



Smears without tears: A patient's guide on how to get through your speculum exam with minimal suffering and your dignity intact

1. **Friend/partner**
You have the right to take a chaperone (friend or partner) with you to your appointment. They can come in with you, sit at your "head" end (if you want them to stay out of view of proceedings), hold your hand, help you put across your point of view to the doctor, and take notes so you can remember what was said. It is much easier for them to be assertive on your behalf so make sure they know what you want. You may prefer them to stay in the waiting room, but they can still 'be there for you' as you wait beforehand, take you for a cuppa afterwards and drive you home.
2. **Chaperone**
If the examining doctor is male and you haven't brought a friend (or if yours is male, even if he is your partner) you still have the right to a female chaperone (usually a nurse) provided by the clinic. You should not have to ask for this: it is mandatory to prevent abuse. From now on, for clarity, I will assume that the examiner is a male doctor.
3. **Explain the problem**
Explain that you have a problem, name it if you already know what it is (vulvodynia, vulval vestibulitis etc), and check that the doctor or nurse knows what you mean. This may sound obvious but many professionals are embarrassed to admit they haven't heard of a condition and even if they have, they may be unaware of the implications. Make sure they appreciate what you mean when you say it hurts - you may mean excruciating pain, but they may think of mild discomfort. If you have vestibulitis call it vulval vestibulitis or vestibulodynia (so as not to confuse it with vestibulitis in the ear - even a gynaecologist may think that's what you mean). They also need to understand that this is something out of the ordinary and that their actions / attitude can make all the difference. Don't assume that a female doctor will be any gentler than a man or that she will have a better understanding of your problem. If this is your first visit to a particular specialist for diagnosis and/or treatment it is useful to take a written note of your history, both as an aide memoire and to give a copy to the doctor. This saves time and avoids repeating unhelpful treatments.
4. **Discuss beforehand**
While still clothed, discuss in detail what is to take place and the purpose of any examination. Feel free to identify and view any instruments he is going to use.
5. **Speculum**
If he is going to use a speculum ask to see it. Ask for a vaginal (small) speculum. If you have a problem at the back of the vagina i.e. nearest the rectum, ask him to use the speculum so it opens side to side, not up & down. Ask him to explain step by step what he is about to do and to insert and withdraw slowly.
6. **Cervibrush**
For smear tests ask him to use a cervibrush. This is like a long handled mascara wand and is more efficient at removing cells than a spatula, so it is easier to use with a smaller speculum and reduces the need for repeat smears. You may need to check beforehand that they have this available.
7. **Lubricant**
It is now common practice for the speculum to be used without lubricant so you may need to insist that he uses one. Water is not sufficient. It is good to warm it under the tap but this won't lubricate it. If you have a made-for-sex lubricant such as astroglide, astrolube, sylk, liquid silk, sensilube, V gel etc that you use (and therefore know you aren't sensitive to) then take it to the appointment for him to use. Otherwise he can use KY jelly.
8. **Privacy**
Ensure there is sufficient privacy by asking for the door or screen/curtains to be secured - your companion can help with this. If there is any delay during the examination ask for a blanket to cover you or take a light wrap to cover yourself.
9. **Lateral Position**
Some people find it much more comfortable lying on their side with knees bent. This is not so easy for the doctor and not possible for all examinations but smears are sometimes possible in this position if he is willing to try. It may make you feel less vulnerable and more able to relax. You can have a pillow between

your knees to reduce the strain on your hip joints. This is a good idea especially if you have back problems or Joint Hypermobility.

10. Stirrups

If you are offered stirrups and are comfortable with them, use them as they help to get you in a position where the vagina opens up.

11. Dorsal Position without stirrups - practise this at home before you go

- i. Lie on your back with your head on one or two pillows so you can make eye contact with the doctor without having to lift your head.
- ii. Part your feet so that they are near the edge of the examining couch (about 2 feet apart).
- iii. Now slide your heels up as close to your hips as you comfortably can. These two actions cause the psoas muscles to pull on the outer walls of the vagina, making it more open. It also helps with vaginismus as the tensing muscles can't work efficiently.
- iv. Make fists and put one under each buttock. This tilts the pelvis to a better angle, helps to keep the vaginal walls open and stops you raising your arms to your head, which has a closing effect and stops you hitting the doctor when he makes a silly remark. It may also help to place a pillow under your hips.
- v. Part your knees as far as you comfortably can. NB If you have Joint Hypermobility or lower back problems this may not be very far but a 90-degree angle still gives the doctor room to work. In this case your knees need support. Get the friend and chaperone to stand each side, level with your knees, facing you if you prefer, and close enough for you to lean on them. Do not let the doctor (or chaperone) lean on you or you will find yourself pushing back against them and undoing all the benefit of the position. You need to be able to relax your hip joints completely.

12. Bear Down

Ask the doctor to tell you as he introduces the speculum and bear down against it (as if passing a stool or giving birth). This relaxes the muscles and gives you a degree of control. Warning - you might fart and give the doctor a shock! If this does happen, apologise but don't feel guilty. It won't be the first time (unless he's very inexperienced).

13. Use a mirror

If the doctor asks during the examination where it hurts you can use a mirror to show him - at least you are then looking at the same thing. Take one with a longish handle with you in case.

15. Communicate

Talk to the doctor as you need to during the procedure and tell him when something hurts - and how much - how else will he know?

16. Afterwards

Any post examination discussions should be conducted after you are fully clothed and seated at the same level as the doctor. If you can't sit comfortably, perch on the edge of the chair or even stand. You shouldn't be lying down in a state of undress with the doctor standing over you at this stage.

16. Follow -up appointments

If you are seeing a specialist make sure you know whether he will offer a follow-up appointment. If you need to, ask for it then and make the appointment on your way out. Otherwise you may go to the end of the waiting list, or be sent an appointment you can't make. Make sure you know who will be seeing you - the doctor you have just seen or another member of the team. It will help greatly to see the same person again, if he has been helpful. It may be worth a phone call before travelling to check the arrangements.

17. Students

Teaching hospitals will have medical students learning from your consultant. The doctor should ask your permission for them to attend and it is your right to refuse. Remember, however, that we are trying to educate the profession and that a student might learn something valuable from your consultation to help his future patients. The advantage for you is that if the doctor is teaching students he is likely to be more thorough and explain things more fully.

18. Problems

If you have a problem (or a potential one) with a member of staff, consultation or any aspect of your care, contact PALS, the Patient Advice & Liaison Service. There is an officer for each hospital, and each Primary Care Trust (which covers GP surgeries in your area). They exist to help you get the best from the NHS and act independently of medical staff. They can help by intervening if necessary before it gets to the stage when you might need to make a complaint.