Year 3 MBChB
Clinical Skills Session
Speculum examination

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Reviewed by:
Learning Objectives
To revise anatomy and physiology of reproductive system

To link anatomy and physiology to practical skill

To understand reasons for undertaking gynaecological procedures

To be able to carry out gynaecological examination and procedures

Gynaecological examination
Gynaecological examination is an intimate examination it is essential that the environment where the examination will take place is suitable and you are not going to be interrupted. The area should be private, there should be a screen or curtain between the door and examination area so that should someone accidently open the door the patient is not exposed. The environment should be warm and well-lit, an angle poised light is ideal. All the equipment should be available to hand, it is unprofessional to keep going in and out of the room to get equipment.

Equipment
- Couch
- Sheet/paper sheet, to maintain patient dignity
- Hand wash facilities / gel
- Gloves
- Aprons
- Lubricant gel
- Tissues
- Tray and wipes to clean tray

If required:
- Speculum
- Swab(s)
- Smear brush and pot
- Specimen forms

Getting started
Explain what you want to do, including exposure required – they will need to be undressed from the waist down. This is really important, make sure you have rehearsed what you need to say so that when you explain to the patient you appear confident and competent.

Gain informed consent from the patient and explain there will be a chaperone present.

Introduce the chaperone (follow University and local guidance)

Allow the patient opportunity to pass urine as you will be pressing on the abdomen which can be uncomfortable with a full bladder, consider if you need a urine sample.
Ensure you have gathered all the necessary equipment.

Ask the patient to undress from the waist down, lie on her back and cover herself with the paper roll. Make sure that the patient is able to undress in private behind a curtain. Use the time whilst the patient is getting ready to wash your hands and prepare the equipment.

**Positioning the patient**

Patient should be ideally be supine on a couch. Ask the patient to draw her heels up towards her bottom, knees and hips relaxed and knees allowed to fall to the side – this exposes the vulval area and perineum.

Inspect the external genitalia and use your index and middle finger of your non-dominant hand to separate the labia.

Look for:

- Rash (e.g. genital herpes)
- Scars e.g. from tears from child birth, previous surgery
- Evidence of female circumcision
- Swellings e.g. Bartholin cysts, abscesses
- Discharge / bleeding

Assess for the following, only if the history indicates;

- Prolapse, this may be evident at first or you may need to ask the patient to ‘bear down’, this raises the internal pressure and the prolapse may externalise.
- Urinary leakage, ask the patient to cough – if there is stress incontinence it may worsen on coughing.

A speculum examination enables visualisation of the cervix, fornices and vaginal walls and this examination often takes place prior to a bi-manual examination. Please take account of your patient's history and/ or presenting complaint etc. Speculum examination allows visualisation of the cervix and vaginal rugae, and may be needed for several reasons, for example to:

Gain access to assess a site of trauma.
Allow visualisation of a foreign body, allowing ease of removal, (e.g. retained tampon).
Identify a bleeding point.
Ascertain dilatation of the cervix.
Take a cervical smear, high vaginal or endocervical swab

Insertion of speculum
Ensure single use sterile speculum is placed in a clean tray. Lubricate the outside of speculum, ensuring that there is no contamination of lubricant inside the device.
Warm water can be used if appropriate instead of water based lubricant.

Lock the speculum open using the threaded nut or the locking bar dependant on type.

Cervix
The os changes shape after a vaginal delivery. Prior to any vaginal delivery the os is round, it becomes more of a 'slit' shape after a vaginal delivery.
Nulliparous os

Multiparous os

Visualise and make note of any other abnormalities.
Taking a vaginal swab / cervical smear
What for?
Infection
Ectropion
Cervical changes malignancy?
Routine screening

Carusi (2017) states that the most common gynaecological problems often relate to vaginal discharge, abnormal bleeding, pelvic pain, urinary problems, sexual dysfunction, and infertility. This highlights the need for a detailed gynaecological history prior to performing the examination or taking a swab.

Relate the history to what you can see on visualisation, and swab accordingly if required.
CIN- cervical intra-epithelial neoplasia, is a term used to describe any changes in the surface (squamous) cells of the cervix.

Which swab is needed? Where do I take it from?

Hi-vaginal charcoal media swab (Bacterial vaginitis, Trichomonas Vaginalis, Candida, group B strep):
The swab is obtained from the posterior fornix passing the swab from one lateral fornix through the posterior fornix to the other lateral fornix.

Endocervical charcoal media swab (gonorrhea):
Remove vaginal mucus from cervix prior to introducing the swab into the endocervical canal and rotate the swab to obtain the sample.

Endocervical Chlamydia swab:
Remove vaginal mucus from cervix and scrub endocervical region in and out for 10-30 seconds. Once done break off bottom half into its sample tube. Chlamydia may also be tested for with a first pass urine sample.

Cervical Smear:
A national screening program is undertaken in the UK
NOTE: Specific courses must be attended to be licenced to obtain cervical smears.


Pre-malignant changes or established cervical cancer can be detected by examining a preparation of cells scraped from the surface of the cervix. The technique is routine in the course of the speculum examination. The demonstration of pre-malignant cells provides the opportunity for cancer prevention. The early detection of cancer allows for a higher, successful cure rate.
Excessive vaginal mucus is removed

A cervical brush is inserted with the central prominent bristles placed into the cervical os. The brush is rotated a full 5 times through 360 degrees. Dependant on local policies the tip of the brush may be pushed off into a specimen pot containing fixative or bashed, mashed and swirled into the pot for to deposit the sampled cells. The specimen is sent for cytology and the results sent out to the patient in around 2 weeks.

Removing the speculum (under control)

Take control of the speculum and apply a little traction, then slowly release the locking apparatus ensuring the vaginal wall does not become trapped between the blades as the speculum is removed. Some clinicians will rotate the speculum through 90 degrees when removing it.

Example microbiology form

Documentation should be taken to the patient prior to the procedure and correct identity details completed, the swab/sample must have the patient details filled in before you leave the patient’s side. To prevent the wrong sample in tube/pot.
References and Further Reading


NICE (2019); Chlamydia- uncomplicated genital: https://cks.nice.org.uk/chlamydia-uncomplicated-genital