VAGINAL PROCEDURES
SPECIMEN COLLECTION

SWABS: LOW VAGINAL, HIGH VAGINAL, ENDOCERVICAL & RECTAL
Keywords: Low vaginal, high vaginal, rectal, speculum, swab, smear, transtube, pathology, chaperone, LVS, HVS, ECS, vaginal specimens, agar plate

PRE-PROCEDURE:
1. Consultation (medical history, explain procedure & counsel, offer self-collection of LVS /rectal swabs if asymptomatic)
2. Gain consent & offer a chaperone. Inform and gain consent for the presence of students & further consent if student is examining the patient.
3. Prepare: Empty bladder, provide privacy, dorsal position, position light, attend hand hygiene & apply gloves / eye protection.

PROCEDURE:
4. LVS & Rectal swabs: May be self-obtained by the woman if asymptomatic.
   • LVS: Insert swab 1-2 cm into vagina & place into transport tube (use charcoal medium tube for culture & a separate thin plastic/ wire shaft swab if PCR).
   • Rectal: Around/inside rectum just past external sphincter & place into charcoal tube.
5. Inspect the labia, external meatus & vulva; Insert speculum
6. HVS: Swab, make smear on glass slide & place in charcoal medium.
7. ECS: Pap smear first (if required), then clean mucous from cervix & take ECS PCR swab & place in tube. If pus/ inflammation of cervix, take ECS for culture, smear on glass slide & place in charcoal medium.

POST-PROCEDURE:
8. Provide privacy for redressing. Offer tissues as required.
9. Document: Procedure, consent, persons attending examination (e.g. chaperone, family), swab details (swab site, date, time, patient details- UMRN sticker or hand write with pencil on glass slides) on swabs and pathology form, findings & plan.
10. Send specimens to pathology.

Note: This QRG represents minimum care & should be read in conjunction with the full guideline. Additional care should be individualised.

AIM
• To guide staff in the correct collection of vaginal and rectal specimens.
### EQUIPMENT

- Adjustable light source
- Biohazard labelled bag
- Sterile swab & Glass slide in a slide carrier - One for each smear site (LVS, HVS, ECS)
- Transtube swabs (charcoal transport medium) - One per site swabbed (e.g. LVS, HVS & ECS)
- Bi-Valve speculum if required
- Unsterile examination gloves
- Patient identification labels
- Pap Smear equipment, if required
- Sterile plastic/wire shaft fine swab (PCR for chlamydia)

### PROCEDURE

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| 1 Consultation | Assess if the woman has had previous pelvic examinations and her knowledge of the procedure. Explanation of the procedure, giving a chance for questions and responding sensitively eases anxiety and shows respect for the patient.  
If symptomatic genital symptoms or suspected sexually transmitted infection, physical examination is best practice for diagnosis and treatment. |
| 1.1 Obtain a medical / sexual history. See also Clinical Guidelines: Gynae: STI. | |
| 1.2 Explain the procedure to the woman, explain confidentiality of results and counsel about the test(s) being performed. | |
| 1.3 Offer her the option of self-collection of LVS / rectal swabs if appropriate. | |
| 2 Consent | If declined, explain the importance of the examination, offer a chaperone for support and if still declined, defer to another time or refer to another suitable practitioner and document plan.  
If initial consent is withdrawn during the procedure cease the examination, discuss concerns, defer to another time / practitioner and document plan.  
If the woman is unable to provide consent, refer to the Consent to Treatment Policy for the Western | |
| 2.1 Obtain verbal consent before the procedure is commenced. | |
| 2.2 Record consent and include anyone else attending the examination (e.g. family, chaperone, medical students). | |
2.3 Offer a chaperone to all women, irrespective of the gender of the examiner.\textsuperscript{1,2} Document the chaperone’s name and qualifications. \textsuperscript{3} See also NMHS Chaperone Policy.

It is recommended for practitioners conducting vaginal examinations or procedures to have another practitioner in attendance.\textsuperscript{2} See Clinical Guideline: Obstetrics & Midwifery: Antepartum Care: Antepartum Procedures-Maternal: Performing a Vaginal Examination.

2.4 The woman should be informed in advance of any students to be present and that they have the right to decline student attendance during any examination or consultation.\textsuperscript{2,3}

- In addition, explicit consent should be gained if medical students are to examine the woman for education / training.\textsuperscript{1,3}

3 Preparation

3.1 Ensure the bladder is empty.\textsuperscript{1}

An empty bladder increases the woman’s comfort and allows a more accurate assessment of the pelvic organs.\textsuperscript{1}

3.2 Ensure the woman is adequately covered and comfortable.

Provide privacy to undress & a sheet to cover herself.\textsuperscript{1,2}

3.3 Position for speculum examination with

\textbf{ADDITIONAL INFORMATION}

\textbf{Australian Health System 2011.}
Providing a surrogate decision maker to consent to the examination and a familiar individual (such as a family member or carer) to accompany the woman, may be appropriate.\textsuperscript{3}

If the offer of a chaperone is declined, document in the woman’s medical records. If the practitioner would like a chaperone but the woman does not consent, the practitioner does not have to perform the procedure, and may refer to another practitioner or defer to another time, where appropriate.\textsuperscript{3}

The chaperone / practitioner:

- is an impartial observer\textsuperscript{3}
- must be qualified (e.g. Registered or Enrolled Nurse or appropriately trained to support the woman)\textsuperscript{3}
- must be approved by the woman (& a gender approved by the woman or carer)\textsuperscript{3}
- maintains confidentiality and respects the woman’s privacy\textsuperscript{3}
- provides security for both the examiner and the woman\textsuperscript{1,3}
- may give assistance if required\textsuperscript{5}
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<td>head on pillow, lying in a dorsal position&lt;sup&gt;1&lt;/sup&gt; with knees flexed &amp; hips abducted.</td>
<td>Lighting is required for adequate inspection.&lt;sup&gt;1&lt;/sup&gt;</td>
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<td><strong>3.5</strong> Position the light.</td>
<td><strong>3.6</strong> Hand hygiene should be performed before and after patient contact. Put on gloves.&lt;sup&gt;3&lt;/sup&gt;&lt;sup&gt;4&lt;/sup&gt; If there is risk of splash, wear eye protection.&lt;sup&gt;4&lt;/sup&gt;</td>
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<td><strong>4</strong> <strong>Inspection</strong></td>
<td>Enables detection of:</td>
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| Part the lips of the labia minora with the non-dominant hand and inspect the external meatus, and vulva. | • abnormal skin conditions  
• lesions  
• vaginal discharge or bleeding  
• scar tissue  
• skin piercing  
• evidence of female genital mutilation.<sup>5</sup> |
| **5** **Insertion of the speculum** | The practitioner should be responsive to any patient expressing undue distress during an examination.<sup>3</sup> |
| **6** **Collection of the swabs** | A smear and a swab must be collected when performing a LVS/HVS or ECS |
| **6.1** Low vaginal swab (LVS), High vaginal (HVS) & Endocervical swab (ECS) | Label all samples with the woman’s UMRN sticker, site (LVS, HVS, ECS), date and time of collection.<sup>4</sup> |
| • Take a HVS and smear for pathogens.<sup>4</sup>  
• Take a Pap Smear and/or pH if required.<sup>4</sup>  
• Clean away cervical mucous if necessary, then obtain an ECS<sup>4</sup>  
  - If PCR / NAAT place swab back into container with no |
  | See Clinical Guideline, O&G, Vaginal Procedures, Pap Smear.  
Store at room temperature<sup>4</sup> |
Swabs: LVS, HVS, ECS & Rectal
Clinical Guidelines: Obstetrics & Gynaecology

PROCEDURE

ADDITIONAL INFORMATION

transport medium

- If culture (e.g. pus/ inflamed cervix) - obtain smear and swab into transport medium.

**Smear**

Swab the area using the sterile swab. Gently roll the swab 2-3 timed in non-overlapping passes on to the middle of the glass slide. Discard this swab. Write the patient’s name on the ground glass end of the slide with a pencil or use a patient ID sticker around the slide carrier. Allow the smear to dry in air before closing the slide carrier.

**Swab for Culture**

Use the transtube swab.

**LVS**: Insert the sterile swab 1-2cm into the lower entrance of the vagina, and swab the sides of the vagina. The woman may prefer to collect her own (Low vaginal swab only), with instructions from the medical / midwifery / nursing staff. Insert the swab into the transport medium and label with the woman’s identification sticker and indicate the site of collection.

Place the slide and the transtube in a specimen bag with the request form in a separate pocket and send to the Specimen Centre KEMH.

Non-symptomatic women may prefer noninvasive techniques such as first void urine and self-obtained LVS rather than a pelvic examination.
6.4 **Rectal Swab**

Pre-moisten the swab with the transport medium.

The woman may prefer to collect her own swab, with instructions from the medical / midwifery / nursing staff.4

The swab is inserted into the rectum past the external anal sphincter and the specimen is collected.

The swab is then inserted into the transport medium and labelled with the woman’s UMRN identification sticker, the site of collection, date and time.4

### 8 Post-Procedure

Provide privacy for redressing3 and tissues if required.

Document procedure, findings, consent, persons attending examination (e.g. chaperone, family),3 swab details (swab site, date, time, patient details- UMRN sticker or hand write with pencil on glass slides) on swabs and pathology form, and plan.

Send specimens to pathology.

**Additional Information**

- Allows easier insertion of the swab.
- See Clinical Guidelines, Obstetrics & Midwifery: Antepartum Care: Infections in Pregnancy: [Group B Streptococcal Disease](#)
REFERENCES / STANDARDS

National Standards –
- 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice;
- 3- Preventing and Controlling Healthcare Associated Infections;
- 5- Patient Identification and Procedure Matching

Legislation - *Health Act 1911*; *Privacy Act 1988*

Related Policies –
- DoH OD 0324/11: Consent to Treatment Policy for the Western Australian Health System 2011
- WNHS W040 Patient Interview and Examination Policy (2012)
- NMHS Chaperone Policy COC 13 (2014)

Other related documents –
- KEMH Clinical Guidelines:
  - O&G, Vaginal Procedures: Vaginal Examination in Children and Young Women; Speculum Examination; Pap Smear
  - O&G, Wound Care: Collection of a Wound Swab
  - Gynaecology: Sexually Transmitted Infections (Screening tests & specific STI information)

Department of Health WA:
- Safety and Quality in Healthcare: Informed Consent

RESPONSIBILITY

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