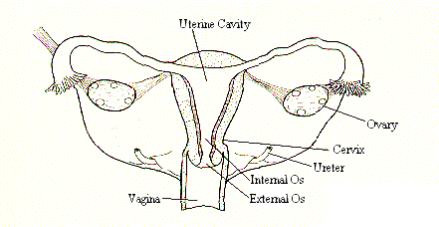
Gynae Skills

Background Knowledge

You should be aware of this basic background anatomy and physiology before proceeding with examination

Anatomy/terminology

- Vagina
- Labia minora/majora
- Clitoris & Urethra
- Uterus/cervix
  - Anteversion/retroversion
  - Internal Os/External Os
- Adnexae, Adnexal masses



Cervix, Transformation zone and Smears

- Endocervix – columnar
- Ectocervix – squamous
- Vagina – acid and hostile
- Oestrogen (Puberty, Pregnancy, Pill) ⇒ eversion of columnar epithelium onto vaginal surface of cervix ⇒ red area called an ECTROPION (previously "erosion")
- Columnar Epi doesn't like vagina and **transforms** to squamous epi (**Squamous Metaplasia**)
- It is this **transformation Zone** that is at risk of undergoing pre-malignant or mailgnant change, and must be sampled when taking a smear
- When Oestrogen is low (menopause) the TZ inverts into the cervical canal and a cytobrush must be used to sample this area

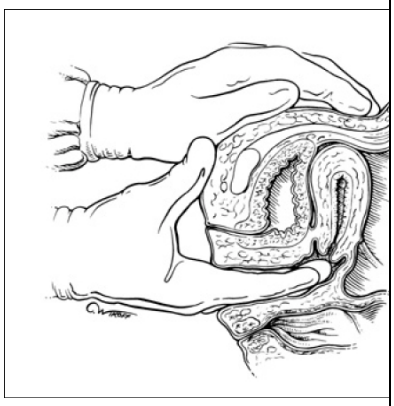
Prolapse

- Vaginal
  - Cystocele - bladder
  - Rectocele – Rectum
  - enterocele – small bowel
- Uterine
- Stress Incontinence

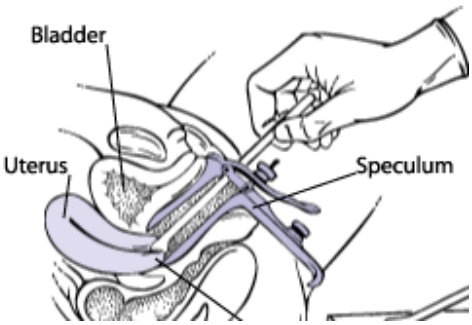
Infections

	Fungal	Bacterial	Viral	Other
Vulval	Candida		HSV HPV	Syphilis
Vaginal		BV	HPV	TV
Cervical (/urethral)	Actinomyces	GC Chlamydia	HPV HSV	
Pelvic	(actinomyces)			

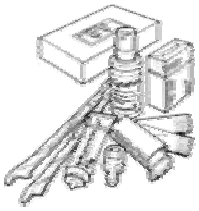
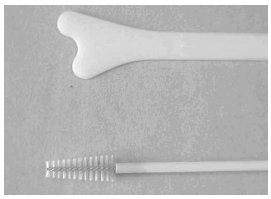
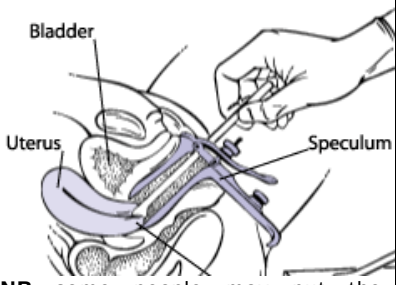
Bimanual Examination

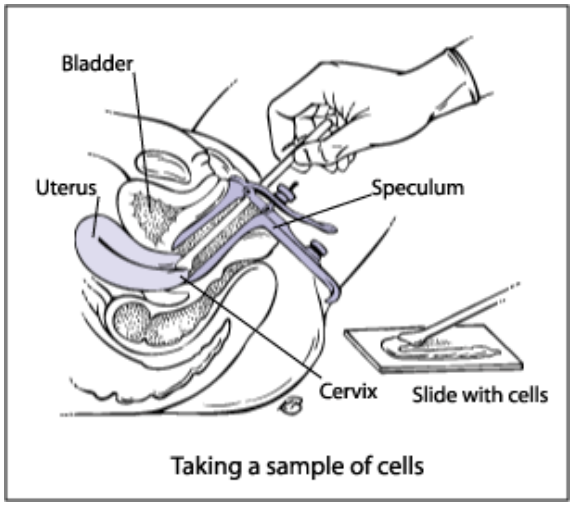
<table>
<tr><td rowspan="4">0</td><td colspan="2">Introduce yourself</td><td>Name & designation</td></tr>
<tr><td colspan="2">Explain purpose & nature of exam</td><td></td></tr>
<tr><td colspan="2">Ask for consent</td><td></td></tr>
<tr><td colspan="2">Preparation</td><td>Ensure adequate position, exposure & lighting
Gloves & hand washing
Ensure patient's bladder empty</td></tr>
<tr><td>1</td><td colspan="2">Inspect</td><td>Vulva and perineum for warts, ulcers, obvious discharge, vulvitis, eczema, psoriasis etc</td></tr>
<tr><td colspan="3">  </td><td>❡ Warn patient that you are about to touch her
❡ Separate labia with non-dominant hand
❡ Apply lubricant to fingers
❡ Rest index and middle finger on posterior forcehette and watch patient's face
❡ As she relaxes, gently insert fingers aiming for the posterior vaginal fornyx
❡ Hook the fingers behind the cervix and keep the vaginal hand steady, pushing the cervix gently toward the abdominal wall
❡ Using your non-dominant hand, push down on the abdomen to feel for a pelvic mass (the uterus) between your two hands</td></tr>
<tr><td rowspan="3">2</td><td rowspan="3">Uterus</td><td>Position</td><td>Anteverted/retroverted/axial</td></tr>
<tr><td>Size</td><td>Plum, Apple, Pair, Grapefruit, Melon etc</td></tr>
<tr><td>Shape</td><td>Regular or fibroid?</td></tr>
<tr><td>3</td><td colspan="2">Adnexae</td><td>❡ Put the vaginal fingers first into the right fornix
❡ Push down with the abdominal hand until the hands almost touch
❡ Watch the patient's face
❡ Feel for masses
❡ Look for tenderness
❡ Repeat with the left adnexa</td></tr>
<tr><td>4</td><td colspan="2">Cervix</td><td>❡ Bring your fingers forward to feel the cervix
❡ Is internal os open or closed (only open in inevitable miscarriage and labour/post partum)
❡ Multip's or Primip's os? (how 'open' the external os is)
❡ Cervical Polyps</td></tr>
<tr><td>5</td><td colspan="2">Cervical Excitation</td><td>❡ Contraversial sign
❡ Warn the patient that this might feel strange
❡ Put a finger each side of the cervix and push the cervix from side to side – this in turn stretches the tubes
❡ Watch patient's face for PAIN
❡ Don't push forward or back as this may give false +ves
❡ +ve Cervical Excitation in Ectopic pregnancy (but role of bimanual in diagnosis of ectopic controversial as you might burst it) and Pelvic Inflammatory disease</td></tr>
<tr><td></td><td colspan="3">Thank the patient
Offer tissues
Leave to dress in private if possible
Close</td></tr>
</table>

Cusco's Speculum Examination

0	Introduce yourself	Name & designation
	Explain purpose & nature of exam	
	Ask for consent	
	Equipment	Speculum Lubricant Gloves
	Preparation	Ensure adequate position, exposure & lighting Gloves & hand washing Ensure patient's bladder empty Consider a chaperone
1	**Inspect**	Vulva and perineum for warts, ulcers, obvious discharge, vulvitis, eczema, psoriasis etc
 **NB** some people may put the speculum in with sides up and down and rotate almost immediately, some insert it horizontally. Some may rotate the speculum with the ratchet upwards (being careful not to hit the clitoris), others with it downward (being careful not to contaminate hand on anus). So long as the patients comfort is maintained, any of these is acceptable		• Warm Speculum if necessary • Apply lubricant to speculum • Warn patient that you are about to touch her • Separate labia with non-dominant hand • Rest speculum on posterior fourcehette and watch patient's face • As she relaxes, gently insert speculum aiming for the posterior vaginal fornix • Insert the speculum as far as it will comfortably go, aiming for the posterior fornix (small of the back). Watch the patient's face for discomfort • Gently open the speculum and look for the cervix popping into view • NEVER open the speculum by screwing up the screw, always between thumb and forefinger. Watch the patient for any sign of discomfort • If it isn't there reposition and try again
2	**Inspect Vagina**	Discharge (describe colour, consistency, odour) Warts
3	**Inspect Cervix**	Polyps Ectropion Warts Products of conception
4	**Procedure**	Swabs, Smear etc
5	**Remove speculum**	• Always watch as you close the speculum that you have not caught the cervix, any vaginal wall or pubic hair • Ensure the patient is relaxed
	Close	• Thank the patient • Offer tissues and privacy to dress

Smears

0	Introduce yourself	Name & designation
	Explain purpose & nature of exam	
	Ask for consent	
	Equipment	Speculum Lubricant Gloves Slides (labelled) Spatula Cytobrush Fixative  
	Preparation	Ensure adequate position, exposure & lighting Gloves & hand washing Ensure patient's bladder empty
1	**Inspect**	Vulva and perineum for warts, ulcers, obvious discharge, vulvitis, eczema, psoriasis etc
 **NB** some people may put the speculum in with sides up and down and rotate almost immediately, some insert it horizontally. Some may rotate the speculum with the ratchet upwards (being careful not to hit the clitoris), others with it downward (being careful not to contaminate hand on anus). So long as the patients comfort is maintained, any of these is acceptable		• Warm Speculum if necessary • For best smear results use water for lubricant, or minimal lubricant • Warn patient that you are about to touch her • Separate labia with non-dominant hand • Rest speculum on posterior fourcehette and watch patient's face • As she relaxes, gently insert speculum aiming for the posterior vaginal fornix • Insert the speculum as far as it will comfortably go, aiming for the posterior fornix (small of the back). Watch the patient's face for discomfort • Gently open the speculum and look for the cervix popping into view • NEVER open the speculum by screwing up the screw, always between thumb and forefinger. Watch the patient for any sign of discomfort • If it isn't there reposition and try again
2	**Inspect Vagina**	Discharge (describe colour, consistency, odour) etc
3	**Inspect Cervix**	Polyps Ectropion Warts
4	**Procedure**	• Insert the pointed part of the spatula into the os, • Rotate spatula through at least 365 degrees • Remove spatula and gently smear cells on slide • Consider using a cytobrush if postmenopausal/tight os • Fix slide immediately with fixative
5	**Remove speculum**	• Always watch as you close the speculum that you have not caught the cervix, any vaginal wall or pubic hair • Ensure the patient is relaxed
	Close	• Thank the patient • Warn the patient that there may be some slight bleeding • Offer tissues and privacy to dress



Taking a sample of cells

There is no single sampling technique or device that is optimal for all circumstances. The most appropriate technique depends on the anatomy of the patient, and that anatomy changes with age and other events, such as childbirth or hormone therapy.