PELVIC EXAMINATION
TEACHER’S INSTRUCTIONS

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Background

An accurate examination complements the history, provides additional information, helps determine diagnosis and guide management.
Objectives

1. Demonstrate a complete pelvic exam on a model and include appropriate patient positioning. (Medical Expert)
   - Inspection of external genitalia;
   - Visualization of the internal anatomy using a speculum;
   - Bimanual examination

2. Describe your findings of the cervix, uterus, adnexae, and/or any unusual masses using standard terminology. (Medical Expert; Communicator)
Guide to Conducting a Quality Pelvic Exam
Guide to conducting a quality pelvic exam

Outline

1. Facilitating patient comfort, cooperation and relaxation
2. Performing preliminary abdominal examination
3. Preparing for the pelvic examination
4. The pelvic examination
   A. Inspection of external genitalia
   B. Inspection of the internal genitalia using a speculum
   C. Bimanual pelvic examination
   D. Rectovaginal examination
5. Completion and closure
6. Practice and additional experience
1. Facilitating Patient Comfort
Pre-Pelvic Exam Inquiry

1. Gynecologic history
2. Medical history
3. Sexual history
4. Has the patient had a previous pelvic exam/ pap smear?
5. Does she have any questions or concerns about the exam?
6. Is there anything she would like to tell the physician before the exam?
1. Facilitating patient comfort

General Overview

- Promote physical and psychological comfort
- Be aware of both verbal and nonverbal cues
- Adjust communication style to fit the patient’s needs and use layman language
- Facilitate cooperation and compliance
- Obtain and ensure consent throughout the procedure
- Stop the examination if the patient suggests lack of or withdrawal of consent
- Address patient’s verbal commands or questions during the examination
1. Facilitating patient comfort

Potential causes of discomfort

- Improper positioning of the patient
- Improper use of speculum (stretching, pinching)
- Increased muscle tension/resistance in patient’s pelvic and abdominal muscles.
- Previous poor experiences with pelvic examination
- Past history of sexual abuse or trauma
1. Facilitating patient comfort

Tips to reduce discomfort

- Position the patient comfortably prior to exam using a pillow to support their head
- Use verbal direction to encourage patient to abduct thighs rather than externally rotate the hip joints to expose the vulva and introitus
- Explain each step of the procedure before it is performed
- Always warn the patient before initiating the speculum or digital exam
- Avoid extraneous physical contact or unnecessary movement or manipulation
- Examiner should reassure the patient that she can stop the exam if she becomes uncomfortable
- Examiner should be alert to patient’s cues of discomfort
1. Facilitating patient comfort

Pre-exam prep

• Remove any rings and long-sleeved clothing
• Allow patient to empty her bladder (good time to catch MSU for C&S and urine sample for STI screening)
• Provide explicit instructions to patient on how to disrobe, drape and position themselves on the examination table (allow adequate time and privacy)
• Ask patient if she prefers to have a chaperone in the room
• Put on your gloves and protective eyewear
• Drape and only expose the areas being examined
• Maintain eye contact as much as possible
• Use appropriate language and avoid medical jargon/inappropriate humor
2. Performing the preliminary abdominal examination
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General Overview

• The abdominal exam provides an opportunity to build a sense of trust and rapport with the patient and may uncover physical findings relevant to pelvic exam

• The patient should be exposed from xyphi-sternum to the mons pubis

• Do a methodical approach using IAPP (start with Inspection, Auscultation, Percussion then Palpation)

• Do deep palpation last and always assess inguinal lymph nodes

• Comment on findings in general terms
3. Preparing for the pelvic examination
3. Preparing for the pelvic examination

General Overview

- There should be a distinct transition between the preliminary abdominal exam and the pelvic exam
- Adjust supports and pillows for patient comfort prior to proceeding
- Ensure all equipment needed is operational and within reach
- Ask the patient to draw her knees up and let them out to the sides. If stir-ups and lithotomy position is used ask her to place her heels in the stirrups and buttocks at the edge of the exam table
- When ready to conduct the exam ask the patient to lift the drapes (or allow you to do so)
3. Preparing for the pelvic examination

- Always wear latex-free gloves on both hands throughout the exam.
- Gloves are not only important for hygiene and disease prevention but are also an important psychological device.
- Gloves act as a physical barrier and a sign of separation between this type of intimate contact and contact of a sexual nature.
- The examiner must use sufficient lubrication (water or Muco) on the gloved finger of the pelvic hand.
4. The pelvic examination
4. The pelvic examination

General Overview

A. Inspection of the external genitalia
B. Inspection of the internal genitalia using a speculum
C. Bimanual palpation of the internal reproduction organs and their support structures
D. Rectovaginal Examination
A. Inspection of External Genitalia

Assess Anatomy
A. Inspection of External Genitalia

Note any:

- Skin lesions (ie. warts, vesicles, pustules, scars)
- Pigmentation (ie. normal, leukoplakia)
- Infestations (ie. lice, etc.)
- Cosmetic alterations (ie. piercings, tattoos, hair removal, genital mutilation)
- Discharge (color, odor, quantity, consistency)
- Evidence of irritation (excoriations)
- Subcutaneous or submucosal swelling
B. Inspection of the internal genitalia

- Select the appropriate speculum for your patient
- Water is the preferred lubricant if a Pap smear is to be done
- A good light source is essential
4. The pelvic examination

Speculum Exam

• Hold speculum in dominant hand
• Separate labia majora to visualize the hymenal ring with the non-dominant hand
• Place speculum into the vagina with the blades closed and directed towards the coccyx (downward angle of 30-45°)
• Open and adjust the blades to visualize the entire cervix
• The thumb screw may be used to keep the blades open (see slide 23)
• Note shape and any abnormalities of the cervix. Comment on presence of discharge or inflammation
4. The pelvic examination

Ensure the speculum is the appropriate size and shape for your patient.
4. The pelvic examination

Speculum Exam

Insert Speculum at a 35-40° angle

Use thumb lever to visualize cervix

Tighten thumb screw once cervix visualized
4. The pelvic examination

Variations of Cervical findings

- Normal cervix
- Leukorrhea (discharge)
- Ectropion
- Cervicitis
- Neoplasia
- Cervicitis
4. The pelvic examination

Removing speculum

- Release the thumb screw and relax pressure on the thumb lever while removing the speculum and noting abnormalities of the vaginal sidewalls.

- Assess urinary incontinence by asking patient to cough (wear appropriate eyewear to avoid being sprayed).

- To assess pelvic floor relaxation, dismantle speculum and reinsert only the posterior blade.

- Note presence and degree of uterine prolapse and presence or absence of cystocele, rectocele, or enterocele.
4. The pelvic examination

Uterine Prolapse

1° degree descent of the cervix in the vagina
2° degree descent of the cervix to the introitus
3° degree descent of cervix outside the introitus, reduces when supine
4° degree (procidentia) entire uterus outside introitus and does not reduce when supine
4. The pelvic examination

Pelvic Organ Prolapse

- **Cystocele**: descent of the bladder (anterior vaginal wall) into the vaginal canal
- **Rectocele**: descent of the rectum (posterior vaginal wall) into the vaginal canal
- **Enterocoele**: descent of the small bowel into the vagina between the posterior vaginal wall and the rectum, typically through the cul de sac (this is the only true hernia in this grouping)
C. Bimanual Pelvic Exam

- Conduct bimanual exam using the dominant hand internally and the non-dominant hand externally on the abdomen.
- Place abdominal hand flat on the abdomen, just above symphysis pubis while placing index and middle fingers of the pelvic hand into the vagina.
- Keep palm-up and advance until the cervix or vaginal vault is appreciated.
- Use firm pressure to elevate the uterus so it may be assessed by the abdominal hand.
- Assess the size, position, shape, and mobility of the internal pelvic organs.
- Look for presence or absence of tenderness or masses, and the integrity of the supporting structures.
C. Bimanual Pelvic Exam (Continued)

- Palpate the adnexal structures using the left and right fornices as landmarks.
- Apply gentle but firm downward pressure with the abdominal hand trapping the ovary with the vaginal hand.
- Assess the size, position, shape and mobility of each adnexal region to rule out a mass and to elicit any tenderness.
- Once pelvic organs have been palpated, the pelvic hand is rotated downward to palpate the posterior vaginal wall and uterosacral and sacroccocygeal ligaments.
- The patient should be warned that a deep pelvic pressure discomfort may occur during the bimanual examination.
- Palpate the Bartholin’s glands by squeezing the vulva at the 5 and 7 o’clock location at the level of the hymenal ring.
D. Rectovaginal Examination

- It is important to prepare the patient for this portion of the pelvic exam as some women may not have had this exam done before.
- Once the bimanual exam is complete, the index and middle fingers of the vaginal hand are partially withdrawn from the vagina and then the middle finger is placed at the anal verge while instructing the patient to bear down.
- As the rectal sphincter relaxes, the examiner should advance the vaginal and rectal fingers inwards until the rectovaginal septum can be palpated.
- The rectal finger should reach up past the cervix to confirm the pelvic exam findings in the posterior pelvis.
5. Completion and closure
5. Completion and Closure

General Overview

• Invite the patient to cover herself up and sit upright on the examination table
• Offer a wipe for the patient and a sanitary pad for protection
• Leave the room to give privacy to the patient while she dresses
• Ask if the patient needs support while discussing findings and address any patient concerns
• The patient should be an active participant in this discussion
• Ensure the patient understands the results of the examination and schedule follow-up as needed
6. Practice and additional experience
6. Practice and additional experience

General Overview

- Students are expected to be self-directed in seeking pelvic examination techniques.
- Although models are available for practice in the Sim lab, practicing pelvic examination in the clinical environment under the supervision of a family physician or obstetrician/gynecologist will provide the most thorough understanding.
References


Sample Cases
Case 1

Miss X is a 19-year-old woman who has come in today for her first pelvic examination and Pap smear. She is apprehensive about the examination. What explanations might you give her to help her to feel less anxious? What will you do to ensure her comfort and to help her to feel less vulnerable?
Mrs. Y is 65 years old. She underwent menopause 12 years ago. For the past three weeks, she has noticed slight amounts of fresh, pink blood from the vagina. Describe your examination to recognize any abnormalities that might account for Mrs. Y’s bleeding.
Case 3

Mrs. Q is 25 years old. She had her last normal menstrual period approximately 8 weeks ago. What might you expect to find on pelvic examination? What would be important to rule out?
Ms. R is 45 years old. She has noticed that her menstrual periods have become heavier and longer over the past two years. Recently, she has noticed that she has to urinate more often, and her lower abdomen looks a little protuberant. Someone at the office teased her that she looked pregnant, so she has come in for an examination. What might you expect to find in this situation?