

# Post Coital Bleeding/Suspicious Cervix Guideline

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<b>Ref:</b>	(For Non-Clinical References – Contact: <a href="mailto:CTM_Corporate_Governance@wales.nhs.uk">CTM Corporate Governance@wales.nhs.uk</a> For Clinical References – Contact: <a href="mailto:CTM_ClinicalPolicies@wales.nhs.uk">CTM ClinicalPolicies@wales.nhs.uk</a> )
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## Target Audience:

<b>People who need to know about this document in detail</b>	All health care professionals working within Gynaecology
<b>People who need to have a broad understanding of this document</b>	Womens health directorate team. Board Members, Management Board. Senior Leaders. Board Committees.)
<b>People who need to know that this document exists</b>	All staff involved in the development of Health Board Policies.

## Integrated Impact Assessment:

<b>Equality Impact Assessment Date &amp; Outcome</b>	<b>Date:</b>
<b>Welsh Language Standard</b>	<b>Outcome:</b>
<b>Date of approval by Equality Team:</b>	Choose an item.
<b>Aligns to the following Wellbeing of Future Generation Act Objective</b>	(00/00/0000)
	Choose an item.



## Disclaimer:

## **COMPONENTS:**

A policy must contain the following components and must also be written to include the values and behaviours of the organisation wherever relevant:

It is accepted that for Clinical Policies and or other Written Control Documents (Procedures, Guidance etc.) the policy components below may not all be relevant.

For guidance on Clinical Policy Development please contact:

[CTM\\_ClinicalPolicies@wales.nhs.uk](mailto:CTM_ClinicalPolicies@wales.nhs.uk)

For guidance on Non Clinical Policy Development please contact:

[CTM\\_Corporate\\_Governance@wales.nhs.uk](mailto:CTM_Corporate_Governance@wales.nhs.uk)

Or visit the Policy Author Page on SharePoint:

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## BACKGROUND

### Guideline Definition

Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

### Purpose and scope

For all staff, medical, nursing and clerical, to provide uniformity in the management and of referral to treatment process across the Health Board

### Roles and Responsibilities

In seeking further advice on any uncertainties contained in this document, or if you feel that there is new or more updated advice it is your responsibility to contact the guideline author or Approval Group manager so that any amendments can be made.

The guideline Approval Group is responsible for disseminating this guideline to all appropriate staff.

The guideline author or a named alternative is responsible for updating the guideline with any amendments that they become aware of or are highlighted to them.

All health professionals are responsible to ensure that the guideline is utilised effectively, and to ensure that they are competent and compassionate in the implementation of it.

### Training Requirements

There is no mandatory training associated with this guideline.

### Monitoring of Compliance

- By audit and review of complaints relating to miscarriage diagnosis and management.
- The Governance Department will collate any complaints and distribute to the relevant individuals for comments, and share any learning points.
- The Service Lead will oversee any governance issues, make relevant recommendations to the directorate, and advise the Clinical Director or the directorate of any matters that require implementation.
- The Health Board reserves the right, without notice, to amend any monitoring requirements in order to meet any statutory obligations or the needs of the organisation

### Complaints

All complaints should try to be resolved with the patient during any contact to avoid escalation. There concerns should be listened to and documented. If it is not possible to address any concerns at the time, or if the complaint is of a serious nature, the patient's complaint should be discussed with the consultant in charge for the day, or the patient should be given details of how to raise a formal complaint via the local governance department.

## Introduction

### Definition and Background

Colposcopy clinics within Cwm Taf Morgannwg University Health Board (CTMUHB) often receive referrals into service for examination of the Cervix that is not attributed to Abnormal Cytology.

Two main reasons are:

- Suspicious Cervix on speculum examination
- Post Coital Bleeding (PCB)

Both will need investigating appropriately.

Following the Colposcopy Quality Assurance visit in October 2018, it was highlighted that 50% of referrals received to the Colposcopy service were non cervical screening symptomatic patients.

### Cervical Cancer

The reported symptoms of cervical cancer include inter-menstrual and post coital bleeding, vaginal discharge and pain (Cervical Screening Wales, 2017).

Just below 3,000 new cervical cancers are diagnosed each year in the UK and 80% of cervical cancers are visible on speculum examination (National Collaborating Centre for Cancer (NCCC), 2015).

### Post coital bleeding

PCB is the presenting complaint in 11% of cervical cancers. Cervical Cancer is the second most common global cancer in women affecting women aged 25 to 64 years with a peak incidence at 30 to 34 years. Women presenting with PCB who are found to have cervical cancer are often diagnosed with a higher stage of cancer than asymptomatic women

The vast majority of cases of PCB are due to benign processes and in around 50% of women, spontaneous resolution occurs within 2 years (Obstetrics and Gynaecology International, 2014).

### Causes of PCB

PCB is predominantly cervical in origin (BMJ, 2013).

Main causes include:

- Cervical Ectropion 34%
- Cervical polyp 5-13%
- Cervicitis (STIs usually Chlamydia) 2%
- CIN 7-17%
- Cervical Cancer 0.65-4%
- Rare causes include syphilis, herpes simplex virus, vaginal atrophy, vaginal cancer, pelvic organ prolapse, endometrial cancer, endometriosis, trauma
- No specific cause is identified in 50% of cases

### Referral

Referrals into clinic should be made via GP, medical practitioners and nurses who have examined the woman and performed the necessary investigations to rule out other causes as mentioned above.

## Suspicious Cervix

If the cervix looks abnormal and suspicious, which will be the case in a very small proportion, the correct action is an urgent referral to colposcopy under the 'two week wait rule' (NICE, 2016).

## PCB

Prior to referral, the referrer should have taken a detailed history to include:

- Date of Last menstrual period
- Regular / Irregular cycle
- Heavy periods
- Patterns of bleeding/frequency
- Chance of pregnancy
- Contraception
- Medication- HRT/Tamoxifen/Oral contraception
- Cervical screening history
- Sexual health history- Psychosexual aspect, rule out partner causes

## Examination / Investigations

- Pregnancy test
- Speculum examination must be performed and the cervix must be visualised
- Perform cervical smear (if due)
- Take swabs to rule out infection. These must include a High Vaginal Swab and Chlamydia and Gonorrhoea screening

Ensure that all other causes for PCB have been excluded. If the cervix is normal and swabs are negative, wait to see if symptoms settle. If persistent PCB (6-8 weeks), refer to Colposcopy (DOH, 2010). See Pathway (Appendix A)

Referrals should be made using the referral forms (Appendix B)

All of the above examination and investigations need to be recorded on the referral form

## Training Requirements

Clinics should be conducted by a BSCCP accredited Colposcopist who has maintained their clinical skills in accordance with the BSCCP.

## References

British Medical Journal (2013) Article ID 346:3251

Cervical Screening Wales Colposcopy Quality Manual (2017)

Department of Health (2010) Clinical Practice Guidance for the Assessment of Young Women aged 20 -24 with Abnormal Vaginal Bleeding

National Collaborating Centre for Cancer (2015)

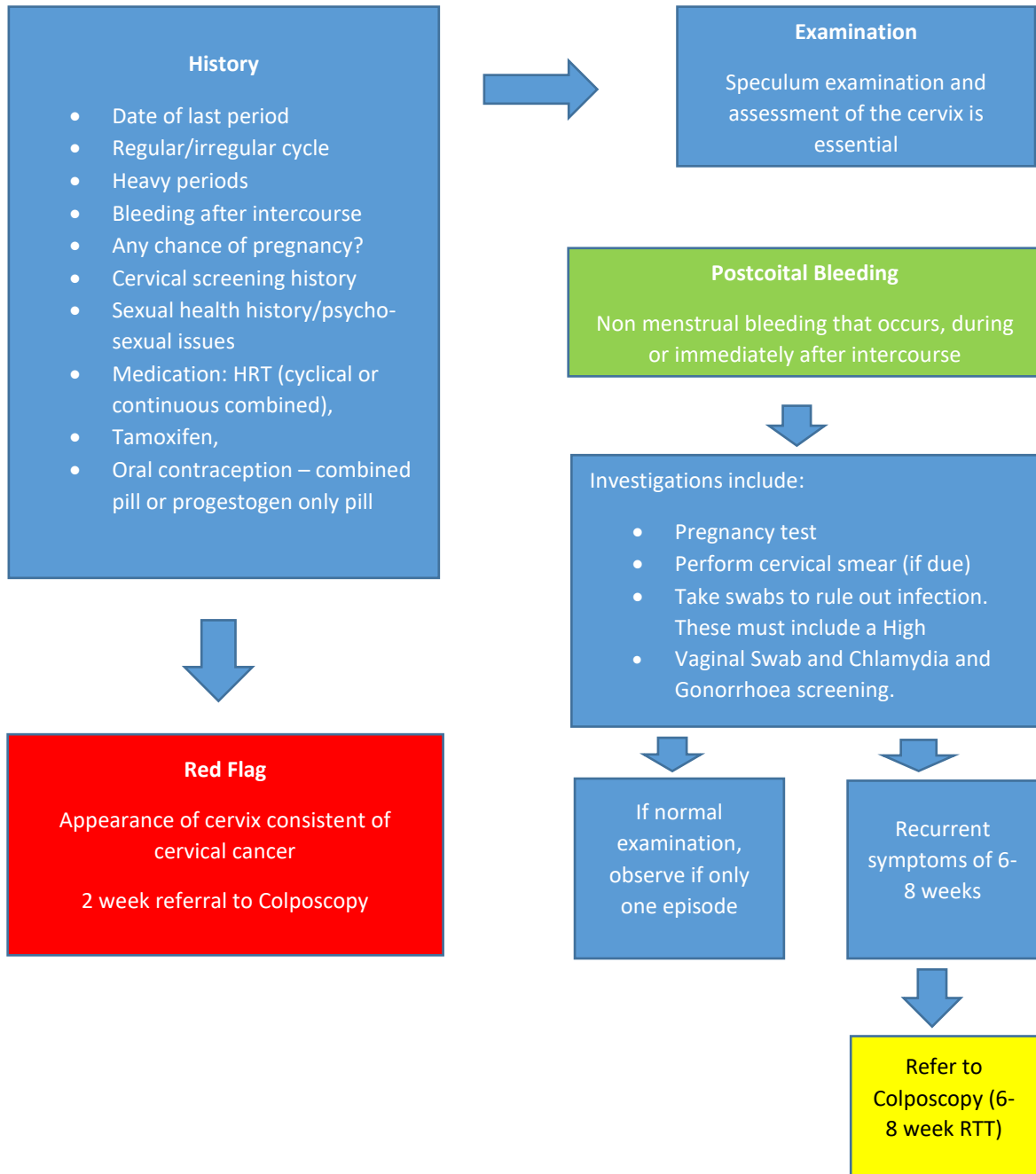
National Institute for Health and Care Excellence (2016) Gynaecological Cancers- recognition and referral

Obstetrics and Gynaecology International (2014) Article ID 192087

# Appendices

## Post Coital Bleeding / Suspicious Cervix Pathway

This pathway has been developed from published guidance. This guidance is to assist GPs in decision making and is not intended to replace clinical judgment.



Referral to Colposcopy Clinic in view of Post Coital Bleeding / Suspicious Cervix

Date of referral: .....

Patients Name: .....

D.O.B: .....

Address: .....

.....

.....

Telephone number: .....

Patients G P: .....

Lillie Number (If known): .....

Date of last smear: .....

Result of last smear: .....

Appearance of cervix: .....

Date swabs taken: .....

Results of swabs: .....

Referral reason: .....

.....

.....

.....

Referred By: .....

Referred from ..... Clinic