The Gyn Bimanual Exam:
Fibroids, Ovarian Cysts, Ectopic Pregnancy and More

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The Bimanual Exam

• Uterus
• Ovaries
Bi-manual pelvic exam to palpate uterus
Anteverted: Bimanual Exam of the Uterus

- Hand mid-suprapubic area
- Pressing down
- 2 fingers vaginally
- Under cervix, lifting
- Palpate uterus if
- Anteverted, midposition
Retroverted Uterus: Bimanual Exam
Can’t feel anything? you’re right...

- Clue during speculum exam
- Palpate below cervix
- Requires rectovaginal exam
  - One finger in vagina
  - One finger in rectum
- May palpate if retroflexed
- May NOT palpate if retroverted
Unable to Locate the Uterus

Palpate cervix
• Do you feel the tip (retroverted)
• Do you feel the side? (anteverted)

Still not sure?
• Feel above the cervix at 12 o-clock (anteverted)
• Feel below the cervix at 6 o-clock (retroverted)
• Note: curve of cervical neck
Uterine Fibroids

A Submucous leiomyoma

B Subserous leiomyoma

C Intramural leiomyoma
Enlarged Uterus, or Not Sure?
Rule out Pregnancy!

- Serology HCG
- Qualitative
  - Yes, No?
- Quantitative
  - Doubles every 24-72 hours
- Transvaginal Pelvic Ultrasound
Ectopic Pregnancy

- Missed menses
- Lower abdominal pain
- Unilateral
- Bleeding
- Serum HCG
  - Doubles q 24-72 hours
- TV Ultrasound
- Referral ASAP
- Rupture may be imminent

Risks:
- PID
- IUC
- STI in past
- STI currently
- GYN surgery
Adnexal Exam: Made Easy!
3 Finger Technique to Locate Ovaries

• Place hand over lower abdominal area
• Middle finger on mid-fundus- suprapubically
• Spread fingers

• Index over L ovary area

• Ring over R ovary area

Continued...
Adnexal Exam: of the Ovaries

2 vaginal fingers to R or L lateral fornix

Abdomen hand to same R or L lower side as internal hand

Apply firm, steady pressure, beginning medial to anterior iliac crest

Sweep abdominal hand down and in toward vaginal fingers

Fingers almost meet

Repeat on opposite side
Ovarian Cysts: Common

• Lower abdominal pain
• Unilateral

Gentle exam:
• Adnexal fullness
• Tenderness
• Rebound

• US, Serial
• Rule out other causes
  Appendicitis
  Ectopic pregnancy

• Combination Hormonal Contraceptives (CHC)
Rectovaginal Exam

• Rectovaginal exam
• The rectal exam
Bi-manual pelvic exam to palpate uterus
Rectovaginal Exam

• New gloves
• Extra lubricant
• Examine external rectal area
• Insert one finger into vagina
• Insert one finger into rectum – at the same time
  Ask patient to bear down
• Perform the adnexal exam
• Guaiac testing of stool
Charting a Normal Pelvic Examination (Sample)

- **External genitalia**: Normal distribution of pubic hair. No lesions or growth. No deformities or discoloration. No masses or discharge from the Bartholin’s glands or urethra. Normal anatomy.

- **Vagina**: Pink; rugated without bulging; white discharge without odor; good muscle tone, no lesions.

- **Cervix**: Pink, intact, no lesions, no mucopus; non-tender, no cervical motion tenderness.

- **Uterus**: Anteverted, normal size, shape, contour (NSSC), non-tender, mobile, without palpable masses.

- **Adenexae**: Ovaries palpated, normal size, without tenderness or masses.

- **Rectovaginal**: No fissures, masses, fistulas; non-tender, guaiac negative
Approach to Examining Special Populations

• Rapport
• Open mind to alternative approaches
• Provide support, education, counseling
• Get assistance if needed
• Ask patient how you can be helpful
• Schedule extra time
• Incomplete exam OK, schedule a follow-up
Anxiety, Sexual Abuse, Vaginismus

- Do as much of exam as possible
- Mirror
- Deep breathing
- Step by step desensitization
- Relaxation techniques
- Kegel then bear down
- Anti-anxiety meds
- Counseling
- Pelvic ultrasound
- Anesthesia
Female Sexual Mutilation, Cutting

• Therapist to help comanage
• Alternative positioning, avoid stirrups

• May not be able to perform an internal exam
  Urine for STI testing, or vaginal swab
• Lighted speculum
• Insert upside-down, sideways, side lying

• Pre-medicate if very anxious
Examining Premenarchal or Virginal Women

• May start BC before 1st pelvic exam (same day)

• First PAP age 21 per ASCCP/ACOG
• Urine and serology STI testing
• Vaginal swab for pH, amine, microscopy, yeast, GC/CT

• Bimanual; using 1 finger & extra lubricant
• Use small pederson speculum, nasal specula
• Ultrasound if needed
GOOD LORD, ETHEL... YOU CAN'T APPEAR IN PUBLIC LIKE THAT!

DEWAR
OTTAWA
Overweight, Multiparous or Physically Challenged Women

• Affirm, educate and support emotionally
• Seek assistance during internal exam
• Automated table (ideal)
• Alternative positioning without stirrups

• Palpate cervix before speculum inserted

• Bariatric, Graves or Clinton speculum
• Condom over speculum, cut tip off - so can visualize cervix
• Guttman 3 bladed speculum, lateral wall retractor
• Displace abdominal fat, palpate suprapubically
• Ask Pt to bear down, pt hands under hips and lift
Bariatric Specula

Long
Wide
Full
Graves Specula
Stainless Lateral Vaginal Retractor

Control side wall collapse and get more cervical access with a stainless GYNEX LVR™

For unparalleled ease of use and variety of practical sizes, nothing compares with GYNEX Stainless LVRs. These fine retractors are especially compatible with GYNEX Wide-View™ and FullView™ Specula. LVR lateral vaginal retractors fit inside the speculum providing greater visibility and access to the cervix.
Physically Challenged Woman

- Alternative positioning without stirrups
- Knee stirrups or automated table
- Assist with transfer, exam, positioning

- Lighted speculum
- Insert upside-down, sideways, side lying

- Pre-medicate if very anxious
Menopausal or Elderly Women

- **Local estrogen** 1 month before
  Pea-sized amount applied daily to introitus @ hs

- **Alternative positioning**, consider home visit
- Knee stirrups, automated GYN table
- **Assistance** before, during, after exam

- Lighted, smaller speculum
- Insert upside-down, sideways, side lying
Cystocele: With and Without Valsalva
Rectocele

Rectum presses up on vaginal wall (rectocele).
Vaginitis, STIs: Bibliography

• http://depts.washington.edu/nnptc/online_training/index.html#clinicalslides Vaginal Microscopy Video

• www.cdc.gov/ stds/treatment
Herpes, STIs: Resources

www.

• Westoverheights.com (Terry Warren, NP website)
• Webmd.com (Terry Warren, NP answers all HSV questions
• Herpesdiagnostics.com (Herpes-Select serology)

• STDcheck.org
• ASHASTD.org (patient education)
• Herpeshomepage.com (inexpensive Zovirax/acyclovir)
• Healthcheckusa.com (by mail serology testing)

• Borderline HSV IGG serology, order Western Blot via Univ of Washington
  • Through your commercial or hospital lab
The Gynecologic Exam Workshop: Summary of Objectives

- Describe a step by step approach to performing the routine Gynecologic exam.  
  60 minutes

- Identify various normal and abnormal GYN exam findings and conditions.  
  60 minutes

- Discuss approaches to examining special populations and to dealing with pelvic exam challenges.  
  60 minutes
Thank you and Good Luck!

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