

Good practice statement regarding the use of electrical stimulation of the pelvic floor muscles in women with recent abnormal cervical cytology

Introduction

This statement is based on a synthesis of the best available current evidence. It will be subject to periodic review as the evidence base evolves. It should be noted that the statement offers guidance, and should not be regarded as prescriptive; such general advice will always need to be modified in line with the requirements of any individual patient and the clinician's experience.

Many women undergo further investigation and treatment after an abnormal cervical smear test. The recommendations for cervical screening after this have changed in recent years (PHE 2016). This statement aims to clarify clinical concerns as to when it is safe to use electrical stimulation in relation to these recommendations.

The National Cervical Screening Programme

Women who are discovered to have dyskaryosis after a routine cervical smear undergo a colposcopy to diagnose and treat their pre-malignant changes. The extent of treatment and intervals of follow-up vary according to the severity of the dyskaryosis, and the presence of human papilloma virus (HPV).

Low-grade findings

Women with low-grade findings, i.e. a borderline change or low-level dyskaryosis, have a reflex HPV test. If this is positive, they undergo a colposcopy, and diagnosis and treatment as indicated. If the test is negative for HPV, they return to routine screening.

High-grade findings

Women with high-grade changes are referred directly for a colposcopy, and undergo diagnosis and treatment as indicated. Under the HPV "test of cure" protocol, after treatment for all grades of cervical intra-epithelial neoplasia, women are then invited back after 6 months for a repeat cervical sample in the community.

Negative cytology

If the cytology is reported to be negative, or as borderline or low-grade dyskaryosis, a further HPV test is done. Those women who are negative for HPV are recalled for a screening test after 3 years. Those who are positive for HPV are referred again for a colposcopy, and may undergo a further biopsy and more treatment.

Positive cytology

If the cytology is reported to be of a high grade, a further referral for a colposcopy is made. Treatment and follow-up will then depend on the findings.

Electrical stimulation

Although there is no evidence of risk, it would seem wise to defer the use of electrical stimulation during treatment, and not resume it until the woman has been treated and returned to routine cervical cytology screening.

Conclusion

On the basis that there is no evidence to the contrary, there appears to be no contraindication to electrical stimulation of the pelvic floor muscles of women who are undergoing cervical screening subsequent to successful treatment.

This statement is an opinion ratified by members of the British Society for Colposcopy and Cervical Pathology after their opinion was requested in a post on the organization's website made on behalf of POGP.

We are grateful for the help of Mr Martin Lamb FRCOG, Consultant Gynaecologist (Retired), who was previously the chair of Colposcopy Quality Assurance East Midlands.

**Pelvic, Obstetric and Gynaecological
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Reference

Public Health England (PHE) (2016) *NHS Cervical Screening Programme: Colposcopy and Programme Management*, 3rd edn. NHSCSP Publication Number 20. Public Health England, London.