Management of abnormal Pap smears in asymptomatic women.
(Extract from NHRMC Guidelines)

Unsatisfactory Pap test reports
A woman with an unsatisfactory Pap test report should have a repeat smear in 6–12 weeks, with correction, when possible, of the problem that caused the unsatisfactory smear.

Management of low-grade squamous abnormalities:

Index Pap test report of low-grade squamous intraepithelial lesions (LSIL)
A woman with a Pap test report of LSIL should be managed in the same way irrespective of whether the abnormality is regarded as possible or definite and should be recommended for a repeat Pap test in 12 months.

Index Pap test reports of LSIL in women aged 30+ years
A woman aged 30 years or more with a Pap test report of LSIL, without a history of negative smears in the preceding two to three years, should be offered either immediate colposcopy or a repeat Pap smear within six months.

Twelve-month repeat Pap test after index test results of LSIL
If the 12-month repeat Pap test is reported as showing high-grade changes (definite or possible), the woman should be referred for colposcopic assessment.
Any woman whose repeat Pap test at 12 months is again reported as showing changes suggestive of LSIL (whether possible or definite), should be referred for colposcopic assessment. If the 12-month repeat Pap test is reported as normal, the woman should have a further repeat Pap test in 12 months (ie 24 months after the index smear).

Fluctuating repeat Pap test results
Referral for colposcopy should be considered for a woman if she has two LSIL/possible LSIL reports (at least 12 months apart) within a 3-year timeframe, regardless of intervening normal cytology reports.

Evaluation of an abnormal Pap test during pregnancy
Women with low-grade cytologic lesions should be managed in the same way as for women with low-grade squamous abnormalities, with a repeat smear after 12 months.
Women with high-grade lesions should be referred for colposcopic evaluation.

Postmenopausal women with normal endometrial cells
Normal endometrial cells occurring in the Pap smear of an asymptomatic postmenopausal woman should not be reported.

A symptomatic postmenopausal woman requires investigation irrespective of her Pap test status

If symptoms are present e.g., post coital bleeding, evaluation beyond a normal Pap smear is required.
Refer for URGENT Gynaecological review if Pap report suggests invasion and/or atypical glandular cells.