

# Gynecological anamnesis and examination

## Prepare and plan!

Make sure you prepare your table with the needed equipment, label containers, unscrew lids and place the instruments where you can reach them. Make sure you have a good light source. Usually you will need one hand on the speculum when it is inside the vagina, and usually you will get one hand contaminated and you will not touch the table with this hand. It is not a sterile procedure, but a clean one, and you need to keep your table clean because you will use the same table for your next patient. *So be aware of the hygiene!*

Because you need one hand on the speculum (usually the left) and to touch the genitalia and thus contaminate this hand, you will have only one hand (usually right) to handle your equipment at the table.

## Anamnesis

General medical history – previous illness, medications, allergies and previous surgery – etc.

When you write your document for the patient's record remember that this is a legal document, try to standardize it, and describe what you find in the history and the examination. Do not speculate or insinuate.

## Gynecological history

- Previous gynecological illness and surgery
- Menstrual cycle; age of menarche, regular cycle?, days and amount of bleeding, pain?, age of menopause
- Previous pregnancies; spontaneous abortions, legal abortions, extra uterine pregnancies, normal pregnancies. Gravida; number of pregnancies, para: number of deliveries.
- Deliveries; year and type of delivery, gestational week of delivery. Any complications? Weight of the baby.
- Last cervical cytology, current or previous dysplasia
- Sexual history; current and previous partners. Previous STDs
- Contraception; current and previous
- Hormone replacement treatment; current and previous
- Any complaints; discharge, bleedings, spotting, pain, hot flushes, genital prolapse, urine incontinence.
- Pelvic pain; onset, duration, location, quality and severity



## Gynecological examination

Make sure the woman knows what a gynecological examination involves and that you have her consent, make her feel safe and tell her what you will do each step in the examination.

For your own and the patients safety try not to be alone with the patient. Have a nurse/midwife or college present.

- Inspect outer genitalia. Comment on the perineum and vulva.  
“There is no redness, visible tumors, or lesions on the vulva, around the anus and the perineum. I cannot see any condylomas or chancres. No abnormal pubic hair growth. When palpating there is no tumors or pain. There is no bleeding or abnormal discharge.”
- Insert speculum. Inspect all vaginal walls (anterior, posterior and lateral), portio and cervical os.  
“There is no redness, visible tumors or lesions on the vaginal walls. No condylomas. The vagina appears well estrogenized with rugae present. No prolapse of the vaginal walls. The portio is smooth and has a normal pink color, the cervical os appears normal and the transformation zone is visible. There is normal white discharge, no bleeding»
- Perform relevant tests like cervical cytology, swab for PCR or endometrial biopsy (pipelle).
- Retract speculum; put it in the washing tray or in the bin.
- Perform a bimanual palpation (remember to remove the contaminated glove before putting your hand on the abdomen) Comment on the position, size, shape, consistence and mobility. Ask for pain and test for cervical motion tenderness. Palpate for the adnexa and comment your finding.  
“The uterus is anteverted and anteflexed, not palpable above the symfysis. The consistency is firm, the shape is normal with a smooth surface and the uterus is mobile/freely movable. The examination is not painful and she has no cervical motion tenderness. When palpating for the adnexa I cannot find the adnexa or any other resistant masses on the place of the adnexa/I can fell normal sixe adnexa on both sides and there are no tumors or resistant masses related to them. The adnexa are not painful when palpated.”



Make a summary:

“I have performed a gynecological examination because of... Outer genitalia, vagina and portio is without tumors, ulcerations or redness. There was no bleeding or abnormal discharge. Vaginal walls with rugae, no prolapse. I observed the transformation zone without obvious pathology and performed a cervical cytology. The bimanual palpation revealed a normal sized uterus that is anteverted and anteflexed, freely mobile, normal consistency, surface and shape. There is no cervical motion tenderness or other pain. The adnexa are normal in size without palpable masses or pain.”

