Pelvic Examination

Introduction

- **W**ash hands, **I**ntroduce self, ask **P**atients name & DOB & what they like to be called, **E**xplain examination, why it's necessary and get consent
- Get **chaperone**
- Explain procedure
    - Be impersonal e.g. "internal exam from down below. It will involve placing 2 fingers into the vagina". Also explain about for speculum ("small plastic tube to look at the cervix").
    - "It shouldn't be painful but, if at any point you are uncomfortable or want to stop, just say so. One of the nurses will also be present to ensure you are comfortable and act as a chaperone"
    - Patient should be lying flat in lithotomy position but cover up until needed "You will need to undress from the waist down, put your heels together and touching your bottom then flop your knees down".
- A few questions before starting: LMP, intra-menstrual bleeding, discharge, contraception, last smear
- Ask if patient wants to go to the toilet first.

NB. Keep talking to and reassuring patient, using their name, throughout.

General Inspection

- Patient look ill?
- External genitalia and secondary sexual characteristics including hair distribution etc

Abdominal Exam

- Inspect: distension, scars
- Feel abdomen for masses and tenderness
- Feel groin for inguinal lymphadenopathy

External examination

- Put on gloves
- Hair distrobution
- Part labia with forefinger and thumb of left hand
- Inspect vulva: tumours, lesions, warts/ ulcerations, cysts (sebaceous, Bartholin's), erythema, atrophy, labial fusion, whitening, scarring, discharge, bleeding, demonstrable stress incontinence
    a. Clitorus
    b. Urethral meatus
    c. Vaginal introitus
- Get patient to cough for uterovaginal prolapse
- Palpate labia majora with index finger and thumb (should feel plaint and fleshy)

Speculum exam (± swabs)

- Lubricate speculum and warn the patient
- Part labia and insert speculum with screw sideways
- Rotate speculum so screw is facing upwards and open it and tighten screw
- Use light to visualise cervix. Look for erosions, ulcerations, growths, cervicitis, blood, polyps, ectropion
- **± TAKE SWABS** [see gynaecological swabs page]
- Close speculum blades (but leave open slightly so don't pinch vaginal walls). Remove speculum while rotating it back sideways.
- Could also use Sim's speculum if suspect prolapse.

Internal (bimanual/ PV) exam

- Explain and comfort patient
- Lubricate fingers
- Place index finger first then introduce middle finger. Enter with palm facing sideways then rotate so it is facing up.
- With the 2 fingers facing upwards, move along posterior wall of vagina. Move up and over cervix (cervical excitation = PID, ectopic) and feel it (smooth, bleeds, mobility, firm (normal)).
- Now place 1 finger under cervix and push upwards while simultaneously pushing fundus down abdominally with the other hand.
    - Assess uterus size (pear is normal 6 week uterus, 20 weeks is just below umbilicus, 22 weeks is at umbilicus),
    - Determine if anteverted/retroverted (uterus not touching fingers/ easily felt)

    - Note tenderness, mobility, shape
- Now place fingers in lateral fornix of cervix and push down in L/RIF with other hand to feel adnexal tenderness (salpingitis) / masses.
- Remove fingers slowly and inspect for blood or discharge
- Give patient a cotton wool swab to wipe off lubricant

To Complete exam

- Thank patient and cover them and tell to get dressed
- Summarise and suggest further investigations you would do after a full history