laterally after insertion. Withdraw the speculum slightly open, to avoid trapping the cervix, external genitalia or pubic hair.
8. **Lubricant**
Routine lubrication is unnecessary for many, but women with vulval problems need it. Water is insufficient. Encourage the woman to guide you on what helps her; she may be sensitive to some lubricants, and have brought her own. KY jelly is suitable, but made-for-sex lubricants (eg Astroglide) are more slippery than KY and don't go sticky. In a vulval clinic, it is important to ensure that silicone-based lubricants are available.

9. Stirrups
Using stirrups (if available) can help to open the vagina more fully, if the woman is comfortable using them.
10. Lateral Position
Some women are more comfortable lying on their side with knees bent, to aid relaxation and reduce feelings of vulnerability. This may not be possible for all examinations, but smears can be taken this way. A pillow between the knees will reduce any strain on the hip joints.
11. Dorsal Position without stirrups
Ask the woman to
 - lie on her back with her head on pillows so she can make eye contact with you.
 - place her feet hip-width apart and slide her heels up as close to her hips as she comfortably can. These two actions cause the psoas muscles to open up the vagina, and relax the hips and pelvic floor. (Putting feet together can impede these actions.)
 - part her knees as far as she comfortably can. N.B.: if she has back or hip problems this may not be very far, but a 90-degree angle still gives you room to work. She will need support for her knees, e.g. from companion/chaperone standing closely either side. Avoid leaning against her nearer leg, so she can fully relax her hips.
 - make fists and put under her buttocks (or place a pillow under her sacrum). This helps to flatten the pelvic curve and bring the cervix into view, and to keep the vaginal walls open.
12. Relaxing
This is easier said than done, so allow the woman plenty of time as she attempts to do this. Suggest that she avoid gritting her teeth, and aim to slacken or drop her jaw, as this helps the lower end to relax.
13. Bearing Down
Inform her exactly when you are about to put in the speculum, and encourage her to bear down against it (as in defecation), as this may relax the muscles and give her a degree of control. Assure her it doesn't matter if she passes a little urine or flatus (or worse)!
14. Endocervical brush
For women with vulval pain, it is especially important to reduce the need for repeat smear tests. An endocervical brush is easier to use with a small speculum than a spatula, and more efficient at removing cells.
15. Communicate
Talk to her throughout, make eye contact and encourage her to tell you if anything hurts. Remind her that you can stop if she asks. Her companion will be invaluable here, especially if she becomes distressed. If she does cry, just hand her the tissues and allow her time to recover.
16. Afterwards
Provide tissues to wipe away any gel, and privacy to dress. Any post examination discussions should be conducted after she is fully clothed and seated at the same level as you. Make a note of any problems (and solutions) for future reference.

Reference

*Harlow BL and Stewart EG. A population-based assessment of chronic unexplained vulvar pain: Have we underestimated the prevalence of vulvodynia? *J Am Med Womens Assoc* 2003 Spring;58(2):82-8.

Contacts

Vulval Pain Society: www.vulvalpainsociety.org
Vulval Health Awareness Campaign: www.vhac.org
Royal College of Gynaecologists guidelines:
www.rcog.org.uk/resources/public/pdf/WP_GynaeExams4.pdf