

Genitourinary/Pelvic- Women

Year 1	Year 2	Year 3
<p><u>Do</u></p> <p>1. Inspect</p> <ul style="list-style-type: none"> • Hair pattern, skin for changes, labia majora ad minora, size of clitoris, urethra (gently palpate for discharge), introitus and hymen <p>2. Palpate</p> <ul style="list-style-type: none"> • Bartholin's glands, <p>3. Speculum Examination</p> <ul style="list-style-type: none"> • Choose appropriate sized speculum, warmed and lubricated with water or gel (avoid gel if collecting wet preps or cultures). <p>-separate the labia gently with gloved fingers - gently insert speculum with "blades" closed and oriented horizontally or obliquely, careful to avoid pinching or inadvertently pulling on pubic hair. -insert speculum smoothly with some pressure exerted downwards following the posterior wall of the vagina to avoid sensitive urethral area -pass speculum along the axis of the vagina, and gently rotate the speculum as it is being moved inward so that the still closed blades become horizontal "open" the speculum blades & adjust the speculum and light as needed to visualize the cervix.</p> <ul style="list-style-type: none"> • Examine cervix <p>-note shape of os, squamocolumnar junction, and any lesions - if indicated, place a swab in endocervical region to test for gonorrhea and Chlamydia. - obtain PAP smear</p> <ul style="list-style-type: none"> ✓ Spatula: place longer end of spatula into cervical os and scrape 360 degrees ✓ Cytobrush: place brush inside endocervix and rotate it 360 degrees 	<p><u>Know:</u></p> <ul style="list-style-type: none"> • Inspection is important for lesions of the vulvar area; the most common vulvar malignancy is squamous cell carcinoma; second most common is malignant melanoma • Bartholin's glands are located at 4 and 8 o'clock on lateral walls of vagina and normally not palpable. If enlarged and palpable causes include cyst, abscess or adenocarcinoma • Condyloma acuminata are small cauliflower-like genital warts caused by human papillomaviruses. Genital ulcers may be caused by herpes syphilis, other STDs or cancer • Both the squamous and columnar cells must be sampled and present on a PAP smear for the smear to be optimal 	<p><u>Know</u></p> <ul style="list-style-type: none"> • In young women, the normal ovaries are 3.5-4cm in longest diameter. After menopause the ovaries decrease to about 2cm in diameter and usually not palpable. • In pregnancy, at 12 weeks gestation, the fundus of the uterus can be palpated by abdominal exam just superior to the pelvic brim. • Purulent cervical discharge is abnormal and may be seen in pelvic inflammatory disease (PID) • Cervical motion tenderness is severe tenderness of the cervix while moving it with the vaginal fingers on bimanual examination and one of the findings seen in PID.

<ul style="list-style-type: none">✓ Carefully wipe spatula and roll brush on glass slide and immediately place in or spray with fixative.• Examine vagina✓ If indicated, obtain a sample of vaginal discharge✓ Inspect all 4 walls of vagina and continue inspection as speculum is withdrawn <p>4. Bimanual examination</p> <ul style="list-style-type: none">• Gently separate the labia and insert your lubricated and gloved index and middle fingers into the vagina (exerting downward (posterior) pressure to avoid sensitive urethral area• Palpate cervix and assess for its size, mobility, and tenderness with gentle movement• Palpate with intravaginal hands behind cervix “elevating” uterus while palpating with abdominal hand assessing the uterus position, flexion, size, masses, mobility, consistency and tenderness.• Do the same on each side of the midline with the intravaginal fingers palpating the lateral fornix of each side evaluating the adnexa for size, mobility, consistency and tenderness.• Withdraw the gloved intravaginal fingers <p>5. Rectovaginal Examination</p> <ul style="list-style-type: none">• Replace the glove on your dominant hand with a fresh glove and lubricate your first two fingers. Insert the index finger into the vagina and the middle finger into the rectum.• Note the following on rectovaginal examination:<ul style="list-style-type: none">-anal sphincter tone-rectovaginal septum for thickness, nodularity, and masses. Also feel for abnormalities of the cul-de-sac (pouch of Douglas) behind the uterus. <p>As in the bimanual examination, move the internal examination fingers first antero-laterally towards patient’s right side and then antero-laterally towards the opposite side noting the uterosacral ligaments and</p>		
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adnexal abnormalities while simultaneously palpating with the lower abdominal hand externally. If the uterus is retroverted, you can palpate the posterior uterus with your rectal finger.

-palpate the rectum in all directions for tenderness and masses. Obtain a stool sample for fecal occult blood testing if indicated from your middle finger and apply sample to heme-occult card.

6. Completion of examination

- Offer the patient a warmed washcloth to remove lubricant and help patient to seated position
- Explain findings and the tests performed

Know:

- Two most common speculum shapes are the Pedersen and Graves speculum
- A nonparous cervix is round pink with a central os and a parous cervix tends to be horizontal or even “fish mouthed”
- The squamocolumnar junction occurs where the external pink squamous mucosa of the cervix meets the darker colored columnar epithelium of the endocervical canal.