

Performing a Pelvic Examination

Family Medicine Clerkship Pelvic Examination Seminar

Equipment Needed

- * Vaginal Specula in Various Sizes
- * Flexible Light Source
- * Warm Running Water
- * Lubricating Jelly
- * Pap equipment (brush and preservative)
- * Swabs if needed

General Considerations

- * The patient must have an empty bladder.
- * The patient must be appropriately gowned and draped.
- * Use non-sterile gloves on both hands.
- * Properly dispose of soiled equipment and supplies.

Positioning the Patient

1. Start with the patient lying supine on the exam table
2. Assist the patient to place her heels in the stirrups. Adjust the angle and length to "fit" the patient.
3. Have the patient slide her hips down until her bottom reaches the edge of the table.
4. Ask the patient to let her knees fall outwards just beyond the angle of the stirrups. The further apart she is able to separate her knees, the easier it will be to perform the exam as it helps to relax her pelvic muscles.

External Exam

1. Uncover the vulva by moving the center of the drape away from you. Try to avoid creating a "screen" with the drape pulled tight between the patient's knees.
2. Announce what you are going to do prior to touching the patient so as not to surprise her.
3. Inspect the outer genitalia for redness, swelling, lesions, masses, or infestations.
4. Inspect the labia majora and minora, the folds between them, and the clitoris.
5. Reassure the patient, if the exam is normal so far, say so.

Internal Exam

Speculum Exam

1. Warm and lubricate the speculum by holding it under running tap water.
2. Announce what you are going to do and then touch the patient on the thigh with the speculum before proceeding to check the temperature of the speculum.
3. Expose the introitus by spreading the labia from below using the index and middle fingers of the non-dominant hand (peace sign).
4. Insert the speculum either horizontally or at 45 degree angle avoiding contact with the anterior structures (clitoris and urethra).
5. Slide the speculum through the vagina applying gentle downward pressure and pointing the tip towards the patient's sacrum.
6. Continue insertion until the handle is almost flush with the perineum.
7. Open the "bills" of the speculum 2 or 3 cm using the thumb lever. Position the bills so that the cervix "falls" in between.
8. Secure the speculum by turning the thumb nut (metal speculum) or clicking the ratchet mechanism (plastic speculum). Do not move the speculum while it is locked open.
8. Observe the cervix and vaginal walls for lesions or discharge. Obtain specimens for culture and cytology as indicated.
9. Withdraw the speculum slightly to clear the cervix. Loosen the speculum and allow the "bills" to fall together once past the cervix. Continue to withdraw while again avoiding contact with the anterior structures. It is very important to ensure the blades are completely closed prior to pulling out the speculum.
10. Replace the drape while you prepare for the rest of the exam.
11. Reassure the patient, if the exam is normal so far, say so.

Bimanual Exam

1. Apply a small amount of lubricant to the index and middle fingers of your dominant hand.
2. Uncover the vulva and lower abdomen by moving the center of the drape away from you.
3. Announce what you are going to do prior to proceeding.

4. Spread the labia and insert your lubricated index and middle fingers into the vagina. Avoid contact with the anterior structures.

5. Place your other hand on the patient's lower abdomen.

6. Examine the cervix:

- Palpate the cervix with your index finger noting size, shape, and consistency.

- Gently move the cervix side to side and forward to note mobility and tenderness.

7. Examine the anterior uterine fundus:

- Continue to lift the cervix with the vaginal hand.

- Press downward with the abdominal hand and palpate the uterus (if possible).

- Note consistency and tenderness. Attempt to estimate uterine size and position (anteverted vs retroverted)

8. Examine the adnexal structures:

- Pull back vaginal hand to clear cervix.

- Reposition vaginal hand into the right fornix, palm up.

- Sweep the right ovary downward with the abdominal hand 3 or 4 cm medial to the iliac crest.

- Gently "trap" the ovary between the fingers of both hands (if possible). Note its size and shape along with any other palpable adnexal structures.

- Pull back and repeat on the left side.

9. Replace the drape and assist the patient to remove her feet from the stirrups and sit up.

10. Reassure the patient, if the exam is normal, say so.

11. Leave the room and allow the patient to dress before continuing with the consultation.