



Vaginal screening after hysterectomy in New Zealand

This statement has been developed and reviewed by the **Women's Health Committee** and approved by the RANZCOG Board and Council.

A list of Women's Health Committee Members can be found in [Appendix A](#).

Disclosure statements have been received from all members of this committee.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: March 2020

Current: July 2020

Review due: July 2023 or as required

Objectives: To provide advice on the cytological follow up after hysterectomy.

Target audience: Health professionals providing gynaecological care, and patients.

Values: The recommendations of the New Zealand National Screening Unit on Cervical & Vaginal Screening have been adopted without a review of the evidence.

Background: This statement was first developed by Women's Health Committee in July 2020.

Funding: The development and review of this statement was funded by RANZCOG.

Situation	Guideline	Evidence
Total hysterectomy with LSIL in the hysterectomy specimen	Take two vault cytology samples 12 months apart. Screening can cease if both are negative.	
Total hysterectomy with previous HSIL (CIN 2 or 3)	The guidelines for a high-grade abnormality apply.	

[https://ranzcog.edu.au/statements-guidelines/gynaecology/cervical-cancer-screening-in-australia-\(c-gyn-19\)](https://ranzcog.edu.au/statements-guidelines/gynaecology/cervical-cancer-screening-in-australia-(c-gyn-19))

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)

http://www.ranzcog.edu.au/component/docman/doc_download/894-c-gen-15-evidence-based-

Appendices

Appendix A Women's Health Committee Membership

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in July 2020

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of