Pelvic examination

The speculum examination is followed by the examination of the vagina, cervix and uterus.
Learning Outcomes

- Able to perform a pelvic examination in a methodical way
Procedure before examination.

- GRIP
- Obtain her verbal consent
- Explain that you are about to perform an internal examination of the vagina and the uterus using fingers.
- Explain to her that it shouldn't be painful and ask her to let you know if there's any pain.
Procedures before examination

- Ask her to empty bladder beforehand.
- Assure privacy and ask for a chaperone.
- Draw the curtains
- Ask to lie on the couch and undress, waist down
  - Sheet for dignity
  - Position her on back, hips and knees flexed and thighs abducted.
- Examine abdomen for any mass and be sure bladder is empty.
Examination.

- Inspect external genitalia
  - warts
  - rashes
  - ulcers
  - lumps
  - vesicles
  - excoriation
Bartholin’s Cyst

Bartholin’s abscess
Condylomata accuminata (genital warts)
Vulval intraepithelial neoplasia (VIN)
Vulval carcinoma
Vulval carcinoma
- Lubricate the right index and middle fingers.

- Expose introitus by separating labia with thumb and forefinger of gloved left hand.

- Gently introduce gloved lubricated right index and middle fingers into vagina.

- Thumb abducted to allow maximum use of length of the index & middle fingers; ring & little fingers flexed into palm.
Introitus

- Clitoris
- Labium minus
- Labium majus
- External urethral orifice
- Vagina
- Anus
Examination.

- Ask the patient to cough - urinary incontinence
- Ask the patient to bear down - uterine prolapse.
- Palpate the vaginal wall as you introduce the fingers
  - mass, cyst or foreign bodies.
  - the vaginal walls are rugose and moist.
Examination

- **Palpate** anterior posterior

  both lateral walls of vagina

  fornice ? obliterated or bulging
  due to a pelvic swelling
Examination of the cervix.

- Locate the cervix with pulps of your fingers.
- Normally points downwards and slightly backwards.
- Cervix should feel firm, rounded and smooth.
- Assess mobility - move cervix gently.
- Palpate the fornices.
- This procedure is painless.
- Tenderness is called “cervical excitation.”
Anatomical relations

- Sigmoid colon
- Uterine tube
- Ovary
- Uterus
- Cervix
- Urinary bladder
- Pubic symphysis
- Vagina
- Rectum
Bimanual examination

**Uterus**

- Place palmar surface of your free hand on the anterior abdominal wall ~ 4cm above pubic symphysis.

- Attempt to capture the uterus between your opposing fingers.

- Use inner fingers to elevate cervix and uterus in direction of external hand while simultaneously pressing the fingers of the external hand in the direction of the internal fingers.
Bimanual examination

Assess:
- Size
- Position
- Consistency
- Mobility
- Mass
- Tenderness.
Bimanual examination.

- Palpate the adnexae.
- Difficult to palpate in obese women.
- Place the fingers of your free hand on the iliac fossa while readjusting the vaginal fingers, into the lateral fornix
- Feel for the adnexal structures as they slip between your fingers.
Bimanual examination.

- Should not be painful
- Palpation of ovaries may elicit discomfort
- If you feel an adnexal structure, assess:
  - Size
  - Shape
  - Mobility
  - Tenderness.
- Ovaries are firm, ovoid and often palpable
- Normal fallopian tubes are impalpable.
Bimanual examination.

- Withdraw your fingers.
- Consider a rectal examination.
- Rectovaginal examination sometimes better for palpating ovaries.
- Give her a towel or tissue to wipe herself.
- Replace sheet and leave to dress.
- Explain findings once dressed.
Summary

- GRIP
- Consent and chaperone
- Inspect
- Palpate vagina, cervix and fornices
- Bimanual palpation
  - Uterus
  - Adnexae
- Inspect glove
- Offer patient tissue
- Cover patient
- Report findings to patient when dressed