

# Speculum and Bimanual Examination

Common pathologies

# Speculum Exam

- Ask patients name and DOB
- Explain procedure, that it is an intimate procedure and may cause discomfort – offer chaperone, gain consent, wash hands
- Ask woman to lie supine with ankles together and knees apart
- Put on gloves and apron
- Lubricate speculum
- Uncover woman and inspect labia
- Insert speculum then rotate up
- Open speculum and comment on cervix/any discharge
- Take swabs if necessary
- Remove speculum by rotating it as it comes out – comment on vaginal walls
- Cover woman up again and offer then a tissue – MAINTAIN DIGNITY throughout
- Dispose of speculum etc in correct bin – orange clinical waste bin and wash hands

# Bimanual Exam

- Ask patients name and DOB
- Explain procedure, that it is an intimate procedure and may cause discomfort – offer chaperone, gain consent, wash hands
- Ask woman to lie supine with ankles together and knees apart
- Put on gloves and apron
- Lubricate index and middle fingers
- Uncover woman and inspect labia
- Insert fingers – first index finger followed by middle finger
- Press down on abdomen with the other hand and palpate uterus and both adnexae between fingers and hand
- Comment on cervical/adnexal tenderness, mobility of the uterus, any masses
- Remove fingers and check fingers for any bleeding/discharge
- Cover woman up again and offer her a tissue – MAINTAIN DIGNITY throughout
- Dispose of gloves etc in orange bin and wash hands

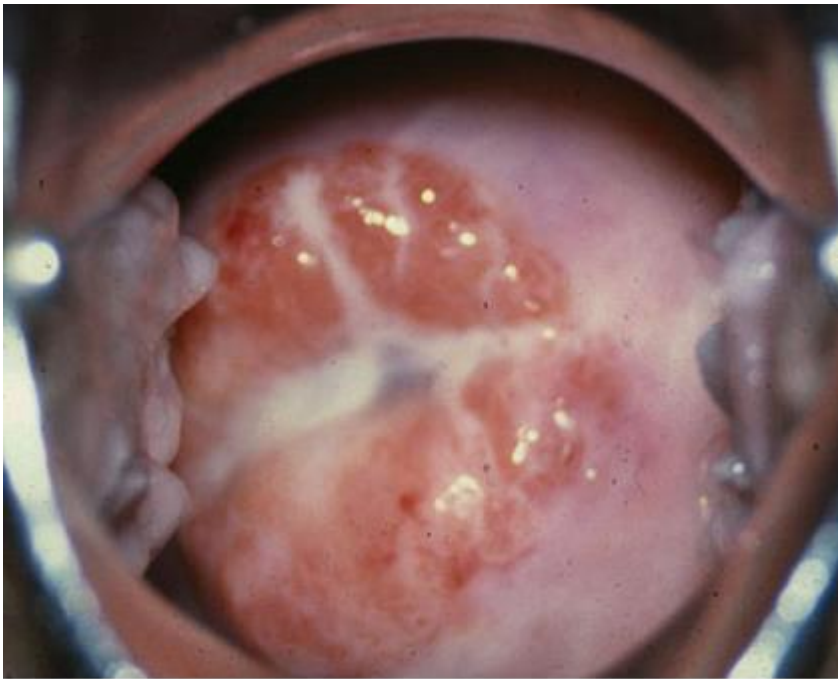
# Cervical Ectropian



## Typical History

- Taking COC regularly and has no missed pills.
- Describes light bleeding after sex lasting a matter of hours only. There is no discharge.
- She has no associated symptoms.
- Low STI risk – single partner
- Abdominal examination is normal. There is no discharge. Her cervix has the following appearance:

# Mucopurulent discharge



## Typical History

- In a new relationship/has multiple partners
- a light yellow, non smelly discharge
- negative smear tests, most recently last year.
- using depo provera injection as contraception (not using condoms) which has stopped her periods.
- Abdominal examination reveals some suprapubic mild tenderness and her cervical appearance is of a red tender oedematous cervix, with a mucopurulent discharge as below:

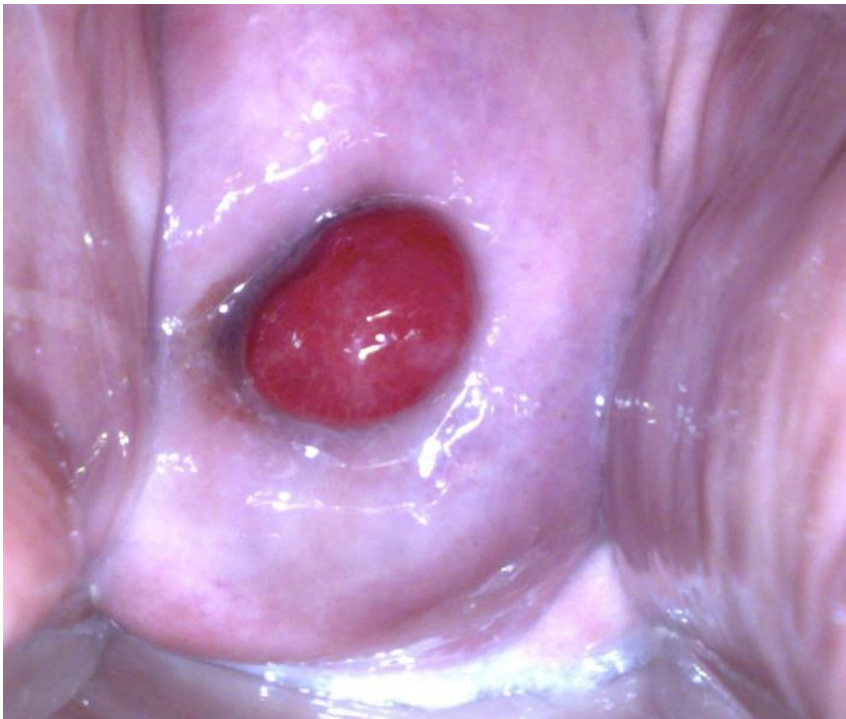
# Cervical Neoplasia



## Typical History

- In a stable relationship
- Intermenstrual bleeding
- Previously had an abnormal smear (may have been treated)
- Or has missed/ not returned for smears
- Has no discharge
- Abdominal examination is normal, cervical appearance is as below.

# Cervical Polyp



## Typical History

- Light intermenstrual bleeding
- No discharge/dyspareunia/pain
- No other symptoms
- Low STI risk/condoms for contraception
- Abdominal exam is normal

# Vaginal atrophy



## Typical History

- Likely after/during menopause
  - Menopausal symptoms
- Sex becoming more painful
- Normal Abdominal exam
- Speculum exam is likely to be difficult – may not be able to see the cervix



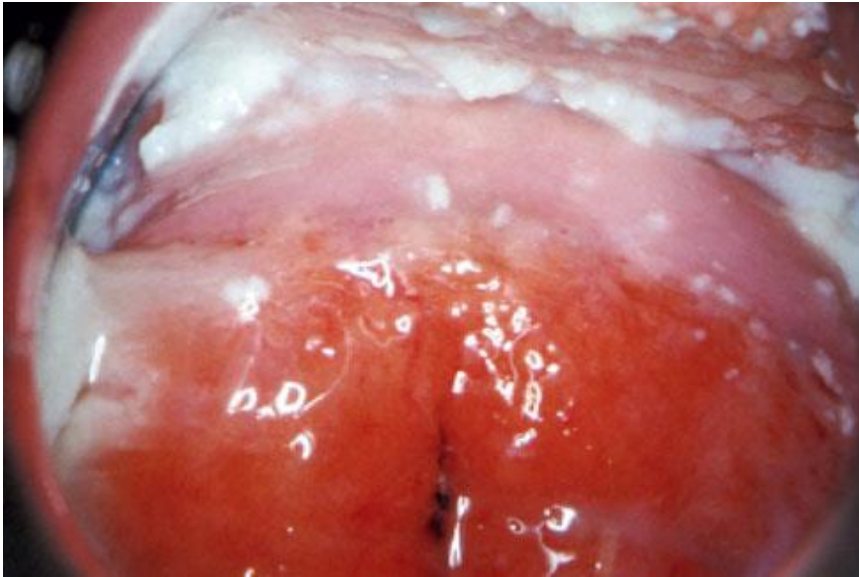
# Lichen Sclerosus



## Typical History

- Dermatological condition
- Usually post-menopausal
- Itchy and painful – especially when having sex
  - Superficial dyspareunia
  - May bleed from crack/tears to skin
- May develop it on other skin surfaces
  - Including anus

# Thrush



## Typical History

- Itching
- Thick white/yellow discharge – no smell
- Possible dysuria