



# GYNECOLOGY BASICS

---

Maria Giroux, HBSc, MD

# HOW TO TAKE A COMPREHENSIVE HISTORY

## Intro:

- Wash hands, introduce yourself
- Clarify pt's name, how would like to be addressed?
- If patient does not speak English: Do you speak English, how much, who speaks English, need a translator
  - Interpreter: I would like to begin by talking to you about your role as an interpreter. Your role is to help me and patient understand each other. I will speak in short sentences and every time that I pause, please translate word for word of what I say. Please do not add or remove any words. Questions?
- Confidentiality, ask if pt wants family in the room/step out
  - Everything that we talk about today will remain confidential unless I am obligated by law to report information (ex. If I fear for your safety or safety of others)

## HPI:

- CC
- What brings you in today? Tell me more.
- OLDCART- what has having \_\_\_\_ been like? Ever had before, any changes
  - O- when did it start, did it start suddenly or gradually, ever had this before
  - **Timeline/sequence of events**
  - L- where does it hurt (point)
  - D- how long has this been bothering you
  - C- can you describe this pain, on a scale 1-10, where would you put this
  - A- is there anything that makes it better or worse
  - R- does it travel anywhere
  - T- how often, is it getting better, about the same, or getting worse
- What has been done/tried so far?
- Questions specific to DDx, risk factors
- Summarize

## FIFE:

- Do you have any feelings about this? Why are you worried about this?
- Do you have any ideas about what is going on?
- How does this affect your function/life?
- Do you have any expectations about what you would like to have done?

## OB Hx:

- GTPAL
- For each pregnancy
  - Year of delivery- # weeks- vaginal or C/S- complications
  - Year of SA/TOP- # weeks- whether D&C was performed

## Gyne Hx:

- LMP
- Menstrual Hx
- Last pap
- Gynecological conditions- treatments done
- Sexual Hx, Hx STI, contraception

## PMHx:

- Medical conditions
- Meds- dose, frequency, over the counter, herbals
- Allergies- type of reaction
- Recent hospitalizations
- Blood transfusions, attitude to blood transfusion

## Surgical Hx:

- For every surgery
  - Year-type of surgery- complications

## Family Hx:

# HOW TO TAKE A COMPREHENSIVE HISTORY

## Social History:

- Substance use- SAD- how much per day, how often, #yrs, **CAGE**
- Home- where live, who lives at home with you, relationship issues
- **Safety at home: feel safe at home**, abuse- sexual, physical, emotional, financial
- Financial- how support yourself, lack of jobs, exchange sex for drugs (STI, pregnancy), highest level of education
- Obesity- who cooks, who eats with you, barriers to access to food (ex. Expensive, distance, poor roads), is there a gym
- Stress
- Social support- ever seen social work or counsellor, know about shelter, food bank
- Immigrant/refugee- how long have been in Canada, how do you feel here, where is family, challenges, insurance
- First Nations- where from, tribe, live on reserve, what is your life like
  - Spiritual practices/ceremonies, home remedies, herbs, fasting, any time cannot take meds
  - Who talks to about health, what it means to be healthy
  - Status, coverage under federal government
- Geriatric- ADL, IADL
  - Where live, who lives at home with you
  - Occupation- what do you do in life, financial support
  - Stressors, social support
- Screen for depression

**Anything else? Outline plan for physical, investigations, management**  
**Encourage compliance**

## **CAGE: IF PT DRINKS ALCOHOL**

- C- have you ever felt the need to cut down on the amount of drinking
- A- have you ever felt annoyed when others criticize your drinking
- G- have you ever felt guilty about drinking
- E- have you ever used alcohol as an eye opener to get rid of a hangover in the morning

ADLS (activities of daily living)	IADLS (instrumental activities of daily living)
<ul style="list-style-type: none"><li>• Eating</li><li>• Bathing</li><li>• Dressing</li><li>• Transferring</li><li>• Toileting</li><li>• Walking/moving around</li></ul>	<ul style="list-style-type: none"><li>• Shopping</li><li>• Transportation</li><li>• Housework</li><li>• Finances</li><li>• Cooking</li><li>• Arranging services</li><li>• Taking meds</li></ul>

# HOW TO TAKE A COMPREHENSIVE HISTORY

## Menstrual Hx:

- Menarche, LMP, menses regular/irregular, q#days, last # days, flow tends to be the same every month (ovulation), menorrhagia (# pads, type of pads, fully soaked, whether affects QOL), intermenstrual bleeding, post-coital bleeding, dysmenorrhea, what using for pain

## Contraception, possibility of pregnancy

- Sexually active, use of contraception (last use, compliance), possibility of pregnancy, pregnancy symptoms (fatigue, breast tenderness or swelling, nausea/vomiting, food cravings), desire to become pregnant in the future

## Sexual Hx:

*Screening questions are in bold*

- **Do you have a partner**, how long have been with a partner
- **Sexually active, men/women/both**, ever had receptive sex with a male
- When became sexually active, **# sexual partners**, sex with a sex worker
- Monogamous relationship, # of sex partners in the last 60 days, partners having sex with other men or women, partner Hx of STI or IVDU
- Type of sexual activity: oral, vaginal, anal
- How often have sex
- **Prevention of STI: barrier protection (condoms, gloves, dental dams)**
- **Contraception**
- **Hx STI, last screened for STI, vaginal discharge, pain in pelvic area**
- low libido, sexual dysfunction
- IPV, sexual abuse
- **Any concerns that you would like to talk about**

## GI and GU Hx:

- GI: nausea/vomiting, hematemesis, anorexia, dysphagia, abdominal distension, passing gas, LBM, diarrhea, constipation, blood in stool, jaundice, pale stools, dark urine
- GU: urinating (U/O), dysuria, hematuria, frequency, urgency, nocturia, back pain
- Constitutional: fever, chills

**B symptoms:** Fever, chills, weight loss, night sweats

## PCOS:

- excessive hair growth, acne, diabetes, weight changes, Fx PCOS

## Coagulopathy

- Easy bruising, bleeding, menorrhagia, PPH, hemorrhage with dental procedures, Fx coagulopathy
- Meds: blood thinners, warfarin, ASA

## Hyperthyroidism

- Change in appetite (↑ or ↓)
- Insomnia
- Fatigue
- Diarrhea
- Palpitations, SOB
- Heat intolerance
- Irritability
- ↑ sweating
- anxiety
- Vision changes
- Weight loss
- Thinning of hair

## Hypothyroidism

- Fatigue
- Cold intolerance
- Weight gain
- Forgetfulness
- Low mood, depression
- Constipation
- Dry skin
- Thin hair, hair loss
- Lack of sweating

## Risk factors for hepatitis:

- **IVDU**, sharing needles
- **Travel Hx:** travel to endemic areas, immigrant from these areas
- **Unprotected sex**, sex with IVDU, multiple partners
- Body piercings, tattoos
- Blood transfusion <1992
- Healthcare worker, needlestick
- Diet- unwashed food, contaminated meat
- Organ transplant
- Hemodialysis
- Mother with Hep → perinatal transmission

# Adolescent History

- If parent in the room, ask if want parent to step out
- Some of the things we will talk about are personal. I am asking you these questions to see if there is anything that I can do to help you.
- Confidentiality- everything that we talk about today will remain confidential unless I fear for your safety or safety of others

## HEEEADSSS

- H- home
- E- education
- E- employment
- E- eating
- A- activity
- D- drugs
- S- sex
- S- suicide/depression
- S- safety

### Home

- Who lives at home with you, where do you live, do you have your own room
- Any changes in home environment (moving)
- Have you ever lived away or ran away from home, why

### Education

- What grade are you in, what school do you go to, what do you like/dislike about school
- How are your grades, are you doing better or worse than before
- Do you have friends at school
- What do you want to do after graduation

### Employment

- Where do you work, how much do you work
- Does this interfere with your family or school work or any activities

### Eating

- Screen for anorexia/bulimia
  - Worried about weight, appearance
  - What do you like/dislike about your body
  - Any changes recently in weight, trying to lose weight, dieting, exercise, bingeing, purging
  - Anyone else in the family/friends trying to diet

### Activity

- What do you like to do outside of school with your friends and family, do you do any extracurricular activities
- Do you drive, do you have your own car

### Drugs

- SAD, CRAFT, what about your friends and family, have you ever been pressured

### Sex

- Have you ever been in a romantic relationship (if no- friends), do you like men, women, or both
- Have you ever been sexually active with someone- what sexual activity, oral/vaginal/anal
- What do you know about birth control, STI
- What do you use for birth control, how often, STI
- Pregnancy, abortion
- Have you ever been touched in any way that made you feel uncomfortable

### Suicide/depression

- SIGECAPS, SI, HI

### Safety

- Do you feel safe at home or at school, have you ever been seriously injured, bullied
- How do you deal with conflicts
- Seatbelts, helmets

### CRAFT- $\geq 2 \rightarrow$ substance use problem

- Car- have you ever ridden in a car with someone who was drinking or doing drugs
- Relax- have you ever used alcohol to relax, feel better about yourself, or fit in
- Alone- have you ever used alcohol/drugs alone
- Forget- do you forget things when you are using alcohol/drugs
- Friends- have you had friends or family tell you to cut down drinking/using drugs
- Trouble- have you gotten into trouble when using alcohol/drugs

## Counselling

3 steps: gather info, build rapport/establish therapeutic relationship, counsel or manage

- Is there anyone else that you would like to be present for this discussion?
- What do you know about...?
- Build rapport- social Hx
- FIFE, anyone else in family concerned
- Give info to pt, explain
  - Medical condition name, pathophysiology
  - Implications/consequences, complications. If it occurs again, it may affect your ability to ...
  - Investigations that may be needed to conclude diagnosis or to look for complications
  - Prevention
  - Treatment: lifestyle, meds
    - **Options, alternative (including not doing anything), benefits, risks**
    - Consequences of not having treatment
  - Obtain consent for investigations, treatment, or counselling
- Ask if pt understands, questions or concerns
- Are there any barriers to change/treatment
  - First Nations- coverage under federal government
  - Do not tell pt what to do → determine which stage of change they are at, help them adopt healthier behavior by suggestion, support and facilitate change
- Give brochures, website, community resources
  - Ex. Dietician, Alcoholics Anonymous, smoking cessation clinics, social worker, clinical psychologist, disease-specific education/counselling (diabetes, asthma, CF)
  - Handouts should not replace consent discussion
- Encourage compliance, support decision-making
- Questions?
- Plan for follow-up

## Stages of change:

- **Precontemplation**- raise possibility of person's awareness of the problem, possibility of change (do not give advice)
  - Who do you think needs to make changes in this situation? Why?
  - Is there anything that you would like to change in this situation?
- **Contemplation**- help the person see the benefits of change and consequences of not changing
  - What do you think that you need to do differently? Why would that be a good option?
- **Determination**- help the person find a change strategy that is realistic, acceptable, accessible, appropriate, effective
  - Do you have a plan of how you can make this change? What have you done so far for this?
- **Action**- support and be an advocate for the person, help accomplish steps for change
  - How are things going? What have you found to be easy? What are some of the challenges?
- **Maintenance**- help the person identify the possibility of relapse. Identify and use strategies to prevent relapse.
  - What are you doing to keep the change going? What are you doing to keep from going back to the old way of doing things?
- **Relapse**- help the person look holistically at the situation
  - When was the last relapse? What are your plans for avoiding another relapse?



# HOW TO OBTAIN CONSENT

## Consent discussion:

- Diagnosis
- Treatment options, alternatives (including no treatment)
- Benefits or risks of each option
  - Material risks- the greater the risk, the more obligation to discuss it
    - What would a reasonable person in the same circumstances would want to know before consenting to an investigation or treatment
    - Common complications
    - Rare complications that have a significant consequences to pt (ex. Death, paralysis)
  - Special risks- specific to pt's physical/psychologic make-up
- Prognosis of not having treatment
- Questions, consent form, educational materials
- Document

## Prerequisites to consent:

- Mental capacity to consent
  - Pt must have mental capacity to understand nature and possible consequences of treatment and alternatives, including not having treatment
- Informed consent
  - Pt must have been given adequate explanation about nature of proposed treatment, anticipated effect, material risk in treatment and alternative
- Voluntary consent
  - Free of coercion
  - Pt is free to consent or refuse treatment

## Discharge discussion

- Diagnosis
- Plan, reason for prescribed meds
- Recovery: care at home, estimated time required for improvement and recovery, symptoms pt is likely to experience during that time
- What to do if no improvement or condition worsens
- Signs and symptoms of when to seek medical care → ER, call office
- Timing of F/U visits
- Understand? Questions?



# References

---

- Bickley, L. (2008). *Bates' Guide to Physical Examination and History Taking* (10th ed.). Philadelphia, PA: Wolters Kluwer.
- Chopra, S., & Bisceglie, A. (2018, November 9). Epidemiology and transmission of hepatitis C virus infection. Retrieved from <https://www.uptodate.com/contents/epidemiology-and-transmission-of-hepatitis-c-virus-infection>
- CPMA. Documentation: charting medical records. Retrieved from [https://www.cmpa-acpm.ca/websurvey/userprofile.html?profileType=ela&lang=en&elaRedirect=DocumentationCharting/documentation\\_charting-e.html&referredBy=website](https://www.cmpa-acpm.ca/websurvey/userprofile.html?profileType=ela&lang=en&elaRedirect=DocumentationCharting/documentation_charting-e.html&referredBy=website)
- CPMA. Informed Consent. Retrieved from [https://www.cmpa-acpm.ca/serve/elas/InformedConsent/informed\\_consent-e.html?id=website](https://www.cmpa-acpm.ca/serve/elas/InformedConsent/informed_consent-e.html?id=website)
- CPMA. Informed discharge. Retrieved from [https://www.cmpa-acpm.ca/websurvey/userprofile.html?profileType=ela&lang=en&elaRedirect=InformedDischarge/informed\\_discharge-e.html&referredBy=website](https://www.cmpa-acpm.ca/websurvey/userprofile.html?profileType=ela&lang=en&elaRedirect=InformedDischarge/informed_discharge-e.html&referredBy=website)
- CPMA. Privacy and confidentiality. Retrieved from <https://www.cmpa-acpm.ca/websurvey/userprofile.html?profileType=ela&lang=en&elaRedirect=PrivacyConfidentiality/index-e.html&referredBy=website>
- Medical Council of Canada. (2018). Complexities of care of the elderly. Retrieved from <https://physiciansapply.ca/cases/complexities-of-care-of-the-elderly/introduction/>
- Medical Council of Canada. (2018). Consent and confidentiality. Retrieved from <https://physiciansapply.ca/cases/case-1-consent-and-confidentiality/introduction/>
- Medical Council of Canada. (2018). Indigenous health. Retrieved from <https://physiciansapply.ca/cases/case-4-indigenous-health/introduction/>
- Medical Council of Canada. (2018). Medical communication skills. Retrieved from <https://physiciansapply.ca/commskills/introduction-to-medical-communication-skills/>
- Ross, D., Cooper, D., & Mulder, J. (2017, October 6). Diagnosis of hyperthyroidism. Retrieved from [https://www.uptodate.com/contents/diagnosis-of-hyperthyroidism?search=hyperthyroidism&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www.uptodate.com/contents/diagnosis-of-hyperthyroidism?search=hyperthyroidism&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)
- Surcks, M., Ross, D., & Mulder, J. (2018, October 31). Clinical manifestations of hypothyroidism. Retrieved from [https://www.uptodate.com/contents/clinical-manifestations-of-hypothyroidism?search=hypothyroidism&source=search\\_result&selectedTitle=3~150&usage\\_type=default&display\\_rank=3](https://www.uptodate.com/contents/clinical-manifestations-of-hypothyroidism?search=hypothyroidism&source=search_result&selectedTitle=3~150&usage_type=default&display_rank=3)