Pelvic examination

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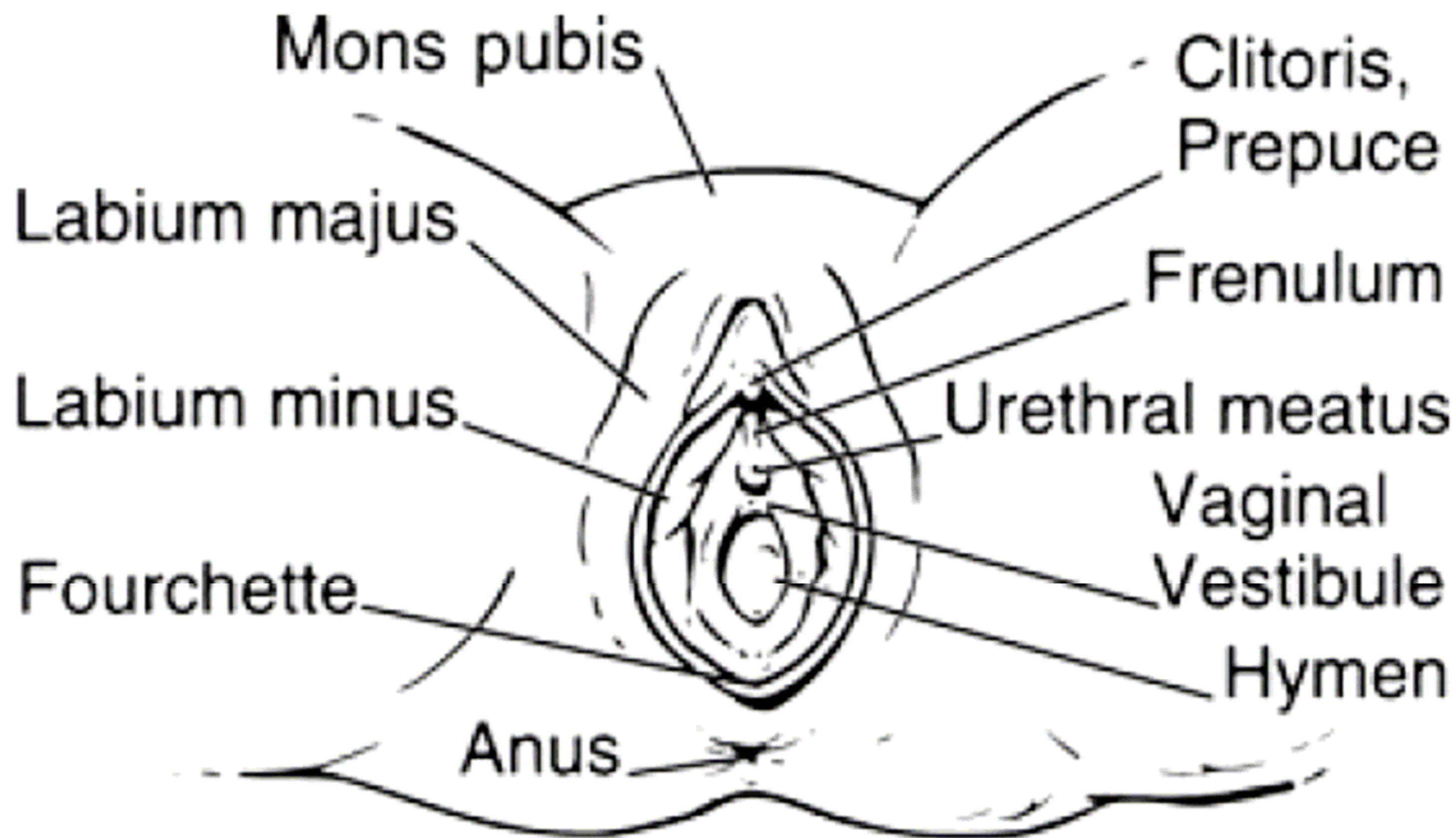
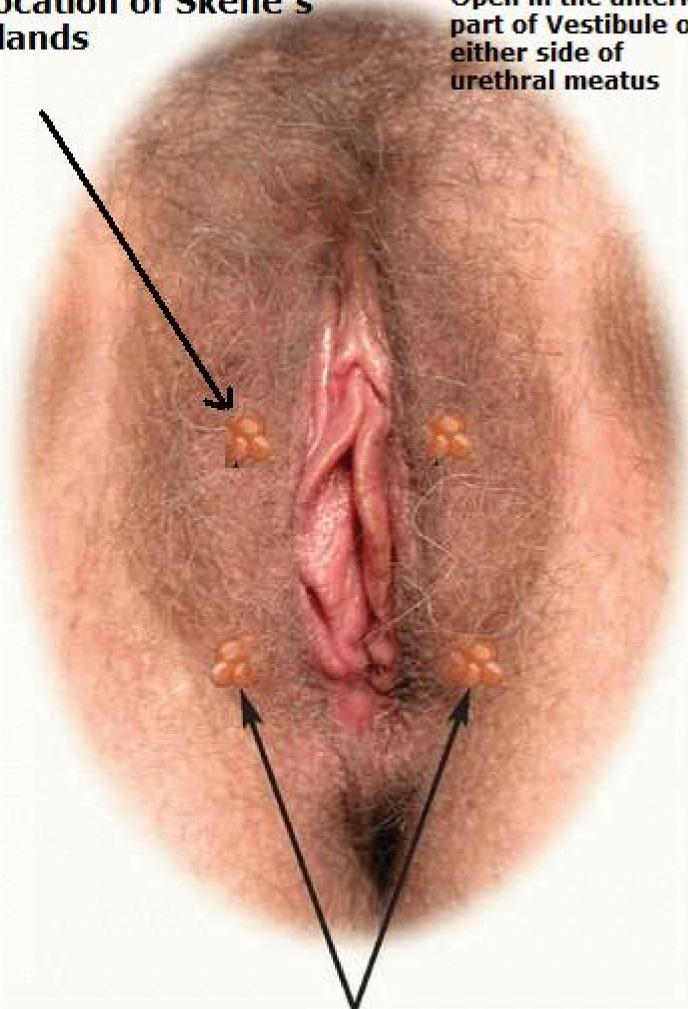
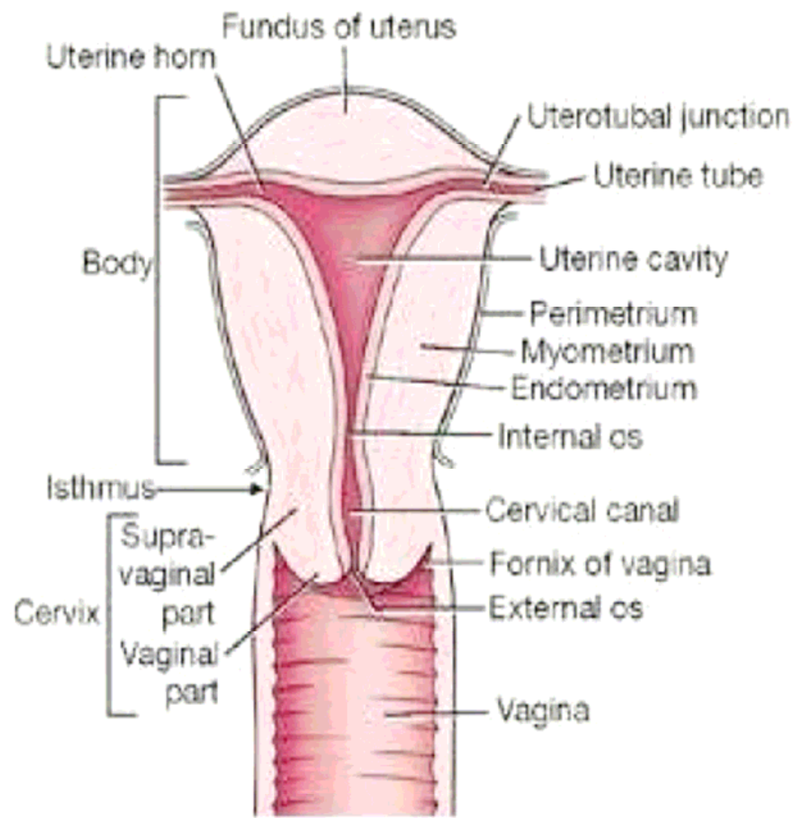
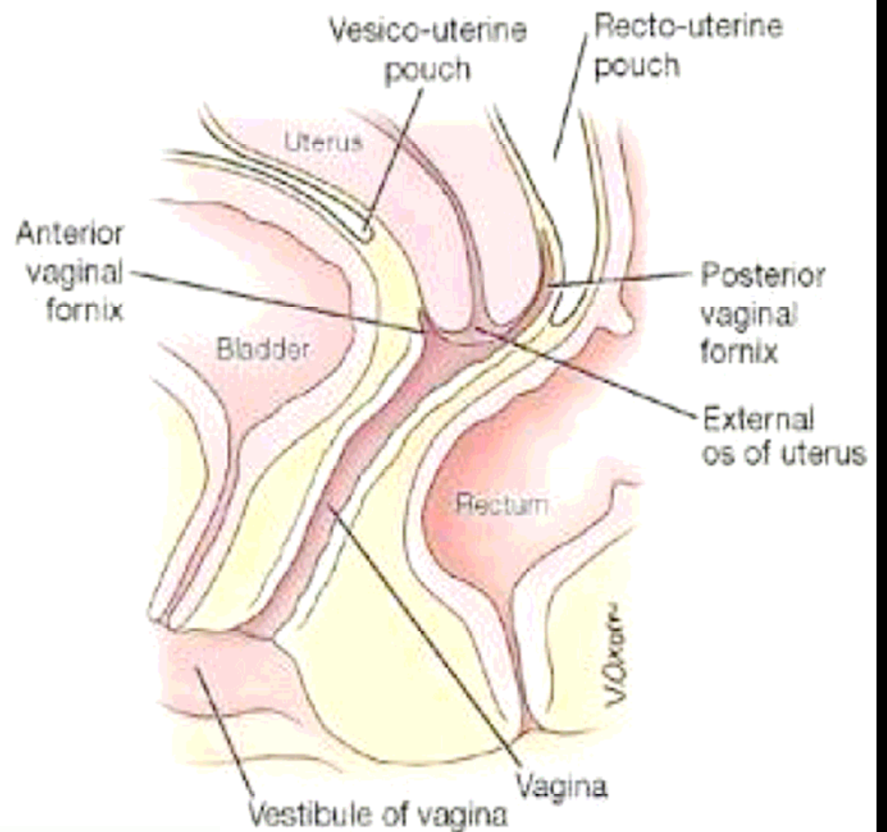
Anatomy in brief

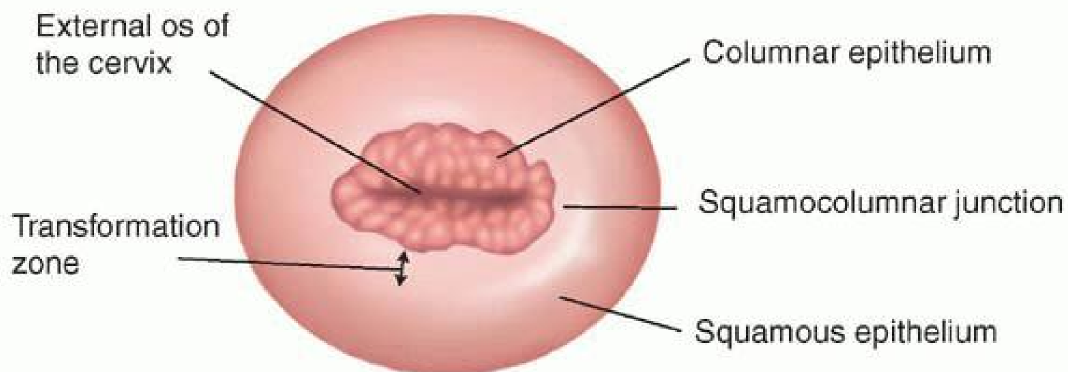



Location of Skene's Glands
Open in the anterior part of Vestibule on either side of urethral meatus
Location of Bartholin's glands
Open on either sides of vagina.

Feature	**Virgin**	**Nullipara**	**Multipara**
Hymen	*Intact (May be torn in congenitally in which tear occurs anteriorly and doesn't reach edges)*	*Torn (Occurs posterolaterally more commonly than posteriorly)*	*Torn*
External Os	*Round*	*Round*	*Transverse, Slit Like, Patulous*
Cervical Canal	*Spindle shaped, Fusiform*	*Spindle shaped, Fusiform*	*Conical(m.c.), Cylindrical*







CERVICAL EPITHELIA AND TRANSFORMATION ZONE

Pelvic examination

4 parts:

- *External examination: Inspection*
- *Internal examination: Speculum*
- *Bimanual examination*
- *Rectovaginal examination*

Parts to be examined

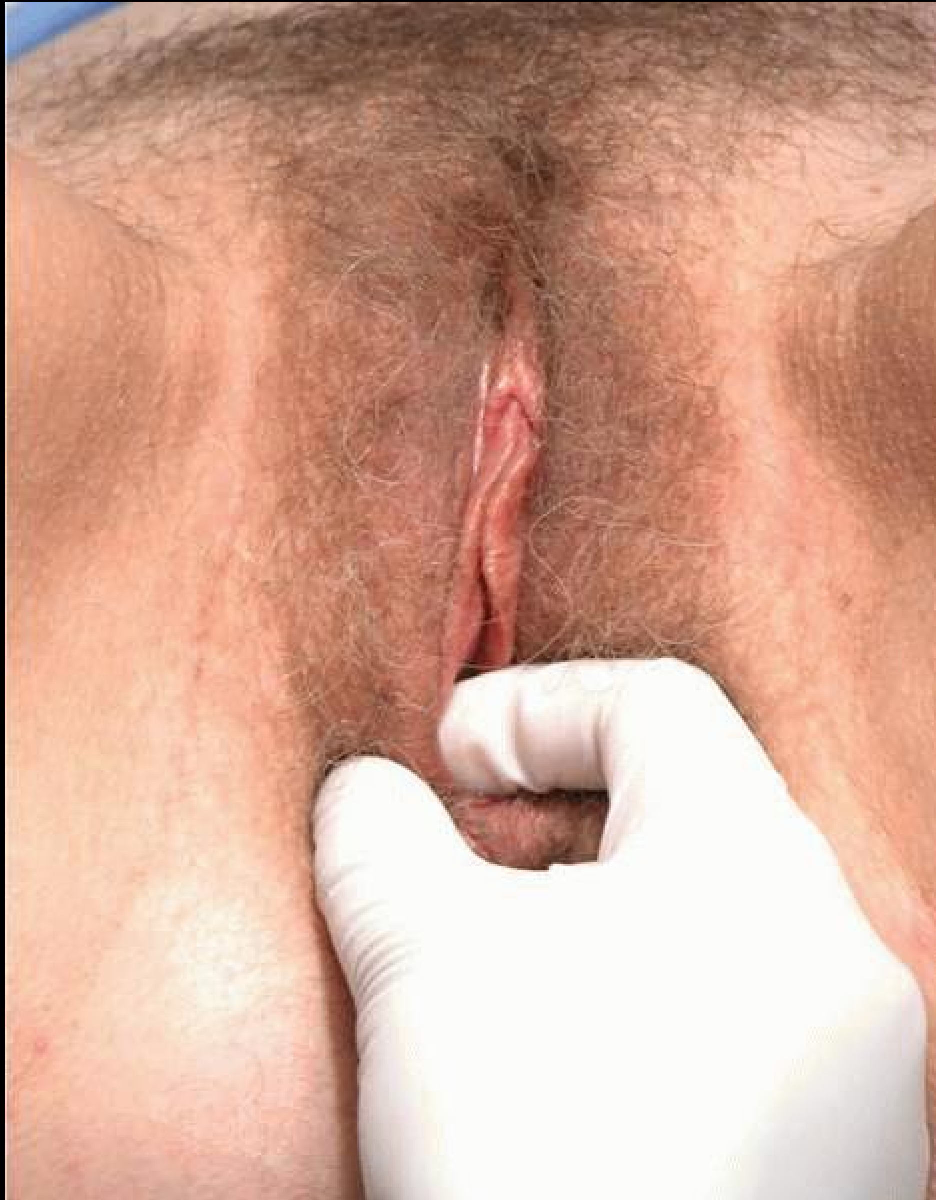
- **External Examination**
  - *Mons pubis*
  - *Labia majora and minora*
  - *Urethral meatus, clitoris*
  - *Vaginal introitus*
  - *Perineum*
- **Internal Examination**
  - *Vagina, vaginal walls*
  - *Cervix*
  - *Uterus, ovaries*
  - *Pelvic muscles*
  - *Rectovaginal wall*

Issues to address

- *Sensitive examination*
- *Communication*
- *Avoid stirrups*
- *Eye contact*

Examination

- *In presence of chaperone*
- *Dorsal lithotomy position (supine, knees flexed, wide apart, buttocks at edge of table)*
- *Inspection of Vulva:*
  - *Abnormal growth*
  - *Discoloration / leucoplakia*
  - *Skin lesion, ulceration (Ca vulva)*
- *Palpation:*
  - *Any lump*
  - *Inguinal lymph nodes*

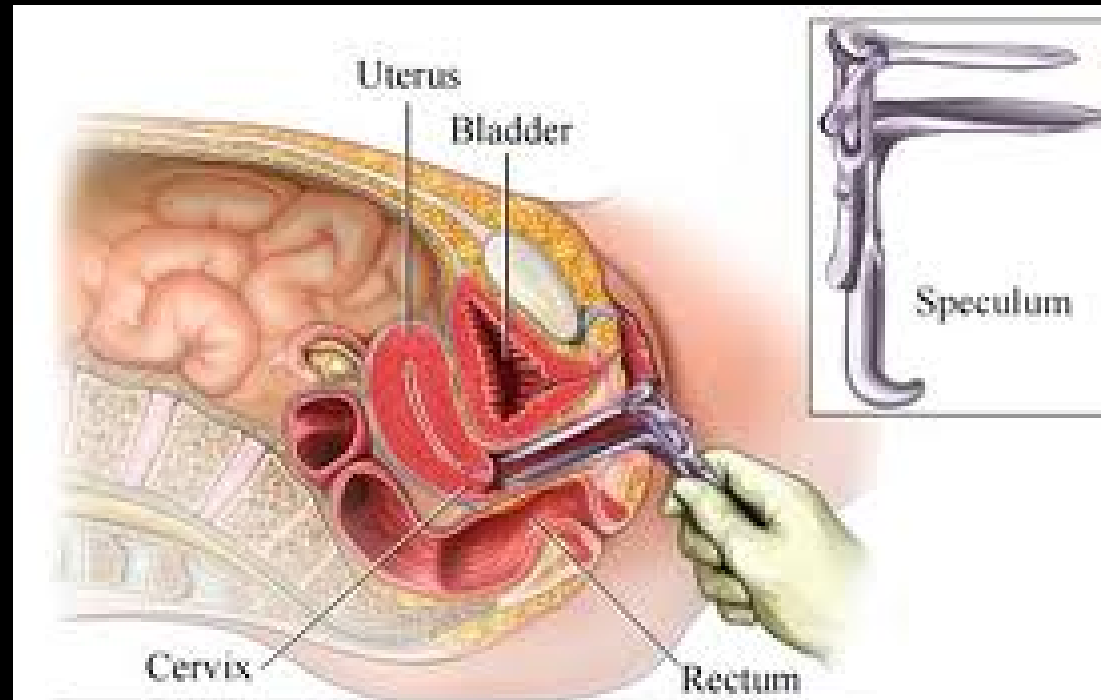


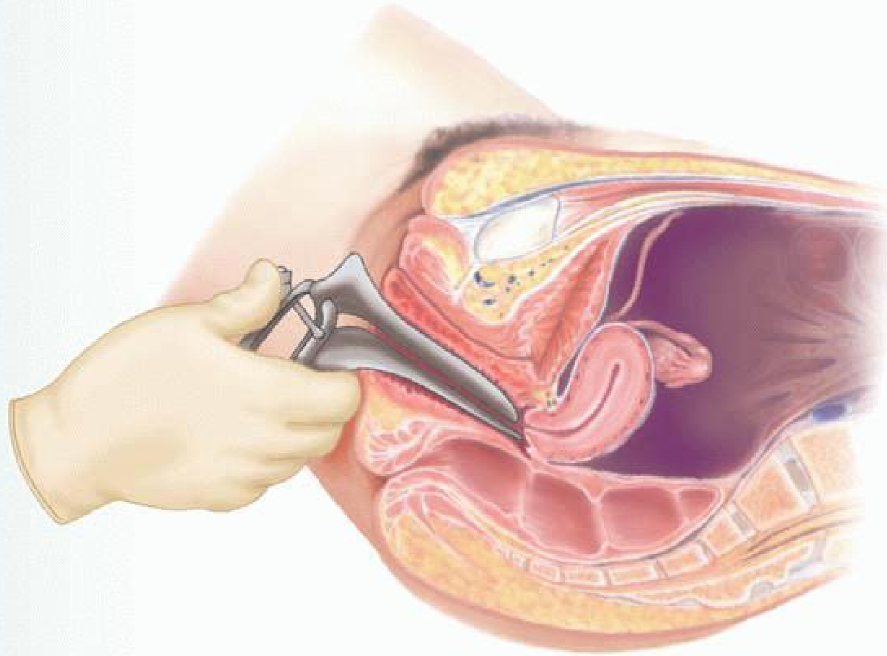
Method for palpation of suspected bartholin gland enlargement.

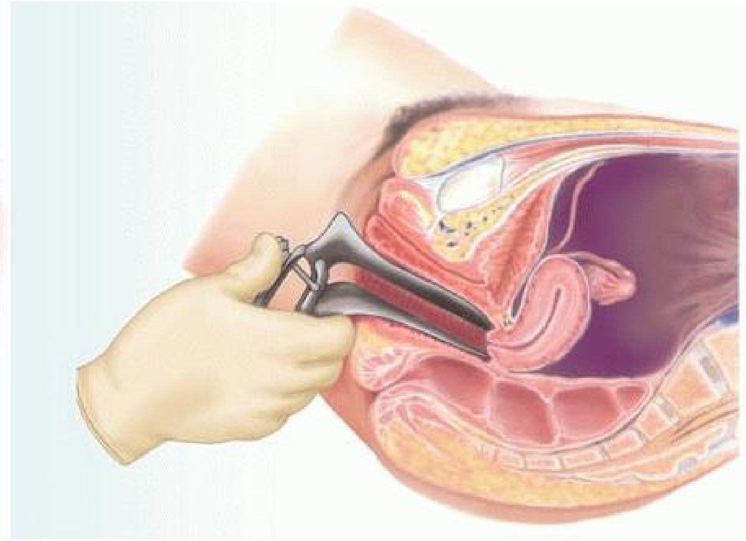
Internal examination

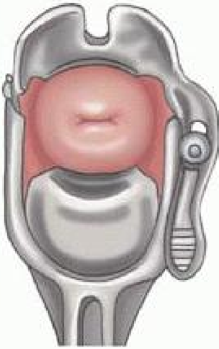
- Look for bulging of anterior or posterior vaginal wall/ leaking of urine upon straining

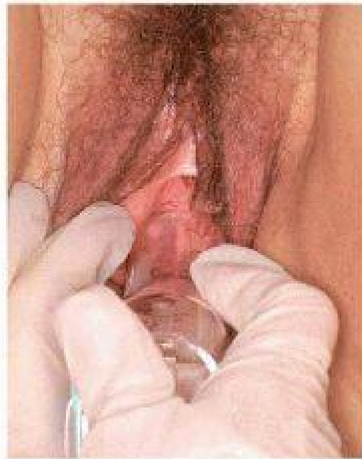
- Speculum examination:
  - Bivalved self-retaining Cusco's speculum
  - Inspection of Cervix & Fornices
  - Vagina upon withdrawing the speculum

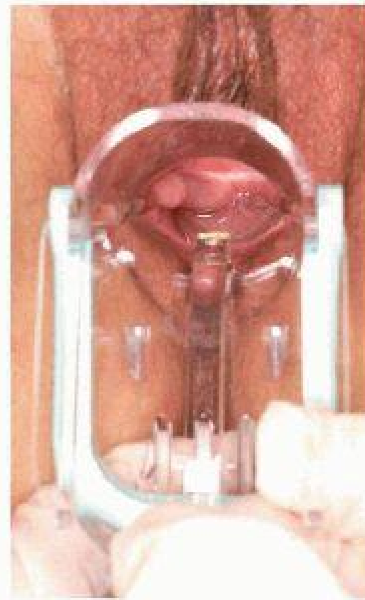












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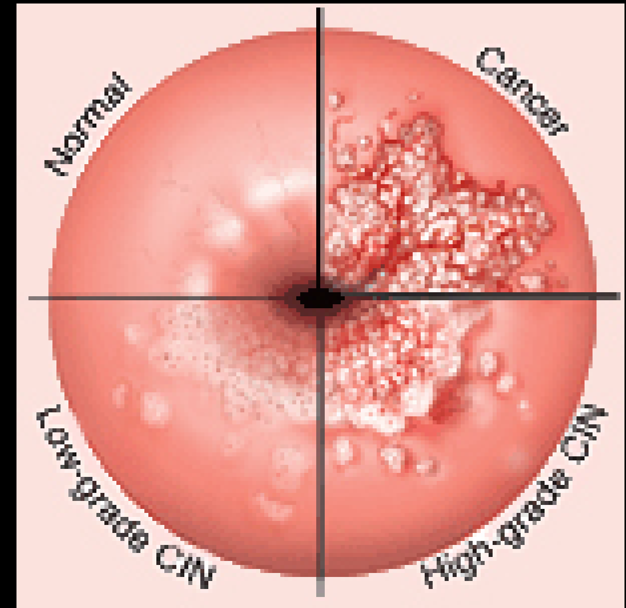
Speculum examination

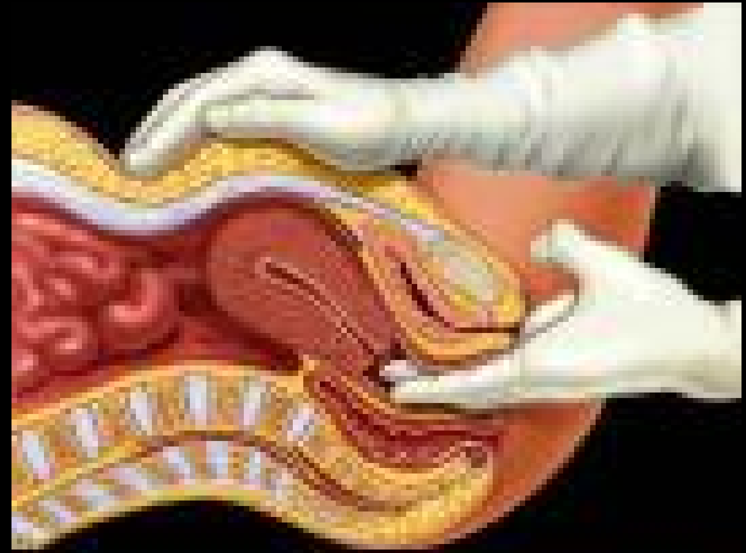
- *Normal*
- *Erosion*
- *Extension of Columnar epithelium into ectocervix = ectropion/ Ectopy/ Eversion*
- *Benign growths: genital warts, cervical polyps*
- *Suspicious lesions: friable exophytic cervical growth, ulceration*
- *(VIA visual inspection after acetic acid application, iodine, colposcopy – all for intraepithelial lesions)*



Vaginal examination

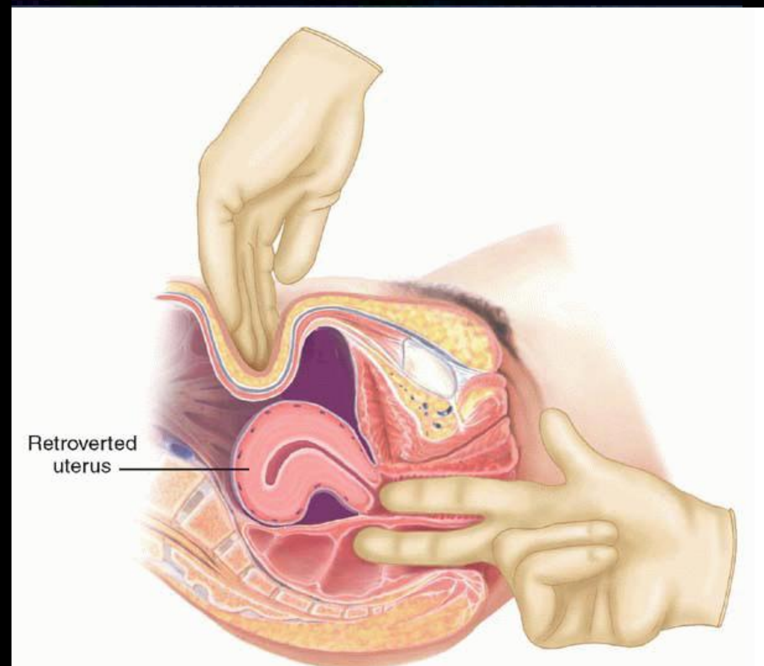
Bimanual vaginal examination:

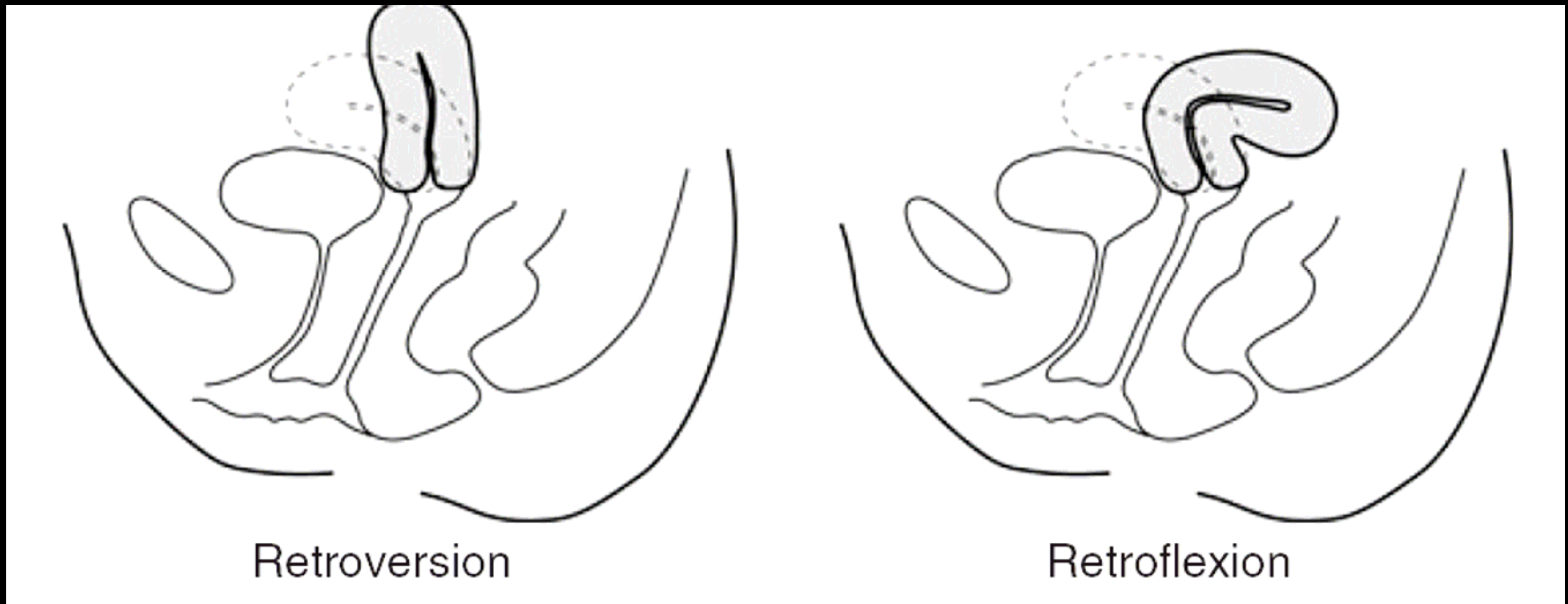
- *Cervix: regular/irregular, whether bleeds on touch*
- *Uterus: anteverted*
- *Uterine size*
- *Adnexal mass/tenderness(Vaginal fingers in lateral fornices and abdominal pressure 2-3cm medial to ASIS)*



Rectovaginal examination:

- *parametrial involvement*
- *Retroverted/ Retroflexed uterus*
- *Rectal examination: nodules in POD, rectal mucosa involved or free*





Normally the uterus is Anteverted(with respect to the vagina) and Anteflexed(with respect to the cervix)
If the axis of the uterus remains straight (both uetrus and cervix) and the whole organ is tilted, it is called retroversion.
If the axis of the uterus is bent backwards(with cervix in normal position), the condition is called retroflexion.
Lateral displacement is usually caused by Adnexal Masses/ Adhesions

- *No inguinal adenopathy. External genitalia without erythema, lesions, or masses. Vaginal mucosa pink. Cervix parous, pink, and without discharge. Uterus anterior, midline, smooth, and not enlarged. No adnexal tenderness. Pap smear obtained. Rectovaginal wall intact. Rectal vault without masses. Stool brown and no blood noted on fingers.*

Thank You