

Symptoms For the Gynecological History

Menstruation
 - Normal cycle
 - Onset on the first day of one menstrual period to the first day of the next
 - 21 to 35 days, average 28, lasting for 3 to 6 days at one time

Gynecological History
 Putting It Together and Special Emphases

Male Genital History

Sexual History

Pelvic Pain
 - Pelvic Inflammatory Disease (PID) and other

Vaginal Discharge

Pelvic Inflammatory Disease (PID)

Other History Considerations

Thank You!

Genitourinary History

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Symptoms

For the Gynecological History

Menstruation

- Menstrual Cycle
 - Timed as the first day of one menstrual period to the first day of the next
- 22 to 35 days, averaging 28, bleeding for 3 to 6 days of that time frame

Abnormal Uterine Bleeding

- Heavy bleeding
- Common
- Ask how many pads/tampons used, how often changed
- Ask about flooding (soaking through protection), clots, symptoms of anemia
- Bleeding between periods and after sexual intercourse
- Suggests cervical pathology
- Amenorrhea = absent periods
 - Primary - no periods by age 16
 - Secondary - no periods for >3 months in someone who has previously menstruated
- Postmenopausal bleeding
 - Must evaluate for endometrial cancer

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Gynecological Terms

From Macleod's, Box 10.7

Menarche	Age at first period (average in UK 12 years)
Menopause	Age at last menstrual period. Only determined retrospectively after 1 year with no periods
Perimenopause (climacteric)	The time before the menopause (2-5 years) when periods become irregular and flushes and sweats occur
Heavy menstrual bleeding	Excess blood loss (80 ml+) during a period, previously called menorrhagia
Intermenstrual bleeding	Bleeding between periods, suggesting hormonal, endometrial or cervical pathology
Postcoital bleeding	Bleeding after intercourse, suggesting cervical pathology
Postmenopausal bleeding	Bleeding more than 1 year after menopause
Primary amenorrhoea	No periods by age 16
Secondary amenorrhoea	No periods for 3 months in a woman who has previously menstruated
Oligomenorrhoea	Periods with a cycle more than 35 days

Prolapse

From Macleod's, Box 10.8

Cystocele	Bulge of the anterior vaginal wall containing the bladder
Rectocele	Bulge of the posterior vaginal wall containing the rectum
Entero- coele	Bulge of the distal wall posteriorly containing small bowel and peritoneum
Urethro- coele	Prolapse of the urethra into the vagina, often occurring with a cystocele
Uterine pro- lapse	Grade 1 is descent halfway to the hymen, grade 2 is to the hymen and grade 3 is past the hymen within the vagina
Procidentia	External prolapse of the uterus (grade 4)
Vault pro- lapse	Bulge of the roof of the vagina after hysterectomy

Pelvic Pain

From Macleod's, Boxes 10.9 and 10.10

Primary dysmenorrhea	Ongoing pain during a period that is most intense just before and during a period, caused by uterine contraction
Secondary or progressive dysmenorrhea	Worsening pain that deteriorates during a period, suggesting pathology such as endometriosis or chronic infection
Ovarian torsion	Twisting of an ovarian cyst on its vascular pedicle, causing acute ischaemia
Dyspareunia	Pain with intercourse, suggesting endometriosis or pelvic adhesions
Vaginismus	Pain on penetration secondary to involuntary contraction of the pelvic floor
Mittelschmerz	Pain associated with follicle rupture during ovulation


Don't Forget!

- Urinary incontinence
- Pelvic masses
- ...

	Uterine pain	Ovarian pain	Adhesions or pelvic infection	Endometriosis
Site	Midline	Left or right iliac fossa	Generalised lower abdomen; more on one side	Variable
Onset	Builds up before period	Sudden, intermittent	Builds up, acute on chronic	Builds up, sudden
Character	Cramping	Gripping	Shooting, gripping	Shooting, cramping
Radiation	Lower back and upper thighs	Groin; if free fluid, to shoulder		
Associated	Bleeding from vagina	Known cyst, pregnancy, irregular cycle	Discharge, fever, past surgery	Infertility
Timing	With menstruation	May be cyclical	Acute, may be cyclical	Builds up during period
Exacerbating		Positional	Movement, examination	Intercourse Cyclical
Severity	Variable in spasms	Intense	Intense in waves	Varies

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Site
Onset
Character
Radiation
Associate
Timing
Exacerbat

Vaginal Discharge

- Can be normal and vary through menstrual cycle
 - at ovulation - abundant, clear, stretchy
 - post-ovulation - less, thick, not stretchy
- Infection
 - Nonsexual
 - Sexual
- Nonsexual infection
 - *Candida* - white, curdy with itching
 - Bacterial vaginosis - watery, fishy-smelling, pH>5
- Sexually Transmitted Infection (STI)
 - thick, purulent
 - associated with lesions, dysuria, abdominal pain . . . or nothing

Gynecological History

Putting It Together and Special Emphases

General Considerations

- Clarify the presenting complaint
- Get the patient's ICE!
- ALWAYS:
 - Consider pregnancy!
 - Ask LMP, normal or not
 - Ask about contraceptive use
 - Ask about fertility plans
 - Ask about weight changes

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Menstrual History

From Macleod's, Box 10.11

Ask about:	Information to obtain	Comment
Menarche	Age at which periods began	Not essential in older women with children
Last menstrual period	Date of the first day of the last period	If the period is late, exclude pregnancy. If the patient is menopausal, record the age at which periods stopped
Length of period	Number of days the period lasts	Normal 4–7 days
Amount of bleeding	How heavy the bleeding is each month (light, normal or heavy). Any episodes of flooding or passed clots?	If heavy, how many sanitary pads and tampons are used? Does the patient get up at night to change her sanitary protection? How many times?
Regularity of periods	Number of days between each period. Is the pattern regular or irregular?	Normal 22–35 days. Around the menopause, cycles lengthen until they stop altogether
Erratic bleeding	Bleeding between periods or after intercourse	May indicate serious underlying disease
Pain	Association with menstruation. Does the pain precede or occur during the period?	Common in early adolescence; usually no underlying pathology. Painful periods starting in older women may be associated with underlying disease
Pregnancies	Record any births, miscarriages or abortions	Some women may not disclose an abortion or baby given up for adoption
Infertility	Is the patient trying to become pregnant?	How long has she been trying to conceive?
Contraception	Record current and previous methods. Note that the patient's partner may have had a vasectomy or she may be in a same-sex relationship	Hormonal and intrauterine contraception can affect menstrual bleeding patterns
Lifestyle	Ask about weight, dieting and exercise	Rapid or extreme weight loss and excessive exercise often cause oligomenorrhoea. Obesity causes hormonal abnormalities, menstrual changes and infertility. Acne and hirsutism may be signs of an underlying hormonal disorder

Sexual History

From Macleod's, Box 10.12

Remember

- Be at ease
- Be straightforward
- Be non-judgemental
- Explain why you are asking

Taking a sexual history

- Are you currently in a relationship?
- How long have you been with your partner?
- Is it a sexual relationship?
- Have you had any (other) sexual partners in the last 12 months?
- How many were male? How many female?
- When did you last have sex with:
 - Your partner?
 - Anyone else?
- Do you use barrier contraception – sometimes, always or never?
- Have you ever had a sexually transmitted infection?
- Are you concerned about any sexual issues?

Remember

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Other History Considerations

Past Medical History

- Cervical smears
- Sexually transmitted infections
- Pregnancies

Drug History

- Contraception
- Hormonal therapy
- ...

Family History

- Cancer (ovarian, breast)
- Diabetes, PCOS
- Bleeding disorders

Social History

- Smoking
- Occupation
- Lifestyle

Male Genital History

General Considerations

- Ask about:
 - Structural issues
 - Functional issues



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Possible Symptoms

Penis and Urethra

- Structural
 - Phimosis
 - Paraphimosis
 - Priapism
 - ...
- Functional
 - Discharge
 - Ulcer
 - Sexual Dysfunction

Scrotum

- Lumps
- Pain

Prostate

- Prostatitis
- Hyperplasia
- Cancer

History

Presenting Complaint

- SOCRATES
- Define problems with function
- Get the patient's ICE!

Past History

- Urological procedures
- STIs and complications

Drug History

- Urological drugs/treatments
- Drugs that affect function

Family History

- Prostate cancer
- Structural problems

Social History

- Smoking
- Alcohol
- Recreational Drugs



Thank You!

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