



CervicalCheck Clinical Guidance Note : Cervical Screening post Hysterectomy.

Purpose: To provide guidance for cervical screening post Total Hysterectomy.

There are three primary scenarios to consider when determining the requirement for cervical screening post total hysterectomy which are based on the reason for the surgery and histology results:

1. Hysterectomy for Non-CIN/Non-Cancer Reasons: It is recommended to confirm the patient's up-to-date screening history before performing a hysterectomy, as this will guide the type of surgery needed. Some patients may have difficulty recalling their screening history; therefore, please verify whether they are due screening by checking the CervicalCheck website using the Gynae clinic code, the patient's PPS number and date of birth. The screening test can either be performed in the gynaecology setting or with a sample taker of the patient's choice in primary care.

If a hysterectomy is carried out for reasons unrelated to CIN or cancer, and the histology results confirm the absence of these conditions, there is no need for further cervical screening. In such cases, the treating gynaecologist should complete a Hysterectomy Data Collection Form to inform CervicalCheck, and communicate in writing to both the patient and her GP that no additional screening is required. This form needs to be signed by the operating consultant or the GP and emailed to info@cervicalcheck.ie. This will provide clarity for patients and their doctors and should prevent further queries in the future.

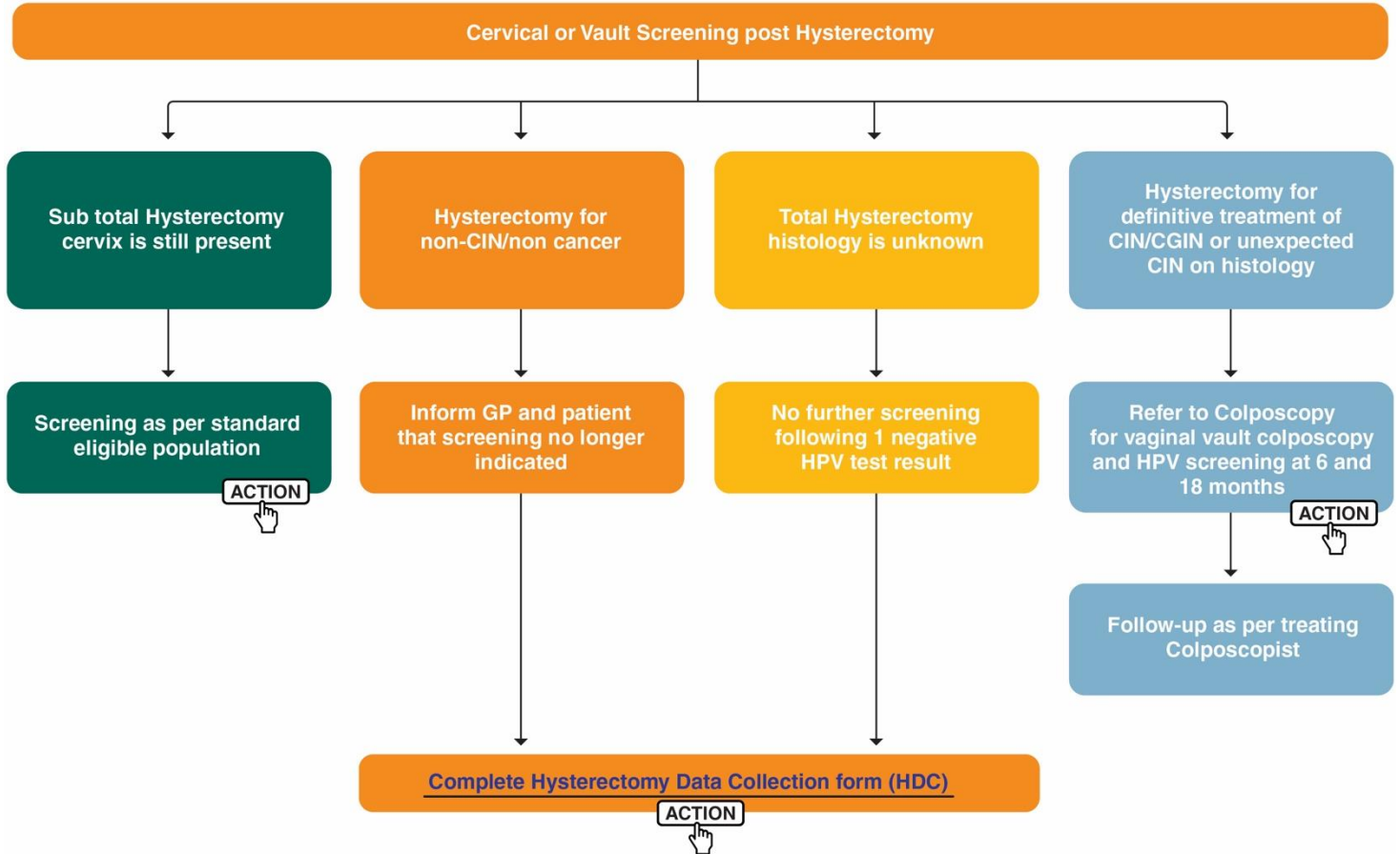
2. Hysterectomy with unexpected CIN on histology (New Guidance): In cases where unexpected CIN is found in the post-hysterectomy histology, follow-up should be conducted via colposcopy, including vaginal vault colposcopy and HPV testing at 6 and 18 months post-surgery. International best practice suggests that screening can cease after two negative HPV tests, provided the vault colposcopy is normal. Ongoing management should be guided by the treating colposcopist.

3. Hysterectomy for definitive treatment of CIN or cGIN (New Guidance): For women who underwent hysterectomy as definitive treatment for confirmed CIN or cGIN, follow-up should involve vaginal vault colposcopy and HPV screening at 6 and 18 months post-surgery. Similar to the unexpected CIN cases, screening can cease after two negative HPV tests with normal vault colposcopy, with further management guided by the treating colposcopist.

4. Hysterectomy with Unknown Histology (e.g. Surgery Abroad): For women who have had a hysterectomy abroad or who do not have access to their histology results, it is important to conduct a speculum examination to determine whether they had a subtotal or total hysterectomy. In cases of a total hysterectomy where histology is unavailable, it is recommended to perform one screening test before discharging the patient from further screening. If the cervix is present, cervical screening is recommended as per population algorithm.

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