Female Genitourinary Assessment

Introduction

Focused female genitourinary assessment begins with taking a health history, while providing as much privacy as possible. Observe carefully for signs of pain or discomfort, and nonverbal cues such as guarding. Obtain consent for the examination from the patient and select a medical chaperone due to the intimate nature of the examination. The order of examination is performed as external examination, internal visual examination, bimanual internal examination, and rectovaginal examination if indicated.

All necessary equipment and specimen media should be readily available.

- Mobile lighting source
- Vaginal speculum of appropriate size
- Water-soluble lubricant
- Specimen media
- Gloves

Optimal Patient Gowning/Positioning

- Provide privacy for the patient to change into an open-front gown (for ease of breast examination, if being performed), with large drape or sheet from the waist downward.
- If breast exam is being performed, this should be performed first with patient supine. (Please refer to separate assessment for breast examination).
- For the female genital exam, ensure patient is draped for comfort and assist them into the lithotomy position on the examination table placing the heels into the foot holders.
- Ask the patient to slide down toward the end of the table until the buttocks are at the edge of the table. Adjust the foot holders if needed for patient comfort.
- Ensure patient's head is supported with a pillow for comfort.

Exam methods

- External examination
    - Tell the patient that they will feel you touching the genitalia.
    - Examine the mons pubis, labia majora, and perineum for inflammation, indurations, swelling, or any lesions.
    - Separate the labia to expose the labia minora, clitoris, urethral meatus, and introitus observing for inflammation, indurations, swelling, lesions, or discharge.
- Internal visual examination
    - Inform patient a speculum will be inserted for internal visual examination.
    - Warm speculum under water (do not use lubricant at this time as it may interfere with specimen media).
    - Separate the labia minora and introduce the speculum, with a 30^{o} downward angle toward the cervix; open the speculum gently once fully inserted.
    - Note the color and position of the cervix, as well as any lesions or discharge.
    - At this time, cervical specimens may be obtained.
    - Once completed, gently close the speculum, and withdraw it slowly, observing the vaginal walls and note any lesions, abnormal discharge, or bleeding.

- Bimanual examination
    - Advise the patient that you will be inserting two fingers into the vagina for the bimanual examination.
    - Use water-soluble lubricant on the index and middle fingers.
    - From a standing position, insert index and middle fingers into the vagina with slight posterior pressure. Your thumb should be abducted and third and fourth fingers folded into the palm.
    - Palpate the cervix, noting position, shape, consistency, mobility, and any tenderness.
    - Palpate the uterus by placing the other hand just above the symphysis pubis and lifting the cervix and uterus with the internal hand, grasping the uterus between the two hands.
    - Palpate each ovary by placing the abdominal hand on the lower quadrant pressing downward toward the pelvic hand, mobilizing the ovary between the fingers of both hands. Note position, consistency, presence of masses, and any tenderness.
    - Assess pelvic floor muscles by asking the patient to squeeze down on your fingers for three seconds, and then bearing down to observe for urinary leakage.
- Rectovaginal examination
    - A rectovaginal exam is indicated for examination of a retroverted uterus and assessing for pelvic pathology.
    - Change your gloves and lubricate your index and middle fingers.
    - Tell the patient that the index and middle fingers will be inserted simultaneously, one into the vagina and one into the rectum.
    - Insert the index finger into the vagina, and the middle finger into the rectum while asking the patient to bear down to allow sphincter relaxation.
    - Also inform the patient that they may experience a sensation of having a bowel movement but reassure them this will not happen.
    - Apply pressure against the anterior and lateral walls with the pelvic examination fingers, while exerting pressure on the abdomen to palpate the pelvic structures.
    - Palpate the rectal vault and note any masses, blood, tenderness, or hemorrhoids.

PEARLS

- Cervical motion tenderness may be a sign of pelvic inflammatory disease.
- Obesity or posterior position of the uterus may make palpation of the uterus during a bimanual examination difficult or impossible.
- Ovaries atrophy after menopause making them unable to be palpated.
- Full pelvic floor strength is defined by a full three second hold during assessment.
- Provide a soft tissue or towel to the patient to wipe away any excess lubricant.

Reference

Bickley, L. S., Szilagyi, P. G., Hoffman, R. M., & Soriano, R. P. (2021). Bate's Guide to Physical Examination and History Taking (13th ed.). Wolters Kluwer Health: Philadelphia.