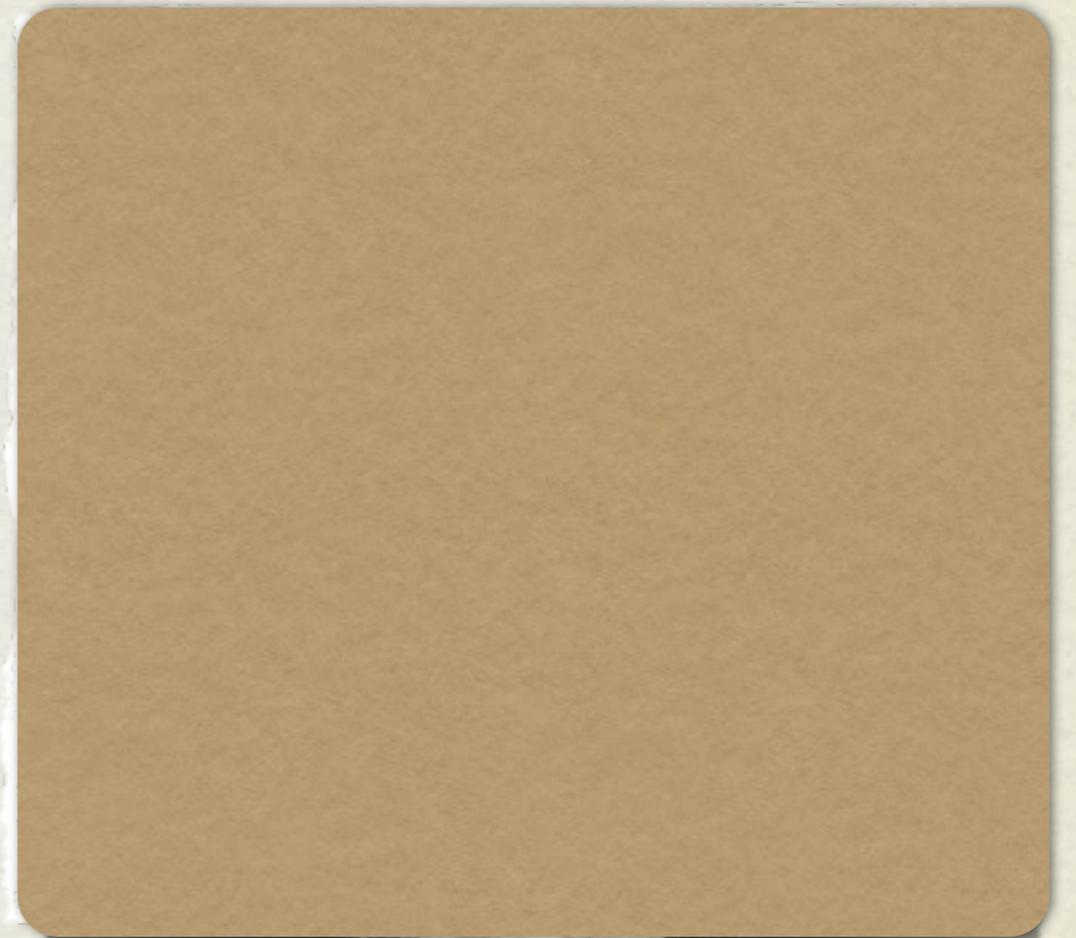


IMPROVING PELVIC EXAMS:
REDUCING IATROGENIC EFFECTS,
DECREASING DISTRESS, AND ENHANCING
THE DOCTOR-PATIENT RELATIONSHIP

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OBJECTIVES

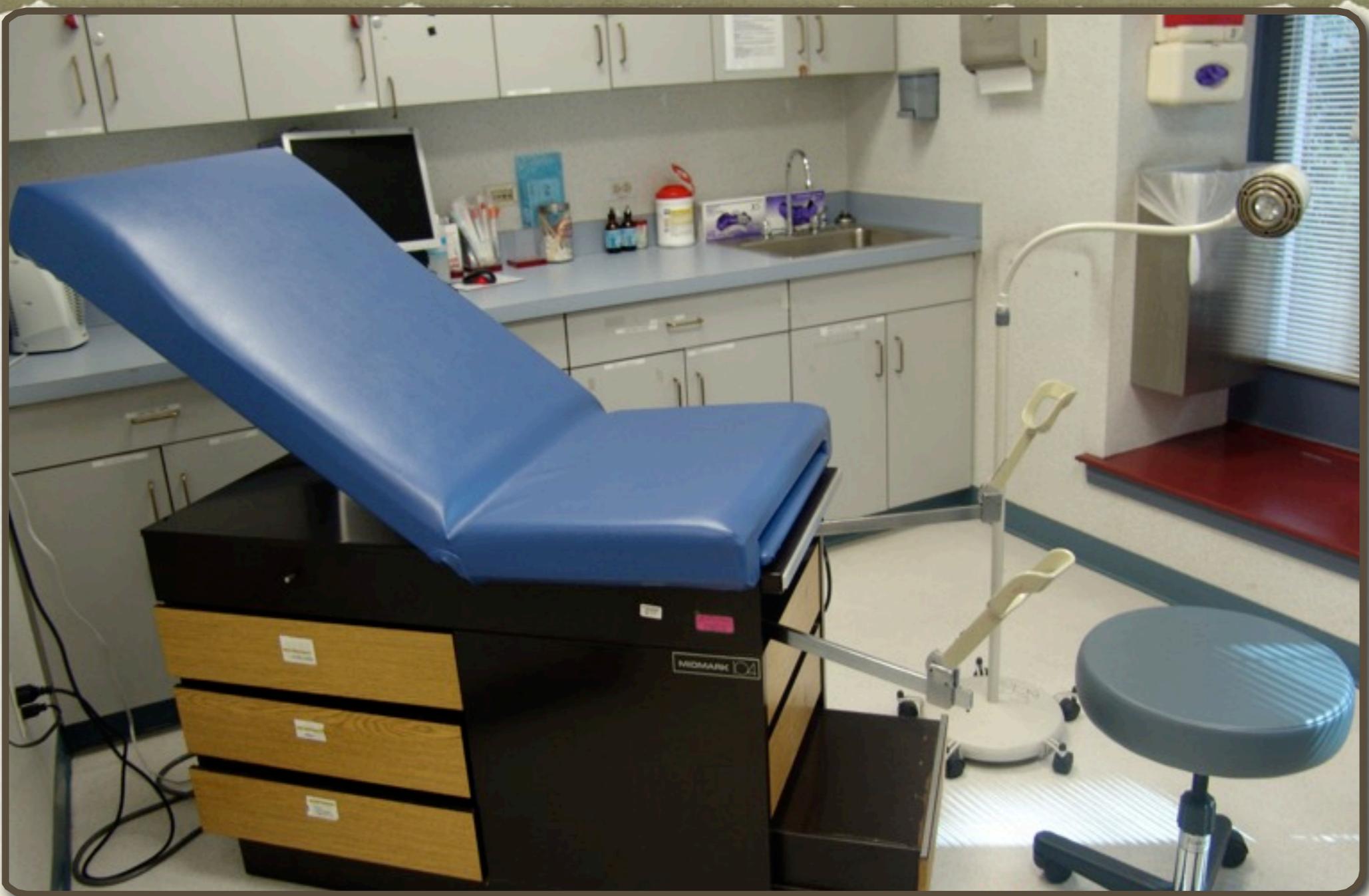
- Learn potential *adverse* outcomes
- Discuss *techniques* to improve exams
- Develop a strategy for implementing techniques into *practice* and *training*



CASE EXAMPLE:

Katiana





OTHER EXPERIENCES

Discussion

IATROGENIC EFFECTS

- Pain / (“discomfort”)
- Embarrassment
- Powerlessness
- Strained doctor-patient relationship
- (re)traumatization

- vaginismus
- dyspareunia/ apareunia
- avoidance of future medical exams

PHYSICIAN-RELATED FACTORS

- Discomfort with discussing sexuality
- Limited time to establish a rapport
- Cultural factors
- Religious factors
- Myths/Attitudes
- Time pressures (i.e. too much on the clinical agenda)



DISCUSSION

What techniques have you used?

TECHNIQUES: Setting up the room

- Temperature of the room
- Raise head of table/semi-seated position
- Select right size speculum
- Covers on stirrups
- Humorous picture on ceiling
- Have handheld mirror



TECHNIQUES: Identify Patient at Risk

- History of sexual abuse/
assault
- History of painful
speculum exams
- Difficulty with tampon use
- Painful intercourse
- Sexually inexperienced
- First speculum exam
- Inaccurate beliefs about
body/anatomy

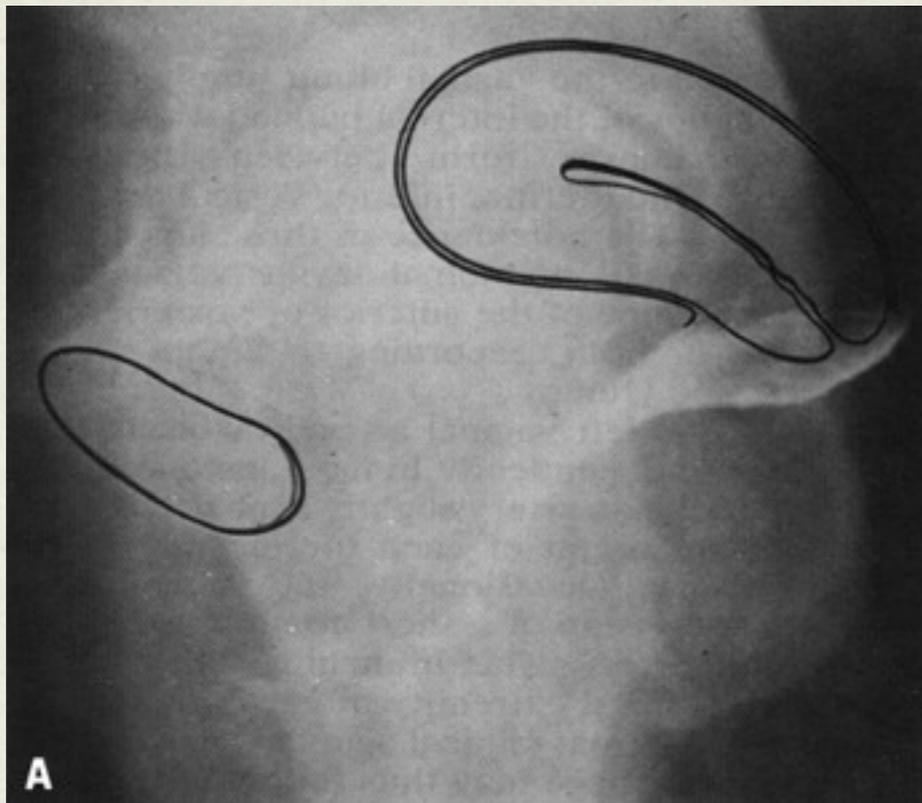
TECHNIQUES: Setting up the patient

- Ask about risk factors
- Explain the exam
- Correct myths (virginity, pain, anatomy, unsanitary)
- Stopping the exam
- Undressing
- Drape, as optional?
- Set stirrups properly, avoid painful hip abduction
- Forgo stirrups?
- “Dip-tent” the sheet
- Offer a mirror?

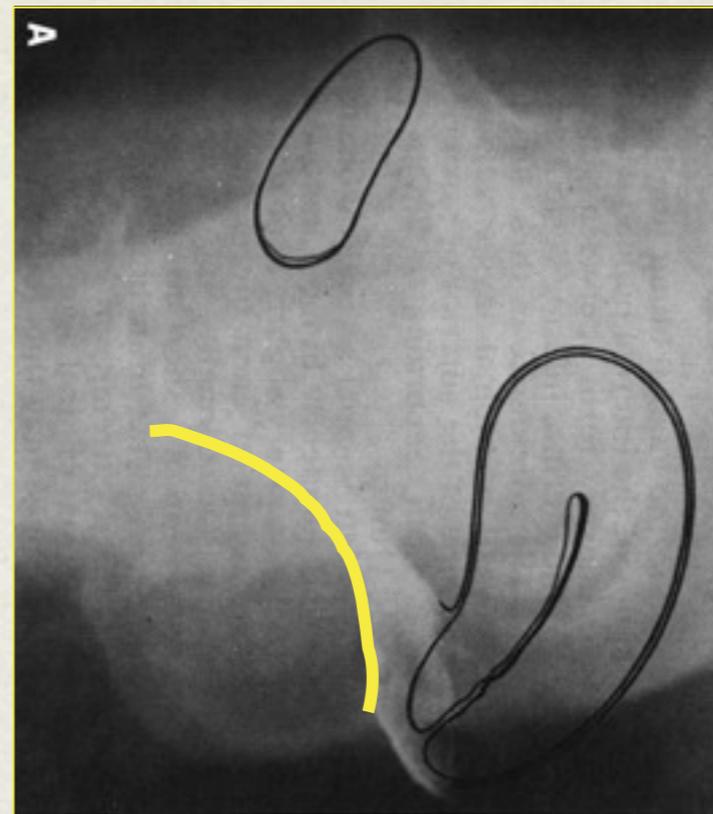


TECHNIQUES:

Review: anatomy of the pelvis...



standing



lithotomy

TECHNIQUES:

Review: anatomy of a speculum...



- Sizes
- Plastic vs. Metal
- Different shapes
- Notice how the speculum opens...
- Note the two ways to separate blades

TECHNIQUES: Performing the Exam



- Allow patient to decide if speculum is the right temperature.
- Lubricate the speculum.
- Ask permission to touch the knee... **WAIT FOR A RESPONSE!**
- Move hand along inner thigh to perineum.
- Open labia from posterior aspect with enough pressure to fully expose introitus.
- Insert finger(s) and gauge patient response/discomfort.

TECHNIQUES: Performing the Exam

- Ask permission to insert speculum... **WAIT FOR A RESPONSE!** (Offer self-insertion of speculum.)
- Advance the speculum aiming toward posterior aspect of vaginal vault. Consider taking **30-45 seconds** for this step!
- Ask for permission before opening the blades.



- Open blades with **posterior** pressure.
- Once cervix is in view, secure speculum in place.

TECHNIQUES: Performing the Exam

- Open speculum before withdrawing
- Gradually withdraw speculum allowing the blades to close slowly. Avoid pinching!
- Help patient out of lithotomy position
- Offer wipes to clean up



TECHNIQUES: Distressed Patients

- Valsalva maneuver
- Legs “fall out the the side”
- Diaphragmatic breathing
- Progressive Muscle Relaxation
- Guided Imagery
- Color Breathwork
- Deep Rhythmic Breathing
- Breath Counting
- Distraction
- Centering



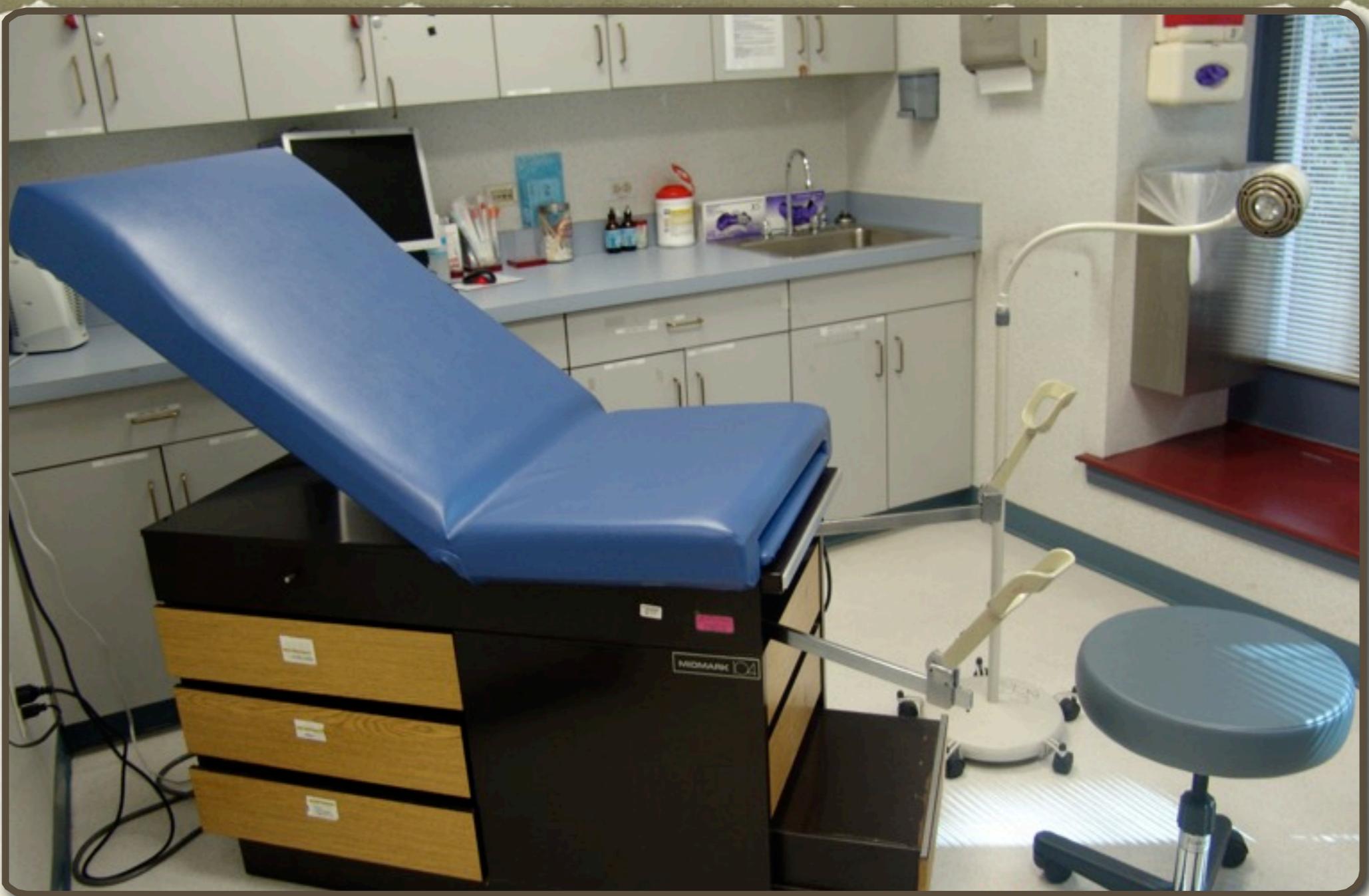
TECHNIQUES: PLEASE, DO NOT EVER

**Push thighs
apart, however
subtle**

**Say
“Just RELAX!”**

**Force insertion
against
contracted
perineum**

**Continue with
exam when a
patient says
“stop”**



CHALLENGES

What makes using these techniques difficult?

STRATEGIES TO TRY

- Teach from Pocket Card
- Learner Evaluation Checklist, Key Competencies!
- Set Timeline for Evaluation

TIPS FOR DISTRESSED PATIENTS

- Allow legs to "fall to the side"
- Encourage **Valsalva** maneuver ("bearing down")
- Diaphragmatic breathing
- Progressive Muscle Relaxation
- Guided Imagery
- Color **Breathwork**
- Deep Rhythmic Breathing
- Breath Counting
- Distraction (if effective for patient)
- Centering



AVOID

- Pushing thighs apart, however subtle
- Saying "Just relax"
- Continue advancing the speculum if patient says "stop"
- Forcing insertion against contracted perineum
- Pinching skin or pulling hair by advancing/withdrawing the speculum too quickly



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PAINLESS PELVIC EXAMS

A POCKET GUIDE FOR STUDENTS, RESIDENTS, & PHYSICIANS



SETTING UP THE PATIENT

- exam.
- physician/educator.
- patient she can stop the exam at any time.
- patient undress in a way comfortable for her.
- or (but do not require) a drape.
- feet are in a comfortable position.
- keep eye contact (elevated back of table & "top front" sheet).
- Ask patient to move pelvis to edge of table so pelvis is tilted.



USING THE SPECULUM

- Consider the temperature of the speculum.
- Ensure the speculum is working properly.
- Lubricate the speculum.
- Ask permission to touch the knee. **WAIT FOR RESPONSE!**
- Move hand along inner thigh to perineum.

- Open labia from posterior aspect with enough pressure to expose **introitus**
- Insert finger(s) and gauge patient response! discomfort.
- Ask permission to insert speculum. **WAIT FOR RESPONSE!**
- Advance the speculum aiming toward posterior of vaginal vault.
- Consider asking permission before opening speculum.
- Open blades with as much posterior pressure as possible.
- Once cervix is in view, secure speculum.
- When specimen collected, open speculum a little (posterior pressure).
- Gradually withdraw speculum allowing blades to close slowly.



HELPFUL RESOURCES

RAINN: Rape, Abuse, & Incest National Network
www.rainn.org 800-456-HOPE
 National Domestic Violence Hotline
www.thehotline.org 800-799-SAFE(7233)
 Psychologists who treat Sexual Disorders
<http://www.psych.org>

please see handout

Date: _____

RESIDENT EVALUATION

Resident: _____

Attending: _____

| | Unsatisfactory | Below Average | Average | Above Average | Excellent |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Patient Care | | | | | |
| Appropriately screens for risk factors (history of trauma, painful penetration) | <input type="checkbox"/> |
| Allows patient to consent to each stage of the exam | <input type="checkbox"/> |
| Uses appropriate techniques to calm distressed patients | <input type="checkbox"/> |
| Medical Knowledge | | | | | |
| Selects an appropriate speculum | <input type="checkbox"/> |
| Places speculum at the <u>introitus</u> carefully, without pinching skin or hair | <input type="checkbox"/> |
| Advances speculum slowly, toward posterior downward pressure | <input type="checkbox"/> |
| Opens speculum from around cervix before withdrawing it | <input type="checkbox"/> |
| Withdraws speculum slowly without pinching skin or hair | <input type="checkbox"/> |
| Interpersonal and Communication Skills | | | | | |
| Effectively explains the exam to the patient as appropriate | <input type="checkbox"/> |
| Educates the patient about anatomy/corrects myths as appropriate | <input type="checkbox"/> |
| Professionalism | | | | | |
| Demonstrates sensitivity to different patient beliefs, experiences, and needs | <input type="checkbox"/> |
| Systems Based Practice | | | | | |
| Collaborates or refers to mental health specialist when needed | <input type="checkbox"/> |

Notes:

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Bruce Gneshin, MD

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THANK YOU FOR YOUR PARTICIPATION!

Please complete evaluation before you leave.
Enjoy the rest of the conference!!!



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