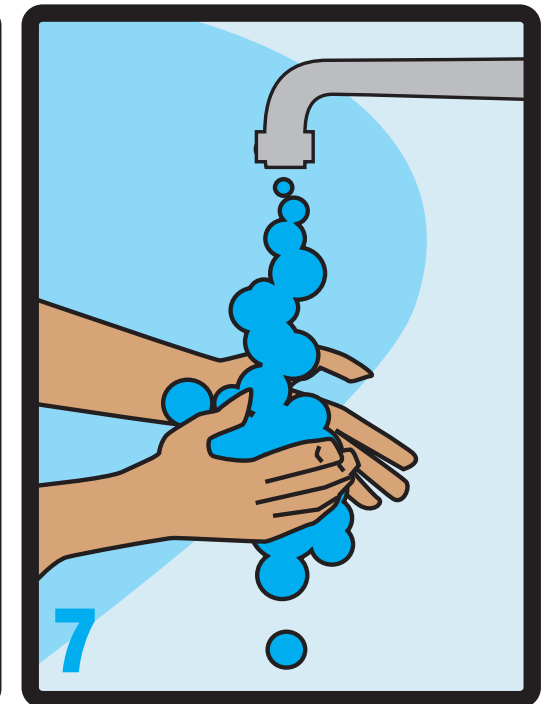
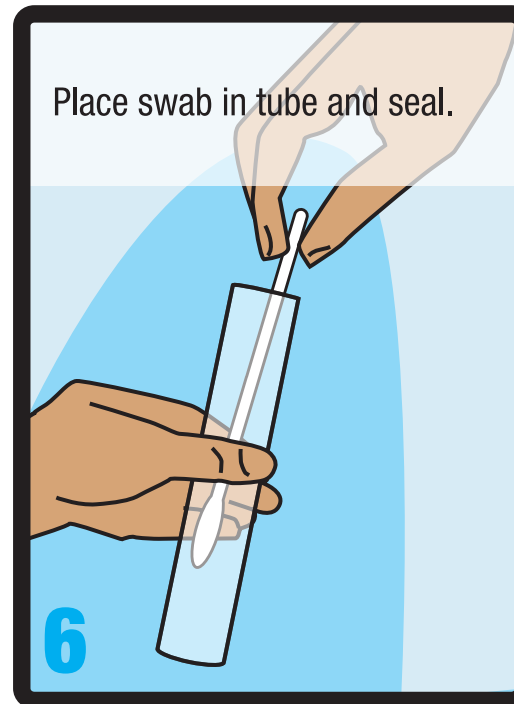
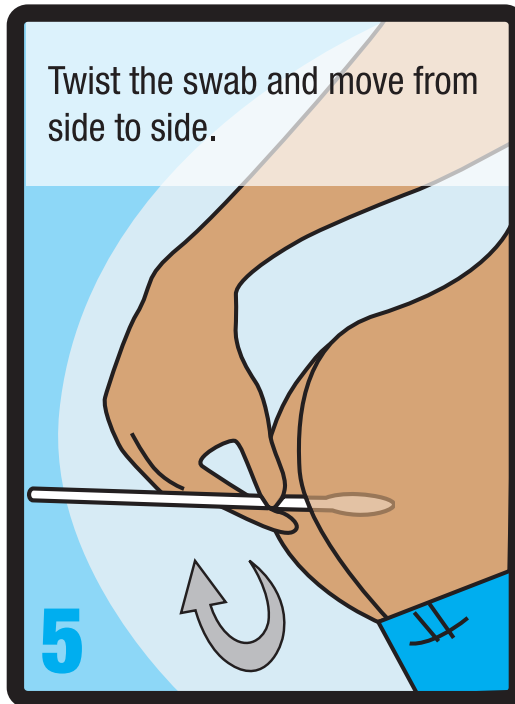
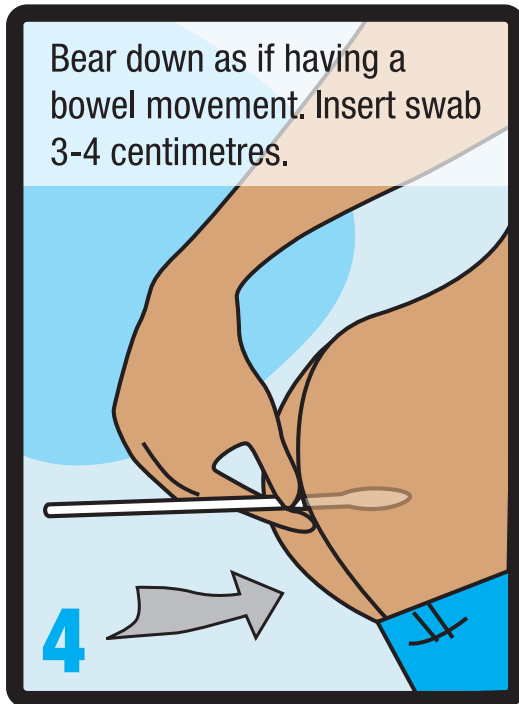
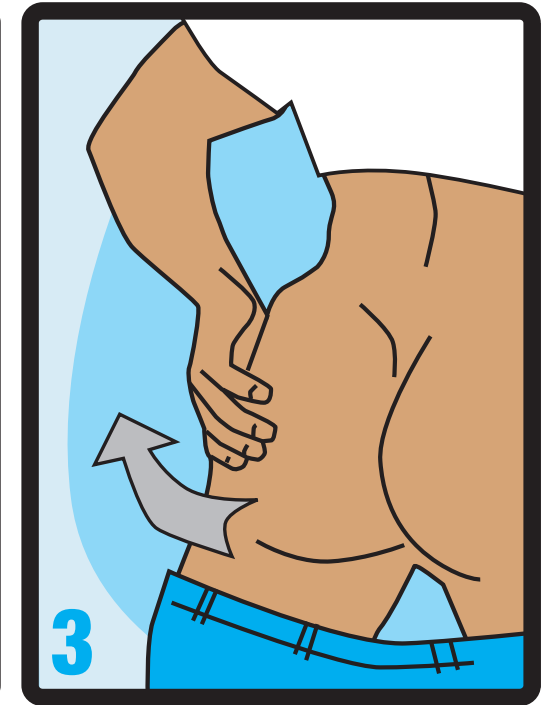
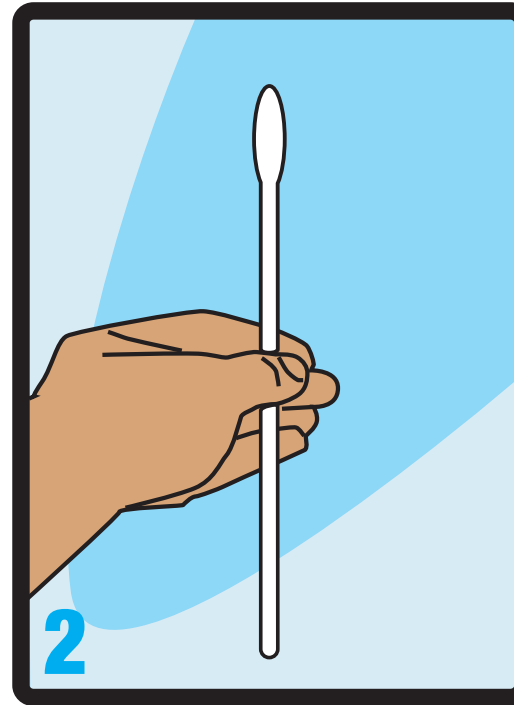
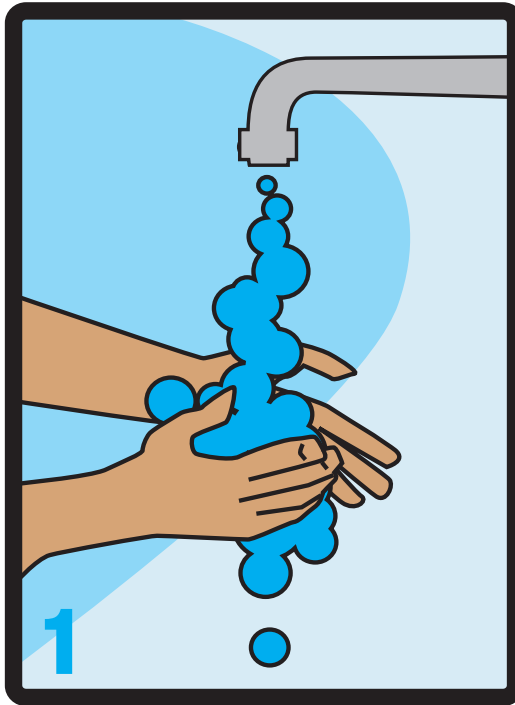


DO IT YOURSELF ANAL SWAB



INSTRUCTIONS FOR GENERAL PRACTITIONERS ON PATIENT SELF COLLECTION OF ANAL SPECIMENS TO TEST FOR GONORRHOEA AND CHLAMYDIA INFECTIONS IN GAY MEN

WHY SELF COLLECTION?

Current gonorrhoea and chlamydia test technologies like PCR are very sensitive and have been validated for use in urine and anal specimens. Patient self collection of samples has been found to be acceptable for many patients who are reluctant to have the clinician perform an intimate invasive examination. Self collection of specimens can also benefit the clinician where the length of the consultation is limited and screening for gonorrhoea and chlamydia is required.

WHEN IS SELF COLLECTION APPROPRIATE?

Self collected anal specimens are only appropriate for asymptomatic men. If a man has any rectal symptoms such as pain, discharge, bleeding, lump or ulceration, an examination and proctoscopy is recommended.

The patient can be given a choice of self collected or clinician collected specimens. If self collected specimens are preferred, a simple explanation will ensure the procedure is carried out correctly.

INFORMATION FOR PATIENTS

The diagrams overleaf can be copied and provided to the patient or can be posted in the toilet to complement your verbal instructions.

Mirroring the patient's language is important. The use of the words 'bum' or 'arse' may be appropriate. Avoid medical terminology where possible and use language you are comfortable with.

ANAL SPECIMEN PREPARATION

- 1 Show the swab to the patient.
- 2 Label the transport tube with patient details to ensure you do not have to handle the specimen after the patient.
- 3 Moisten the swab tip with several drops of saline or sterile water to facilitate insertion.
- 4 Remove the cap of the transport tube and insert the moistened swab partly inside.
- 5 Hand the equipment to the patient with a biohazard bag in which to seal the self collected samples before returning the samples to you.
- 6 Steps 3 and 4 can be omitted if the patient is provided with saline to moisten the swab themselves.

YOUR VERBAL ADVICE TO PATIENTS

Adopt one of the following two postures for the self collection of an anal swab.

1 Sitting technique

- This technique allows for pelvic floor and anal sphincter relaxation and reduction in the length of the anal canal
- Advise the patient to sit on the toilet or squat on the floor, resting against the wall and to hold his genitalia up and out of the way.
- Then leaning forward between the legs....

OR

2 Standing technique

- with right foot on the edge of the toilet bowl, retracting left buttock with left hand,
- from behind....

Once Sitting or Standing technique has been chosen, continue with these generic instructions:

- Hold the swab between the thumb and forefinger half way down the shaft so there is good control.
- Place the moistened cotton tip against the external anal muscle and gently push upwards through the anal muscles while bearing down as if having a bowel movement.
- Twirling the swab between thumb and forefinger improves the comfort of the insertion and enables the swab to line up with the anal canal.
- The swab only needs to be inserted 3 to 4cm or a thumbs length through the anal canal.
- Once through the sphincter, the swab should be gently moved from side to side. This is to ensure that the swab comes into contact with the wall of the rectum.
- Gently remove the swab and place it cotton tip down in the tube, being sure not to contaminate the swab on the toilet.
- Press the plastic tip so that it seals the tube.
- Place the specimen into the biohazard bag.
- Encourage hand washing before and after this process.
- Faecal matter on the swab will not affect the testing process.

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