bsccp | The British Society for Colposcopy and Cervical Pathology

Colposcopy guidance during COVID 19 pandemic as of the 24th March 2020 and might change, if further evidence develops or NHS England changes policy

In the current COVID crisis, in line with screening programme guidance, only women who have had a recent cervical smear suggesting high grade or invasive disease should be referred for colposcopy. This is to minimise face to face consultations. Colposcopy clinics should consider virtual consultations and help lines to alleviate fears of women with low grade or minor cytological abnormalities, persistent HPV who will not be undergoing a diagnostic colposcopy in the short term.

Primary screening will cease to function to minimise face to face contact and to concentrate health resources on the pandemic. Therefore, the number of screening referrals will cease in the near future.

In line with BGCS recommendations, "Two-week wait (2WW) referrals may need to be triaged at trusts, with the consent of the referring primary care professional, to prioritise patients who need to be seen urgently and investigated within the 2WW pathway. These deviations from standard 2WW pathways should be documented and reasons provided. Safety-netting mechanisms should be in place for patients whose referrals are downgraded. Consideration of initial virtual clinic appointments (telephone/video) or straight to test strategies can be made in order to minimise patients needing to physically attend hospital and may provide additional information to aid triage decisions. Ideally, virtual appointments should be performed so that friends/family can also attend, either remotely (e.g. mini videoconference or teleconference), or be with the patient, if this is feasible and in keeping with patient choice."

Colposcopy leads should ideally make provision for a weekly rapid access clinic for suspected cervical cancers.

Colposcopy clinics should make a database of all screening patients who have not been seen so a failsafe tracking system is in place so that patients can be seen in the future when resources permit.

Colposcopy practice

Evidence suggests that the presence of COVID-19 is very low in the lower genital tract and also low in blood. It is therefore unlikely that smoke produced during a LLETZ procedure will contain COVID virus particles. Clinicians should minimise excessive diathermy to the cervical

wound. Laser ablation and excision should not be used due to vaporisation. Cold coagulation can be performed but not as 'see and treat' therapeutic option.

By consensus we recommend:

In asymptomatic women:

Gloves and apron for diagnostic colposcopy (and ideally a FP3 mask, if performing treatment). Minimum number of staff present during procedures. Use of a serviced smoke extractor approved for colposcopy practice for any LLETZ procedures.

In symptomatic women:

In patients with symptoms suggestive of COVID infection: Defer colposcopy assessment until symptoms resolve or patient tested negative.

If patients have significant symptoms suggestive of cervical cancer and are symptomatic then the whole colposcopy multi-disciplinary team should wear full personal protective equipment during consultation and examination.