



C Y T O S Z A

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30 Years SZALAY CYTO – SPATULA

A look back at and future prognosis for the spatula

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In medicine there are in practice very few instruments still in existence in terms of the last 30 years of development to high-tech equipment, which still have a very promising future. The Szalay Cyto-Spatula is one of these rare instruments.

Why did I develop the spatula series?

As a gynaecologist I previously did a great deal of smears using cotton swabs. As a cytologist I analysed these smears. As a gynaecologist I carried out with colleagues a great many operations (hysterectomy and plastic surgery of the portio, etc.). In histopathological findings I repeatedly found carcinomas in situ, or invasive carcinoma as a “secondary finding”.

How could that happen?

As a pathologist I then studied all these cytologically negative but histologically positive products for many years. The result was:

The errors occurred during cell sampling. In which cases did I make the errors?

a: With invisible changes present in the endocervix.

b: When the surface was coated with necrotic material (e.g. invasive squamous epithelial carcinoma and adenocarcinoma), or when the keratinised and

parakeratotic layer prevents cell sampling from more deeply embedded tumour tissue.

70% of the errors of gynaecologists are cell sampling errors.

These facts led to the invention of the spatula series with different size variations and with a specially shaped surface.

Over the last 20 years I have assessed 1,500,000 Cyto-Spatula smears in my Cyto lab. I have personally carried out 37,000 cell samplings myself.

With 9000 (nine thousand) carcinomas in situ and invasive carcinomas, the cell sampling, colposcopic examination, and cytologic and histologic products were documented in video films and archived.

According to my very many years of experience, using a spatula will produce extremely accurate smears.

The spatulas supplied are sterile, further sterilisation is completely unnecessary. Though many millions have been used, I have not registered or heard of one single case of the spatula having caused an infection. The spatulas are single-use (disposable) in design, and re-use should be avoided.

The Pap smear and colposcopy are the only morphological control methods for the human papillomavirus (HPV) vaccine. Hence, error-free cell sampling also has a much greater significance.

Never use or never allow the spatulas to be used without prior participation in a cell sampling course. If that is not possible, look at the VIDEO FILMS on the sampling technique at:

www.csmgraf.ch

VideoClip on the sampling technique

<http://www.cytologie.ch/index.php?id=174#c323>

Web Page Cytology Dr. Obwegeser

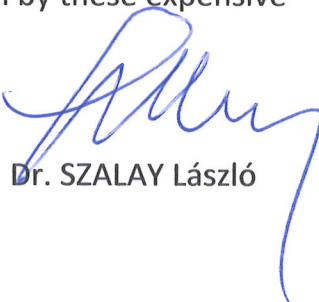
www.moondragon.org/obgyn/procedures/papsmear.html

The Szalay Cyto-Spatula Technique Video Clip

www.szalaytutorial.hu

With medical activity almost exclusively being controlled financially nowadays, it is very clear that the spatula method is the most effective and most beneficial. Hence it has greater prospects. Other methods are not more effective, but much more expensive and with greater financial profit for their industrial promoters. It is possible that their own cell sampling errors may remain well hidden by these expensive instruments and technically costly new methods.

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