

## Approach to the Pelvic Examination:

### Preparation:

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- Introduce self to patient
- Explain purpose of examination
- Make sure patient has emptied her bladder
- Check all materials and equipment, including non-sterile gloves, lubricant, speculum, mirror and equipment for taking Pap and other diagnostic tests.
- Wash hands in the presence of the patient.
- Cover the patient's thighs and knees with drape.
- Before gloving adjust the light to illuminate the perineum. Wear gloves throughout the examination and whenever handling equipment. (Be aware that readjusting light during the exam can contaminate both the gloves and the light.)
- Explain in advance each step of the examination and tell the patient what she might feel. Avoid any unexpected or sudden movements. Always warn the patient when you will begin and make initial contact on a neutral area such as the inner thigh before beginning palpation or using speculum.

### External Examination

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- Tell patient that you are going to perform an external examination and explain what you are about to do; i.e. "now you're going to feel me touch..."
- Inspect and palpate the mons pubis, labia majora and perineum.
- Separate the labia and inspect, looking for any ulceration, swelling, nodule, discharge or lesions:
  - Labia minora
  - Clitoris
  - Urethral meatus
  - Vaginal opening or introitus
- Check the Bartholin's gland by inserting index finger into vagina near the posterior end of introitus. Palpate tissue between thumb and forefinger on one side. Note any tenderness, swelling, discharge. Repeat same procedure on the other side.
- Inspect the anus.

## **Speculum Examination**

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- Alert patient that speculum examination is about to begin.
- Insert speculum:
  - Hold speculum at 45-degree angle.
  - Open labia with opposite hand and introduce speculum into vagina directing it away from the urethral meatus, pointing the tip of the speculum into the posterior fornix as if aiming for the coccyx.
  - Insert blades gently and slowly into the vagina along the posterior wall (pointing downward), depressing the perineal body and rotating at full insertion so that handle is vertical.
  - Open speculum slowly, exposing cervix.
  - Tighten screw to hold in open position.

## **Pap Smear/Other Screens**

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- Obtain cervical specimen by inserting long narrow end of spatula into cervical os and rotate 360 degrees for Pap smear.
- Obtain endocervical specimen by inserting cytobrush and rotating as indicated.
- Handle specimen according to correct procedure.
- Hold blades open and release screw. Continue to hold blades open while withdrawing speculum until blades are free of the cervix. Allow blades to close partially.
- Allow speculum to close completely as it is withdrawn; be sure to angle speculum towards posterior fornix as it is withdrawn, in order to prevent hurting the patient by grazing the urethra.

## **Bimanual Pelvic Examination**

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- Apply lubricant to index and middle finger of gloved hand.
- Alert patient that you are about to begin the bimanual exam.
- Introduce distal segments of index and middle fingers into vagina (Use pubococcygeal relaxation technique and press down on perineal body.)
- Palpate cervix and cervical os.
- Assess for cervical motion tenderness by gently moving cervix back and forth.
- Palpate uterine body between vaginal and abdominal hands, noting uterine size and position.
- Move vaginal fingers into one lateral fornix. Place abdominal hand on the lower lateral quadrant of the abdomen on the same side and attempt to palpate the ovary, check for

pelvic masses. Move vaginal fingers into the other lateral fornix and abdominal hand to same side and repeat exam.

### **Bimanual Rectovaginal Examination**

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- Remove fingers from vagina.
- Reglove and apply lubricant to index and middle fingers.
- Alert patient that the rectovaginal exam will begin.
- Ask patient to bear down as finger is inserted into rectum (anal sphincter relaxation technique).
- Insert middle finger into rectum and index finger into vagina.
- Repeat the palpation and characterization of the cervix, uterus, and ovaries from this posterior position.
- Palpate rectovaginal septum between fingers using a scissor-like movement.
- Remove fingers smoothly.
- Offer patient tissues with which to wipe the area.
- Help patient assume sitting position.
- Tell patient that her pelvic exam was normal.
- Again ask if she has questions.