**The Vaginismus Network’s Guide**

**to Smear Tests**

*Relieving smear test trauma, for patients and medical professionals*

Vaginismus is a psychosexual condition involving the brain subconsciously protecting the vagina from penetration by causing the Kegel muscles to spasm or close. This can cause penetration to be impossible or painful and lead to a phobia of gynaecological examinations.

If a vaginismic patient is fearing a smear test, please note that it is more than just nerves that will go away once a test is done. Simply telling the patient to relax, or ignoring signs of fear and powering through, can lead to further trauma.

Each vaginismic patient is different and has different needs. Listening to the patient, helping them to work out how to feel more in control of the process, could lead to a more successful outcome.

Below are some ideas that could help:

**Appointment preparation**

* The patient might benefit from an initial, separate appointment to discuss the test
* They should then have a double appointment for the test itself
* The patient may like a speculum to practise with at home
* Would the patient like to bring someone to the appointment? If so the patient could consider their role – do they want encouragement, a fellow mindful breather, or for them to be silent?

**Relaxation/distraction**

* Mindful breathing: The patient could practise concentrating on counting long breaths, in and out of the stomach (as opposed to shallow breaths into the chest)
* The patient may find listening to music, a podcast, a relaxation guide, or watching a show could help. If so they will need headphones and a medium that doesn’t rely on WiFi
* You might discuss over-the-counter relaxation remedies such as Kalms or the sniffing lavender drops on a tissue
* Or consider the use of prescribed medical relaxation aids such as Diazepam

**Upon arrival**

* Make sure the patient has been to the toilet, if they need to
* Ask if they want to insert the speculum themselves
* Consider the size of speculum used – the smallest is often best
* Ask if the patient would prefer to lie on their side with their knees up, (the foetal position)
* If they are on their backs, putting a pillow under the bum can also encourage the pelvis to open
* Be sure to use lubrication

**During the test**

* Ask if the patient wants you to talk or be silent
* Are they wanting to hear a commentary of what you are doing/seeing?
* Would they prefer you to be fast, slow, particularly gentle?
* If the patient bears down, pushing out like they are having a poo, it can help open their pelvis

**After the test**

* If the patient is distressed, regardless of how the test went, they may need somewhere to sit quietly with some water
* You could provide them with some helpful resources (eg numbers for sex therapists)
* If the test is unsuccessful, maybe discuss what they may want to try next time. It could be they need a few goes to psych themselves up

This flyer was produced by the Vaginismus Network, a community for women with vaginismus. For more information visit **www.thevaginismusnetwork.com**