Cytology sampling using brushes

I write in response to the letter from Dr Leng Neoh in the April 2007 issue of the Journal.1

As an experienced cervical sample taker I agree with Dr Neoh that when the cervix using the Cervex-Brush® technique is required when the client has an intrauterine device or intrauterine system (IUD/IUS) in situ to ensure the clinician does not inadvertently remove the IUD during sampling.

However, I must point out that the plastic fronds of the brushes are bevelled for clockwise rotation only.2 The Cervex-Brush should be rotated five times in a clockwise direction and not, as stated by Dr Neoh, “five times clockwise and five times anti-clockwise”. This is incorrect sampling and there is also more risk of the threads becoming tangled.

When presented with the above situation, my practice is to rotate the Cervex-Brush five times in a clockwise direction, but to do it in two stages, namely after rotating twice, stop, remove the brush from the cervix (but not from the vagina) and from any threads that may be starting to become entangled, and then continue sampling to complete the five rotations, ensuring the brush is repositioned at the same point on the cervix where the second rotation finished. I have found that although the threads may start to become entangled, it is easy to separate them from the threads without dislodging the IUD.

Using a Spencer Wells forceps as suggested by Dr Neoh is also an option but this requires some skill and may dislodge the IUD/IUS by the traction on the threads. This also necessitates having a ready supply of instruments.

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References

Increase in IUD expulsions

It was with great interest and a sense of déjà-vu, that I read the recent correspondence concerning insertion problems with the Lippes Loop.1

Reading Dr Yadava’s original letter in 19962 enabled me to identify the cause of the problems that I had been experiencing with insertion, and following my adoption of his technique (cutting the introducer tube shorter) I experienced no further problems.

It was unfortunate that the manufacturer (in this country at least)3-5 was unable to change the design of the device, and that the apparent design problem has been passed on to newer devices.

In the light of this new evidence, I would like to reiterate my suggestion2 that it might be appropriate for the Faculty to take up the matter with the manufacturer.

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References

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References