

This resource is a guide for sample takers to help them identify different cervical appearances. This guide should not replace formal training. All sample takers should undertake an accredited cervical screening education programme.

There is a wide variation of normal appearances of the cervix dependent on the following factors:

Patient age: Cervical appearance may vary with age, such as changes in vascularity, texture, and size. Post-menopausal changes, such as thinning of the epithelium and decreased vascularity, may affect cervical appearance.

Reproductive history: Parity (number of pregnancies), and type of delivery can influence cervical size, shape, and texture.

Previous cervical procedures: such as a LLETZ or Cone Biopsy procedure, may alter cervical anatomy and appearance.

Medications: Hormonal medications may influence cervical mucus production and texture.

Points to note:

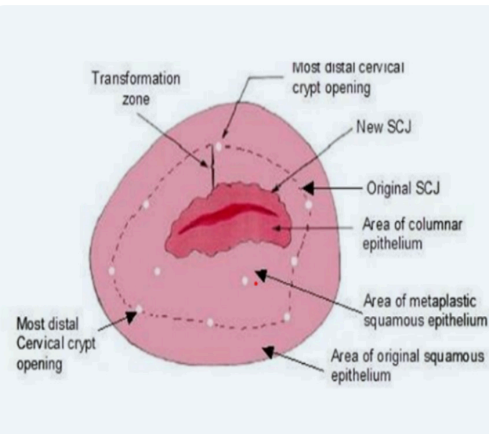
- Prior to sample taking, always check if the cervix appears normal and the patient is due for screening on the [CervicalCheck website](#).
- If a woman complains of persistent unexplained symptoms, consideration should be given to performing additional diagnostic tests to identify a cause. Referral to the nearest Ambulatory Gynae or Gynae clinic may be required.
- Never take a screening sample if the cervix appears suspicious for cervical cancer, refer urgently to colposcopy.
- Remember, always end each screening appointment by advising the patient to not ignore symptoms of cervical cancer, even in the presence of a normal screening test, and to seek medical advice promptly.

The cervix consists of two types of epithelium:

- **Squamous epithelium:** Covering the outer part of the cervix (ectocervix) and the vaginal walls. This is smooth, featureless, multi-layered, stratified skin which protects the cervix and vagina
- **Columnar epithelium:** A single layer of cells which lines the endocervix and is often seen on the ectocervix at the cervical os. The presence of columnar epithelium seen on the ectocervix is called an ectopy or ectropion.

Variations in cervical appearance:

- **Colour:** Varies with age, hormones, and race. Usually pink or reddish, with increased vascularity. May appear bluish or purplish during ovulation.
- **Texture:** Typically smooth and firm, but may show irregularities or nodularity, especially around the external os. Influenced by hormonal changes, inflammation, infection or benign pathologies.
- **Size and shape:** Generally cylindrical, 2 to 3 cm long, may vary over time. Cervix may be bulky after delivery or smaller in size in nulliparous women. The post-menopausal cervix may appear pale and shrunken.
- **Ectropion (ectopy):** Glandular tissue on the outer surface, often red or inflamed. Common in reproductive-aged women, may cause discharge or bleeding after intercourse, typically doesn't require treatment.
- **Nabothian cysts:** These are a normal anomaly. They are small, fluid-filled sacs on the surface, resulting from blocked glands. They do not require treatment and will often resolve spontaneously.
- **Cervical polyps:** Growths originating from the surface or canal of the cervix, varying in size and colour. They can cause abnormal bleeding or discharge and are mostly benign. However, removal may be necessary if they cause symptoms or raise concerns about malignancy.

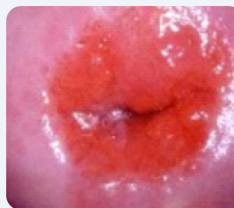


All sample takers need to be able to identify the cervical landmarks needed in order to obtain a quality sample. A sample taker must visualise the cervix in its entirety and ensure cells are sampled from the squamocolumnar junction (SCJ) and the transformation zone (Tz).

The original SCJ originates in the endocervical canal, the columnar cells evert under the influence of oestrogen, the SCJ comes to lie on the ectocervix moving the original SCJ out onto the surface of the ectocervix. The epithelium between these two SCJs, (the new and the original) is the transformation zone (Tz). The transformation zone is an area of changing cells, and it is the most common location on the cervix for abnormal cells to develop. It may be small or large and typically becomes more ectocervical during a woman's reproductive years, returning to an endocervical position after menopause.

The SCJ can be fully visualised

Type 1
Transformation zone (Tz)



The SCJ can be visualised with/without manipulation of the speculum

Type 2
Transformation zone (Tz)

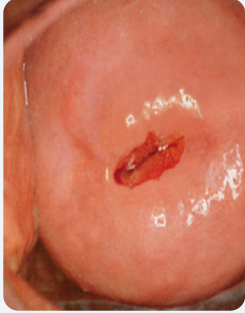


The SCJ cannot be visualised

Type 3
Transformation zone (Tz)



Nulliparous



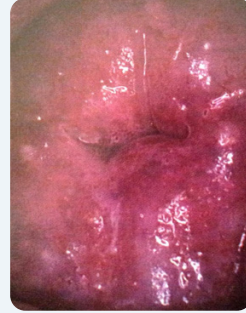
Multiparous



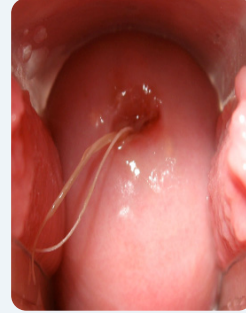
Eversion/Ectropion



Pregnant Cx



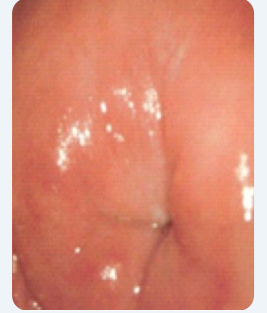
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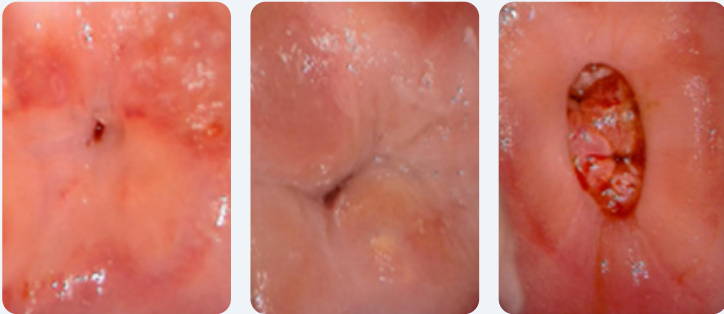
Pinhole Os



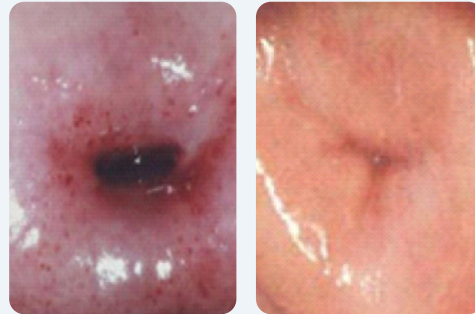
Cervical Stenosis



Post LLETZ appearance



Post menopausal cervix



Vault Post Hysterectomy



Female Genital Mutilation (FGM)



Nabothian Cyst



Pedunculated Polyp



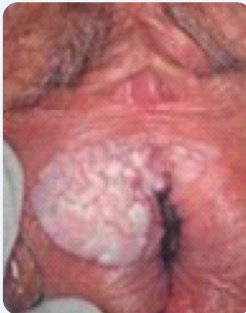
Cervicitis



Cervical Warts



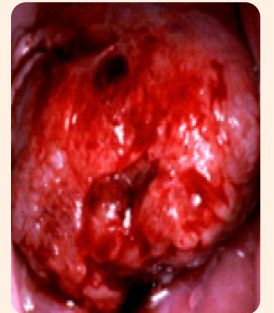
Genital Warts



Cervical Cancer



Cervical Cancer



Refer urgently to colposcopy

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