

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

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	
Oligomenorrhoe a	Periods with a cycle more than 35 days	

Prolapse

From Macleod's, Box 10.8

Cystocoele	Bulge of the anterior vaginal wall containing the bladder	
Rectocoele	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 cystocoele	
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		

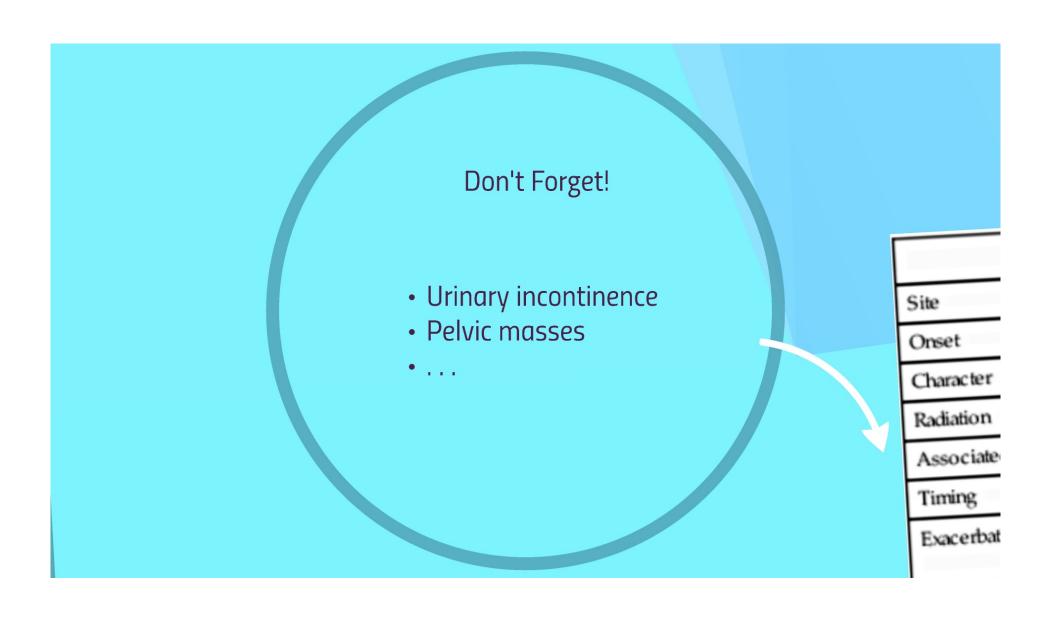
Pelvic Pain

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 progres- sive dysmenorrhea	Worsening pain that deteriorates during a period, sug- gesting 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 contrac- tion of the pelvic floor	
Mittelschmertz	Pain associated with follicle rupture during ovulation	



	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



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 complaintGet 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 oligoamenorrhoea. Obesity causes hormonal abnormalities, menstrual changes and infertility. Acne and hirsutism may be signs of an underlying hormonal disorder	

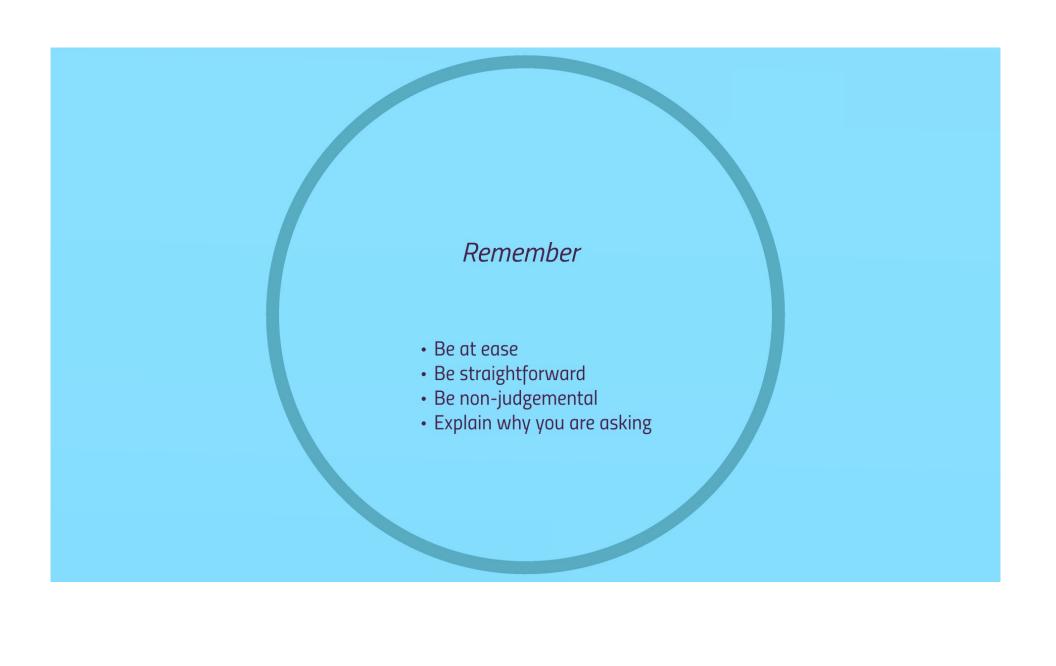
Sexual History

From Macleod's, Box 10.12



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?



Other History Considerations

Past Medical History

- · Cervical smears
- · Sexually transmitted infections
- Pregnancies

Family History

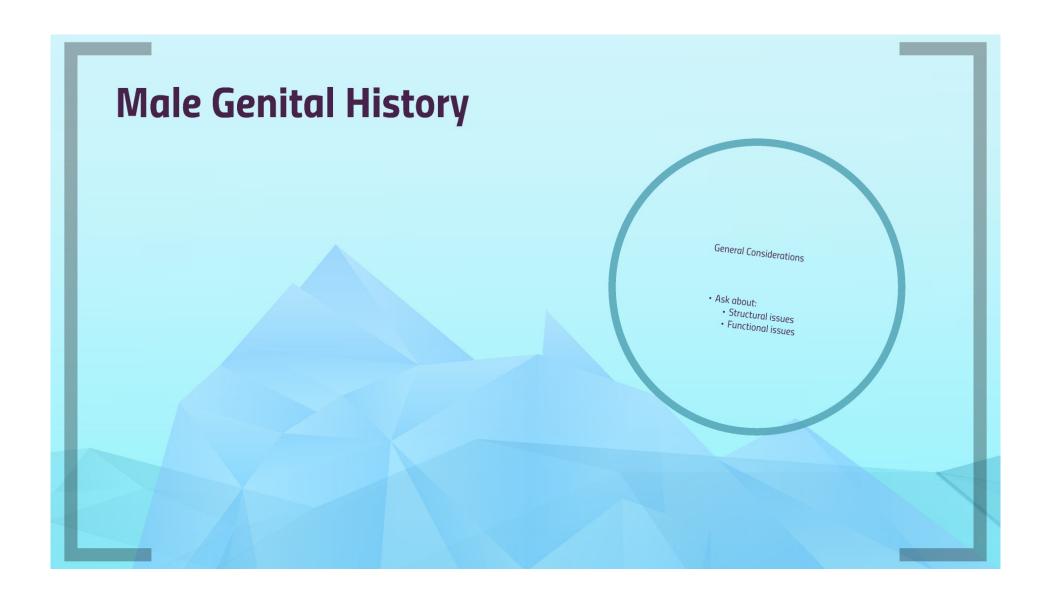
- · Cancer (ovarian, breast)
- · Diabetes, PCOS
- · Bleeding disorders

Drug History

- Contraception
- Hormonal therapy
- ٠...

Social History

- Smoking
- Occupation
- Lifestyle





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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