

## **FEMALE GENITOURINARY EXAMINATION**

This examination is an anxiety-provoking situation for the examiner as well as the patient. It is important to recognize these feelings and try to reassure the patient, by **explaining all procedures** and proceeding in a slow, gentle manner.

### **Required Equipment:**

Various sized specula	1 ayres spatula
3 glass slides	1 tube lubrication jelly
2 cotton swabs	2 pairs clean gloves
1 bottle ether-alcohol fixative or spray fixative	1 bright, gooseneck floor lamp

### **A FEMALE CHAPERONE IS NORMALLY PRESENT DURING THE EXAMINATION**

### **Examination Technique:**

Inspection - Visual examination

Palpation

Bimanual - Insert index and second fingers of one hand into vagina and place other hand midway between umbilicus and symphysis pubis on outside abdominal area to examine ovaries, fallopian tubes and uterus

Digital - Use index finger or right hand to examine rectum.

Patient in lithotomy position on examination table with feet supported in stirrups.  
Examiner seated at end of examination table with light source over right shoulder.

#### **A. External Genitalia**

1. Inspect mons pubis, labia and perineum  
Note: Labial swelling, erythema or lesions

If a history or appearance of swelling exists, palpate Bartholin's glands

- Insert gloved index finger into vagina near posterior of introitus (vaginal opening)
- Place thumb outside posterior part of labium majus
- Bilaterally palpate gland between thumb and index finger

Note: tenderness

discharge from duct openings

- Culture any discharge

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2. With a gloved hand, use thumb and first finger to inspect
  - a. Labia minora
  - b. Clitoris
  - c. Urethral orifice
  - d. Introitus
    - Note: inflammation    discharge
    - ulceration        nodules
    - swelling         superficial skin lesions
  - e. Skene's glands
    - Note: inflammation
    - If urethritis or Skene's gland inflammation is suspected, palpate urethra
    - Insert gloved index finger into vagina
    - Press the urethra gently from inside outward (milk the urethra)
    - Note: discharge from or about urethral orifice
    - Culture any discharge
3. Assess vaginal outlet support
  - While labia are separated with thumb and index finger, have patient bear down
  - Note: vaginal wall bulging
  - anterior (indicates cystocele)
  - posterior (indicates rectocele)

### **B. Internal Examination**

1. Insert speculum
  - Choose appropriate size and shape for patient, lubricate and warm it with warm water
  - Make sure speculum is closed
  - With gloved right hand, place two fingers at the introitus
  - Gently press down on the perineal body
  - With left hand, introduce closed speculum at 45 ° angle downward
  - Hold blades obliquely and exert pressure toward posterior vaginal wall (this will avoid touching the sensitive anterior wall and the urethra)
  - Take care not to pinch labia or pull pubic hair with speculum
  - Rotate speculum to a horizontal position (Maintain posterior pressure)
  - After full insertion, slowly open blades for complete cervix visualization
  - When cervix is in complete view, tighten thumb screw to stabilize speculum.

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2. Inspect cervix and its os  
Note: color            masses  
         position        bleeding  
         ulceration      discharge  
         nodules         contour
3. Obtain cervical cytology specimens
  - Use the following three maneuvers
  - a. Endocervical swab (See Bates p. 416)
  - b. Cervical scrape (See Bates p. 416)
  - c. Vaginal pool (See Bates p.416)  
(The cervical scrape is done routinely and the others are done according to examiner preference).
4. Remove speculum
  - Loosen the thumb screw and slowly remove
5. During removal of speculum, inspect vaginal mucosa  
Note: color            ulcers  
         inflammation    masses  
         discharge

*Patient remains in lithotomy position. Examiner stands.*

6. Perform bimanual palpation examination
  - a. Insert index and middle finger into vagina
  - b. Abduct thumb and flex third and fourth fingers into palm
  - c. Press posteriorly
    - Assess tenderness or nodules in vaginal wall
    - Assess cervixNote:    position            regularity  
          shape             mobility (somewhat without pain)  
          consistency      tenderness
  - Palpate fornix
  - d. Place the other hand which is on the abdomen toward the pelvic floor
    - Assess uterusNote:    size                    mobility  
          shape                tenderness  
          consistency        masses
- e. Move abdominal hand to the RLQ and the pelvic hand in the right lateral fornix area.
- f. Use abdominal hand to stabilize ovary and palpate with pelvic hand
  - Assess right ovary and its adnexaNote:    masses, consistency, mobility
  - Repeat maneuver for left ovary

