

## Colposcopy guidance during COVID-19 pandemic

In the current COVID-19 crisis, in line with screening programme guidance, only women who have had a recent cervical smear suggesting high grade moderate or worse, BNC in endocervical cells or possible glandular neoplasia, or suspicion of invasive disease should be seen for colposcopy.

For low grade referrals, recommendations vary depending on where you are practising colposcopy, please see your local and national guidance for further information.

Colposcopy clinics should consider virtual consultations and dedicated help-lines. These should be staffed by a suitable healthcare professional to answer questions from and alleviate fears of women with low grade or minor cytological abnormalities, and persistent HPV, who will not be undergoing a diagnostic colposcopy during the current COVID-19 pandemic situation. This is to minimise face-to-face consultations in order to protect women, other patients and staff.

Primary screening will have ceased in most areas to minimise face-to-face contact and to concentrate health resources on the pandemic. Therefore, the number of screening referrals will decrease 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 net 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 make provision for a weekly rapid access clinic for suspected cervical cancers.

Colposcopy clinics should make a database of all women requiring screening, who have been deferred. This will create a failsafe tracking system, so that women can be seen as soon as 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-19 virus particles.

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

By consensus we recommend:

#### In asymptomatic women:

Gloves, apron and an appropriate mask be worn for colposcopy face-to-face consultation and examination. The minimum number of staff should be present during procedures. A serviced smoke extractor must be used for any LLETZ procedures.

Minimise use of coagulation procedures with diathermy, as this causes greater dispersal of vaporised particles.

**In women with suspected or confirmed COVID-19 infection** (including those who attend with symptoms which may be indicative): defer colposcopy assessment until symptoms resolve or the woman has tested negative. It is worth considering telephoning women prior to their appointment to assess if they are self-isolating due to either there being suspected infection in the household (including themselves) or them being in a vulnerable group, or if they have symptoms of COVID-19.

Consideration should be given to **not** ask women to cough during biopsy other procedures, if that is your usual practice to facilitate bringing the cervix into view.

If women have significant symptoms suggestive of cervical cancer and are symptomatic of COVID-19, then the whole colposcopy multi-disciplinary team should wear full personal protective equipment (PPE) during consultation and examination.

## **Vacuum suction for treatments**

Most units should have an appropriately serviced laser vacuum suction device for treatments. Units should check their treatment filtration system including whether it has been appropriately serviced.

The vacuum extraction facility for colposcopy is a high efficiency filtration system in achieving successful plume removal. This may provide reassurance of usage of this vacuum extractor system. Appropriate PPE should be used even with usage of a serviced vacuum extraction system.

Filtration is achieved in three stages – by air passing through a pre-filter and a two stage, high efficiency filter combining ULPA grade media and activated carbon.

The product advice suggests the combined effectiveness of the total filtration package provides an efficiency of >99.999995% at 0.01 micron. Coronavirus particles measure from 0.08- 0.14µm.

## **Personal Protective Equipment (PPE)**

Given the likely prevalence of asymptomatic carriers of SAR-COV-2, all staff should wear appropriate PPE during consultations. **Please also check local and national guidance.**