

# Gynaecological History Taking And Examination

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# Gynaecological History Taking

1. Introduce yourself... name/grade
2. Privacy is mandatory
3. Adequate light
4. Chaperone (3<sup>rd</sup> party)

# 1. Personal History (Patient Particulars)

Name

Age

Parity/LCB

LMP

Occupation

Ethnic background

Address

## **2. Chief Complaint**

**In patient words..**

What is the reason of patient referral or admission ?

Why the patient came to hospital/clinic ?

### **3. Present History (History of present complaint )**

Details of main complain (problem)

**Onset** ? sudden/gradual

**Duration** of the complaint ?

**Course** ? worsening/improving/same

**Conditions** ? aggravating/ releasing factors

**Associated symptoms** ?

Pain/nausea/vomiting/bleeding/discharge/bladder dysfunction/loss of weight/loss of appetite

**Each positive associated finding should be described in details...**

**Pain: Onset – Site – Type**

(stabbing/pricking/colicky/throbbing.. Etc) – **Course**  
(progressive/regressive/ plateauing) – **Aggravating/  
Releasing** conditions – needs **analgesics**

**Nausea: Duration – Timing** (morning/evening –  
before/after meals)

**Vomiting: Frequency – Timing – contents**

**Bleeding:** (severity same as menstrual blood flow  
assessment)

**PV discharge: Amount – Colour – Smell – Bloodstained**

**Bladder dysfunction: frequency/urgency/stress  
incontinence... etc**

**Loss of weight:** (loose clothes) – **?Kg/?** Period of **time**

**Loss of appetite: Duration**

## 4. Menstrual History

Menarche.. Age?... Regular menses?

LMP... ? Menopause... ?

Menstrual History...

Duration of period?... Frequency (length) of cycles?

(eg. 3-5/28-30 days)

Menstrual blood flow... Pictorial Blood Assessment Chart (PBAC)

pads? ... fully/half/quarter soaked?... clots?... size of clots... (coin size 5,10,20,50¢/palm size)?

Dysmenorrhea?...

Which most painful menstrual day? Needs pain killer? Hospitalization?

Inter-menstrual bleeding?

Post coital bleeding?

Post menopausal bleeding?



## 5. Past Gyn History

1. **Contraception** use if YES... Type? Duration?
2. **Pap smear** if YES... Last result? Date?
3. Previous gyn. problem (fibroid, ov. cyst, endometriosis, PID, dyspareunia (superficial/deep), chronic pelvic pain... etc
4. Miscarriages/Ectopic/Molar... ?  
? Weeks/Hospitalization?/confirmed with HPE/UPT/USS
5. Previous gyn procedure:
  - Surgical
  - Laparoscopy
  - Hysteroscopy
  - Colposcopy
  - IUI
  - IVF

## 6. Past Obstetric History

**Nulliparous**:... Years?... Regular Sexual intercourse? (subfertility cases)

**Para** ....? + ....?

Previous SVDs/Instrumental/Caesarean Section/Complications...etc

## **7. Past medical history**

Irrelevant / Known medical disease ....?

## **8. Past surgical history**

Irrelevant / previous surgical procedure ....?

## 9. Drugs

Which **current** medications patient is using if any known medical illness

## 10. Allergy

Drug allergy

? Drug

Food allergy

? Type of food

## **11. Family History**

1. Mother (medical problem.... Treatment)
2. Father (medical problem.... Treatment)
3. Patient is Child No? Out of how many siblings? (2<sup>nd</sup> child out of 4 siblings)
4. Any running medical/similar current gyn. problem in family:
5. Any medical problem running in family (HPT – DM – Thalassaemia – Psychiatric problem)
- 6- Malignancy (cervix, uterus, ovary, breast, colon...etc)

## 12. Social History

Married at how old ?/ How many years ago ?

Living with... (partner, parents, in laws, children)

Sexually active.... ?regular sexual intercourse (subfertility cases)

Partner occupation

Income.... stable?

House character (landed house, apartment (lift/stairs), basic house facilities (water, electricity))

Distance from nearest health care provider (? Minute.. Driving, walking, bus)

Smoking (Patient, Partner (indoor/outdoor) [passive smoker])

Alcohol consumption (Patient, Partner)

Substance abuse (Patient, Partner)

Summery of the history .... eg

Mdm X,

30 years old,

Para 2+1

LMP

LCB

with history of (any positive findings of past  
history),

presented with ..... (Chief complaint)

# Gynaecological Examination



## Prerequisites:

Introduce yourself

Mention the aim of your presence/examination

Ask for patient consent

Ask for chaperone

Ask for privacy

Ask for good light

Describe patient:

Position

No. of pillows used .... ?

Comfortable / in distress

### General examination

Eye:

Conjunctival pallor

Yellowish discoloration of sclera

Mouth:

Central cyanosis

Hydration

Oral hygiene

## Neck:

**Inspection:** Thyroid enlargement (diffuse, nodular, solitary)

**Palpation:** Enlarged LN (cervical, **supra-clavicular**, sub mandibular...etc)

## Upper Limbs:

Pulse (?bpm, rhythm, volume), Bp,

Temp ?

Palmar pallor, capillary refilling time, peripheral cyanosis, clubbing of fingers, palmar erythema...etc

Lower limbs:

Oedema [ankle/foreleg] (bony prominence “medial malleolus – shin of tibia”)

Varicose veins (above/below knee)

Signs of DVT (calf tenderness, swelling, redness, hotness, hardness)

**Reflexes if patient has a neurological deficit**

Cardio-vascular:

Auscultation:

S1, S2

Added sounds (murmurs, gallop....etc)

Pulmonary:

Inspection: Respiratory rate .... ?breaths/min

Auscultation:

Bilateral vesicular breath sound .. ?

Bilateral equal air entry ..?

Added sounds (crepitations, rhonchi..etc) ..?

Breast (special consent)

Inspection:

Bilateral symmetry

Nipple (central, same level, everted/inverted, accessory nipple)

Nipple discharge (colour)

Skin (smooth, ulcer, discoloration, peau d'orange..etc)

Palpation

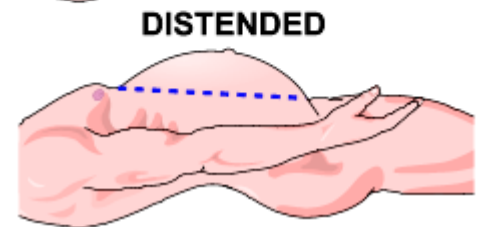
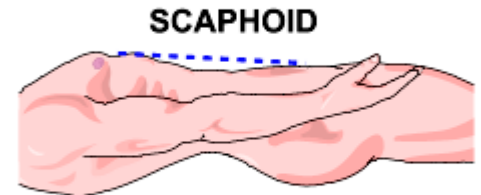
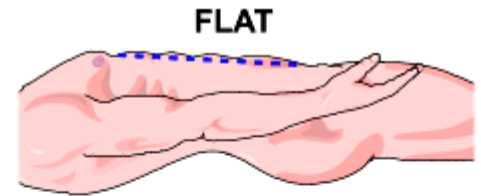
Mass / lump / tenderness

# Abdominal examination

Expose the patient from  
xiphisternum to symphysis pubis

## Inspection:

- Distended:
  - symmetrical/asymmetrical
  - Umbilicus (inverted, flat, everted, Cullen's sign)
  - Hernial orifices (intact/not intact)
  - Any abdominal surgical scar:
    - (If Yes.. Measure)
  - Bilateral dilated veins (ascites)
  - Flanks (full/normal)



# Palpation:

**Ask patient if she has any abdominal tenderness before perform**

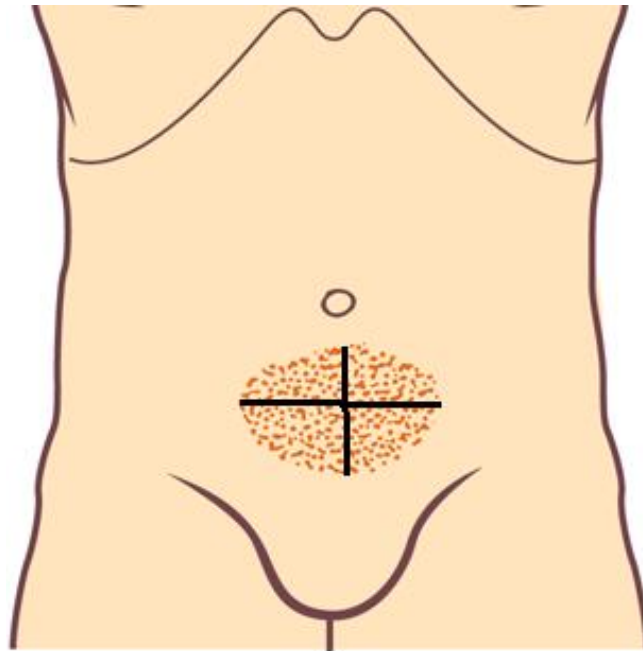
## Superficial palpation:

Gentle superficial palpation over the 9 areas of abdomen

Keep eye contact



Measure any detected abdominal mass in cm in 2 dimensions between the 2 distal points during superficial palpation





## Deep Palpation:

4 quadrants to describe/9 areas:

1. Abdominal mass:

Pain (tender/non tender),

**Surface** (smooth/nodular), **Size** (weeks of gestation), **Site**, **Shape** (4S)

Margins (regular/irregular),

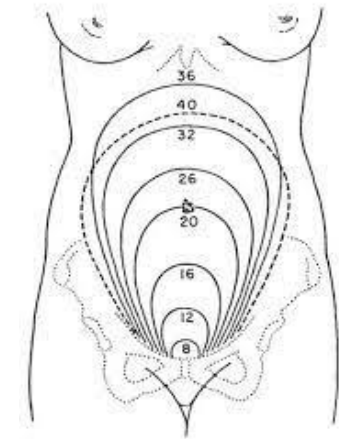
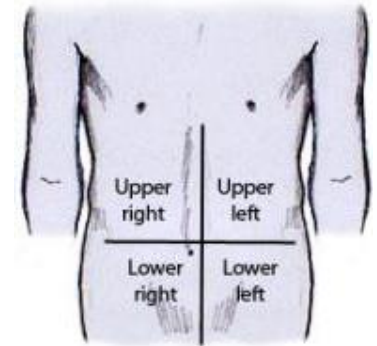
Consistency (solid, firm, hard, Cystic, doughy)

Mobility (mobile “side-to-side/up & down”, limited mobility, fixed)

Try to push hand below the lower margin of the mass (uterine/ovarian in origin)

2. Organomegaly (liver/spleen)

3. Kidneys Ballottement



## Percussion:

Dullness/resonance (whole abdomen/mass)

Shifting dullness (ascites/bleeding)

Fluid thrill (massive ascites)

## Auscultation:

Bowel sounds

Bruit over a mass

Patient examination should be completed by:

## Pelvic Examination

1. Inspection of:

➤ Hair distribution (female  /male  pattern)

➤ Vulva:

a) Anatomical structure

b) Any abnormality

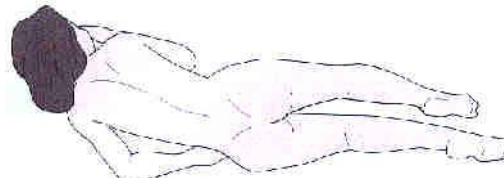
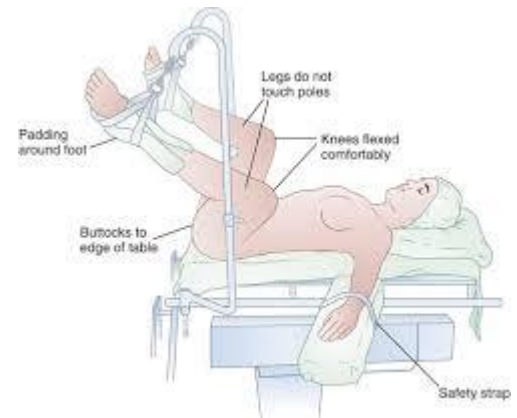
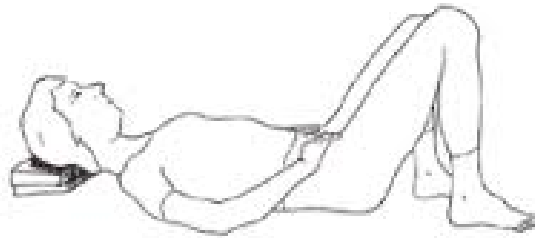
- Swelling (inflammatory)
- Cyst (Bartholin gland)
- Ulcer (HSV2, syphilis, chancroid.. etc)
  - Mass (Malignant)
  - Warts
  - Discharge
  - Bleeding

➤ Perineum (scar)

# Speculum Examination:

Cusco's bivalve self retaining vaginal speculum  
(dorsal/lithotomy)

Sims speculum (Sims position)



**Sims' (left-lateral) Position**

Describe:

1. Cervix:

Position (anterior, mid, posterior)

Shape (tubular/flushed  
*after cone biopsy*)

Ectropion

Size (normal/swollen)

Colour (pink, red, bluish)

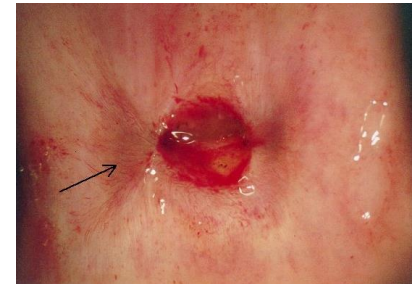
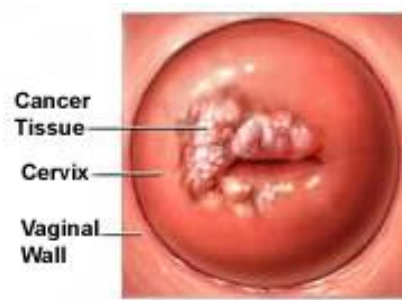
Discharge (colour, consistency, blood stained ... etc)

Os (open, close, pin-hole, slit shape)

Retention cysts (Nabothian follicles)

Lesion (growth, polyp, fibroid)

Scarring (post LLETZ)



2. Vaginal walls/fornices

Visualize any lesion while withdrawing the speculum after unscrewing

## **TAKE APPROPRIATE TEST**

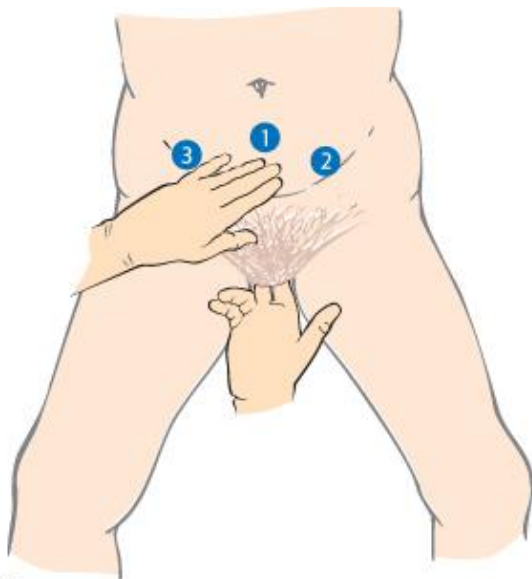
- High vaginal swab (HVS)
- Endo cervical swab (ECS)
  - Pap smear
  - Biopsy

# Bimanual Digital Pelvic Examination:

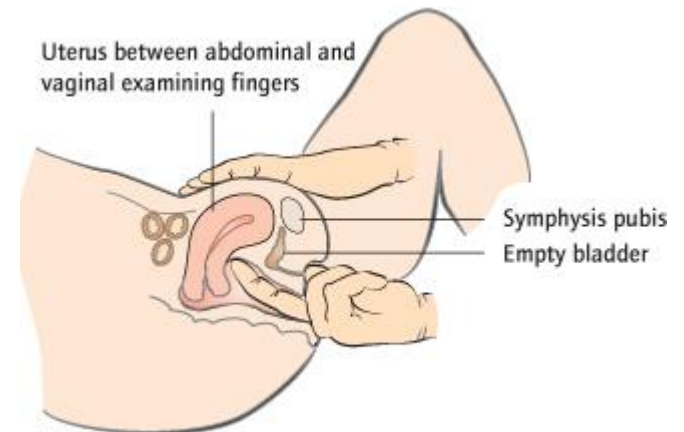
Ask patient to pass urine first

Wear a gloves, apply lubricant on examining fingers, insert **Index & Middle** fingers of dominant hand into the vagina

Apply the other hand on the patient lower abdomen



(a)



(b)

## Assess The Cervix

Using the vaginal fingers:

Locate the cervix (Position)

Determine the os (opened... (?cm) /closed)

Determine the length of the cervix

Determine the consistency of the cervix (normally firm/hard (fibroid)/soft (pregnancy))

Determine any mass at the os (polyp/fibroid)

Examine for cervical excitation (tender movement side-to-side)



# Assess The Uterus

## Position:

AVF/RVF

## Size:

Normal sized

Atrophic (menopause)

Enlarged = ? Weeks of gestation

## Shape:

Globular(Normal)

Irregular (Fibroids)

## Surface:

smooth/nodular/lumps

Consistency:

Firm (Normal)

Hard (fibroids)

Soft (pregnancy)

Doughy (molar)

Pain:

Tender/Non-tender

Mobility:

Mobile (normal side to side)

Limited mobility (endometriosis/adhesions)

Fixed (malignancy)

To confirm you are examining the uterus/uterine mass:

Push the mass upwards using abdominal hand → cervix will move away from vaginal examining fingers

## Assess The Adnexae

Move your vaginal examining fingers to right fornix and your abdominal examining hand to RIF to examine the right adnexa

Assess any adnexal mass and describe:

Size – shape – consistency – tenderness - mobility ... etc

Cleft sign:

Differentiate between uterine mass and adnexal mass

## Assess The Pouch of Douglas POD

Move your vaginal examining fingers to the posterior fornix to assess the POD:

Concave (normal)

Mass (cyst – fibroid)

Bulging towards examining fingers (pelvic collection)

Gently withdraw your fingers from vagina and watch out for any:

Blood or

Discharge (describe colour/odour)

Take off your glove and place in the proper bin



**Thank your patient**

Thank You