

# HISTORY AND PHYSICAL EXAMINATION IN GYNECOLOGY

## I. HISTORY

- ◆ PATIENT DEMOGRAPHIC DATA
  - ◆ PRESENT COMPLAINTS / DURATION
  - ◆ HISTORY OF PRESENT COMPLAINT
  - ◆ MEDICAL HISTORY
  - ◆ SURGICAL HISTORY
  - ◆ OBSTETRIC HISTORY
  - ◆ FAMILY HISTORY
  - ◆ GYNECOLOGICAL HISTORY
  - ◆ SEXUAL HISTORY
  - ◆ CONTRACEPTION
  - ◆ SOCIAL HISTORY
- 
- ◆ **PATIENT DEMOGRAPHIC DATA**
    - Name
    - Age
    - Nationality
    - Marital Status
- 
- ◆ **PRESENT COMPLAINTS / DURATION**
  - ◆ **HISTORY OF PRESENT COMPLAINT**
- 
- ◆ **MEDICAL HISTORY**
    - Blood transfusion
    - Allergy
    - Medication
    - Medical disease as DM, HTN, Renal, Cardiac.. etc.
    - Thrombo-embolism
    - Psychiatric disease
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- ◆ **SURGICAL HISTORY**
    - Previous CS, D&C, Cerclage
    - Surgical procedure
    - Anaesthetic difficulties
- 
- ◆ **FAMILY HISTORY**
    - Hypertension history
    - Diabetes history
    - Congenital / Genetic disorders
    - Multiple pregnancy
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- ◆ **OBSTETRIC HISTORY**
    - Note the year of each pregnancy and the type of delivery.
    - Enquire into any history of trauma or excessively long labour.

- **Puerperal infection?** - This may be the origin of a chronic pelvic inflammation.
- **Infertility?** - If so, is it voluntary or involuntary? Methods of contraception should be asked about.
- **Abortion?** - The degree of haemorrhage should be established and whether curettage was done. There is a tendency to attribute any irregular and unexplained bleeding to a very early miscarriage.

#### ◆ **GYNECOLOGICAL HISTORY**

##### • **Menstrual history**

- Menarche onset
- Menstrual regularity
- Menstrual length 21-42/7 (28)
- Duration
- LMP

##### • **Volume of blood loss (amount)**

- No. of pads used
- Passage of clots
- Onset of cessation (menopause)
- Inter-menstrual bleeding
- Post coital bleeding
- Post-menopausal bleeding
- Pre-menstrual symptoms as irritability, breast tender, abdominal pain
- Abdominal pain with period (dysmenorrhea)

##### • **Vaginal discharge**

- Colour
- Odour
- Relation to the period
- Vulvar itching
- Volume
- Presence of blood

##### • **Abdominal pain**

- Onset
- Distribution
- Radiation
- Relation to period
- Associated symptoms

##### • **Symptoms resulted from abdominal mass**

- Pressure on bladder

##### • **Symptoms of pelvic organ prolapse**

##### • **Urinary symptoms**

- Frequency, urgency incontinence
- Passage of blood
- Dysuria

#### ◆ **SEXUAL HISTORY**

- Coital frequency, pain
- Libido, sexual problems

◆ **CONTRACEPTION**

- Type
- Proper use

◆ **SOCIAL HISTORY**

- Marital status
- Home and family situation – lifestyle status
- Smoking
- Alcohol

**II. PHYSICAL EXAMINATION**

- ◆ 1<sup>ST</sup> VISIT EXAM
- ◆ SUBSEQUENT VISIT EXAM
- ◆ GENERAL EXAM
- ◆ BREAST EXAM
- ◆ ABDOMINAL EXAM
- ◆ PELVIC EXAM
  - Speculum
  - Digital
- ◆ RECTAL EXAM
- ◆ URINARY ORGANS EXAM
- ◆ FURTHER GYNE EXAM

◆ **GENERAL EXAMINATION**

- Health condition appearance
- Vital signs e.g. BP, temp etc.
- Weight
- Height
- Signs of anaemia
- Abnormal facial / body hair distribution

◆ **Breast Examination**

◆ **Abdominal Examination**

• **Inspection**

- Size and shape of the abdomen
- Distribution of body hair
- Presence of scars, skin, hernia and pigmentation
- Fullness in the midline (? uterine / ovarian tumor)
- Fullness in the flanks (? ascites)

• **Palpation**

- Exam with warm hands, with flat of hand (not tip of fingers) and relax abdomen
- Rigidity / guarding / rebound tenderness
- Mass – site, size, shape, mobility, consistency etc.
- Organomegaly – liver / spleen
- Kidney palpation

• **Percussion**

- Ascites
- Abdominal mass

- **Auscultation**
  - Bowel sound
  - Aortic pulsation
  - Bruit over abdominal mass
  - Uterine soufflé
  - Fetal heart sound

◆ **Pelvic Examination**

The procedure in making a pelvic examination is:

- Inspection of the vulva
- Inspection of the vagina and vaginal cervix
- Palpation of the vagina and vaginal cervix
- Bimanual palpation of the pelvic organs

i. **Vulvar Examination**

- Systematic inspection of the vulva should take note of the clitoris, urethral meatus, vulval and labial skin, the forchette and hymen
- Evidence of scarring or distortion of the perineum
- Ask the patient to cough or strain to determine stress incontinence / vaginal prolapse
- Presence of ulceration, discharges
- The orifice of Bartholin's duct
- During palpation, the condition of the labia, clitoris, anus and surrounding skin should be noted.

ii. **Vaginal Exam**

- To be taken with care to avoid hurting patient
- Use sterile lubricant
- Suitable speculum size to be used
- Type of exam
  - Speculum exam
  - Digital exam
  - Bimanual exam

○ **Speculum examination**

3 types of speculum

1. Sim's speculum
2. Cusco's speculum
3. Ferguson's speculum

**1. Sim's speculum (The duct bill speculum)**

- It is designed to hold back the posterior vaginal wall so that air enters and the anterior wall and cervix are exposed.
- It is best for vaginal wall exposure.
- The patient is in Sim's position (semi-prone) which is useful if the anterior wall is to be studied (e.g. if fistula is suspected).

**2. Cusco's (bi-valves) speculum**

- It is the most useful.
- It is made either of steel or perspex (disposable) and is designed to open after insertion so that the cervix can be seen and a cytological smear or bacteriological swab taken as required.
- The steel speculum has a screw for retaining it in the open position.

- It gives an excellent cervical view.
- The speculum is applied to the vulva at an angle of 45 degrees from the vertical. This allows the easiest insertion.
- Once in the vagina, it is gently opened out and held in position with the cervix between the blades.
- A good light is needed for inspection.

### 3. *Ferguson's speculum*

- It is essentially a metal tube and, although obsolescent, can prove useful in cases of marked vaginal prolapse when the bi-valve speculum cannot contain the vaginal wall sufficiently to allow a view of the cervix.
- The patient is in the lateral position, which is sometimes used if the cervix cannot be seen in the dorsal position.

#### Exam of Discharge

Amount, odour, presence of blood

e.g. white, thick – candida

purulent and offensive – trichomonas vaginalis

bloody stained – malignancy, foreign body

Vaginal swab for culture and sensitivity

Cervical pop smear

#### ○ Digital Exam

- Digital examination
- Using the right index finger
- Using gloves
- Well lubricant
- Palpate:
  - Vaginal walls (growth, cyst, foreign body)
  - Vaginal scar or bands
  - Vaginal cervix (direction, size, shape, surface, smooth)
  - irregular lips of the cervix, growth, mass, polyp)

#### ○ Bimanual examination

- Using the right index and middle finger (vagina), left hand (abdomen)
- Gloves
- Well lubricants
- The external hand is the more important and supplies more information.
- It is customary to use two fingers in the vagina, but an adequate outpatient examination may be made with only one finger.
- Very little information is gained if the patient finds the examination painful.
- In a virgin or a child only rectal examination should be carried out.
- The cervix is palpated and any hardness or irregularity noted.
- The whole uterus is identified, and size, shape, position, mobility and tenderness are noted.
- The lateral pelvis is palpated and swelling noted. Normal adnexae are difficult to feel unless the ovary contains a corpus luteum.
- Feel Pouch of Douglas for any thickness or nodules

- Full description for any pelvic mass.
- Not misdiagnosed loaded pelvic colon or pelvic mass.
- Sometimes rectovaginal examination is helpful, if the vagina admits only one finger or if the rectovaginal septum is to be examined.

◆ **Rectal Exam**

- Used for virgin patient.
- Assess uterine size, position, mobility
- Feeling abdomino-pelvic mass
- Sometimes used with vaginal examination as:
  - Carcinoma cervix to feel the parametrial tissue
  - Palpate the broad ligament
  - Palpate the uterosacral ligament
  - Detection of rectovaginal pouch mass
- Can be combined with vaginal examination.

◆ **Urinary organs Exam**

- Urethra
  - Redness, tenderness, discharge, growth
  - Discharge taken for stained exam and culture
- Urine exam
  - Urine analysis, culture and sensitivity

◆ **Further Gyne Exam**

- Colposcopy
- Endometrial biopsy
- Hysteroscopy
- Laparoscopy
- Ultrasound
- Other radiological investigations