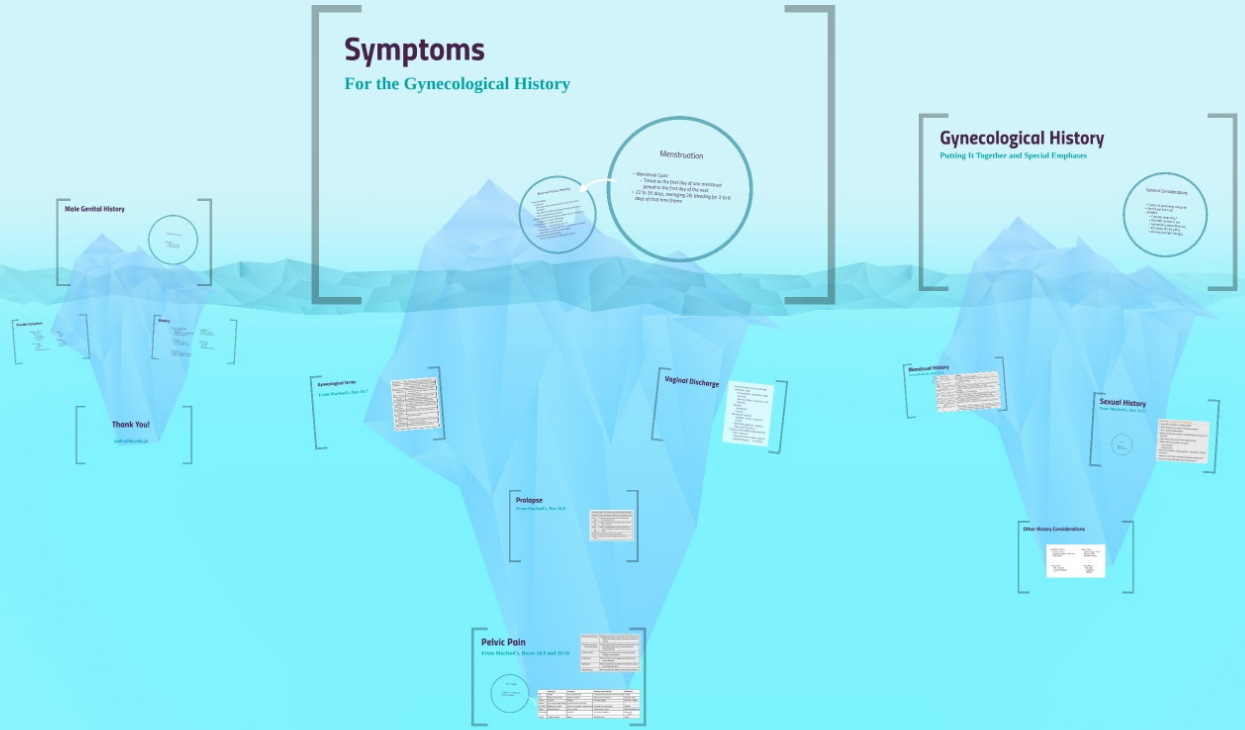
OSCE

DONE BY : Hamzeh Alsalhi

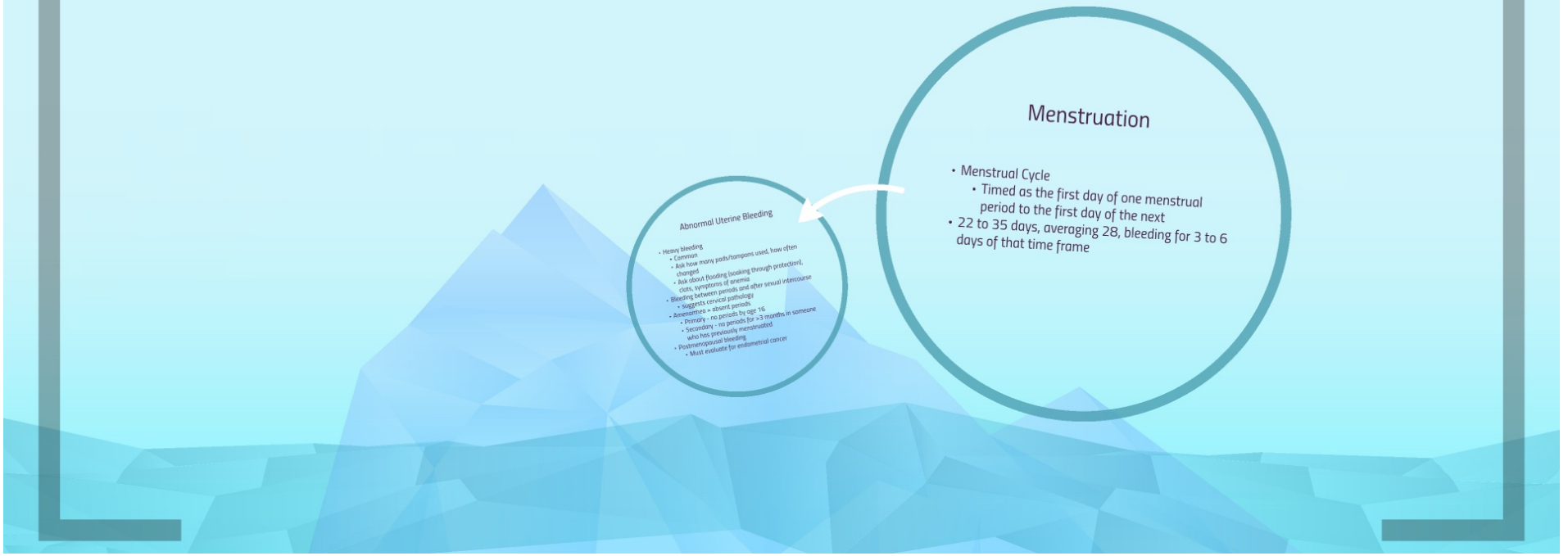


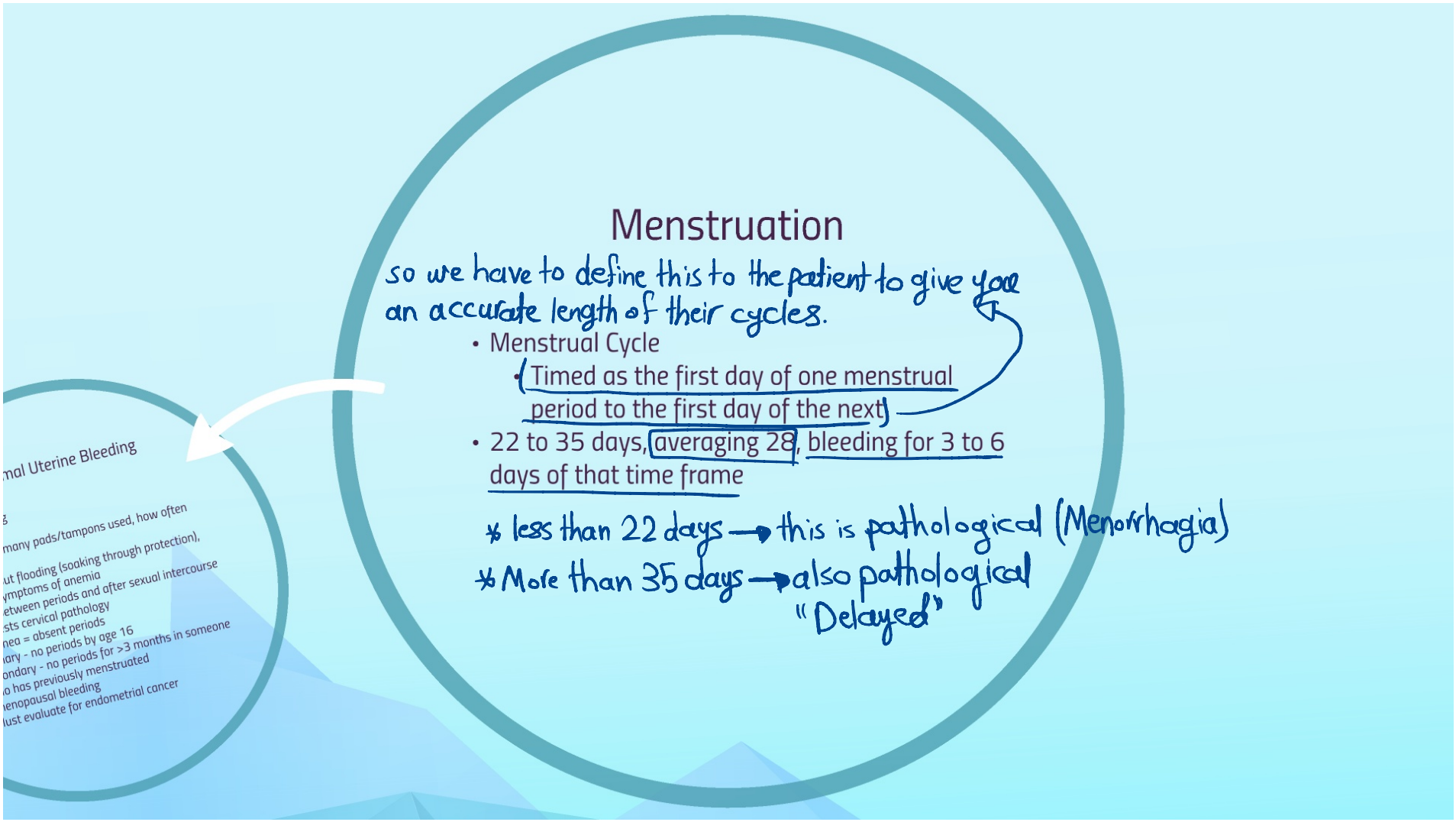
Genitourinary History

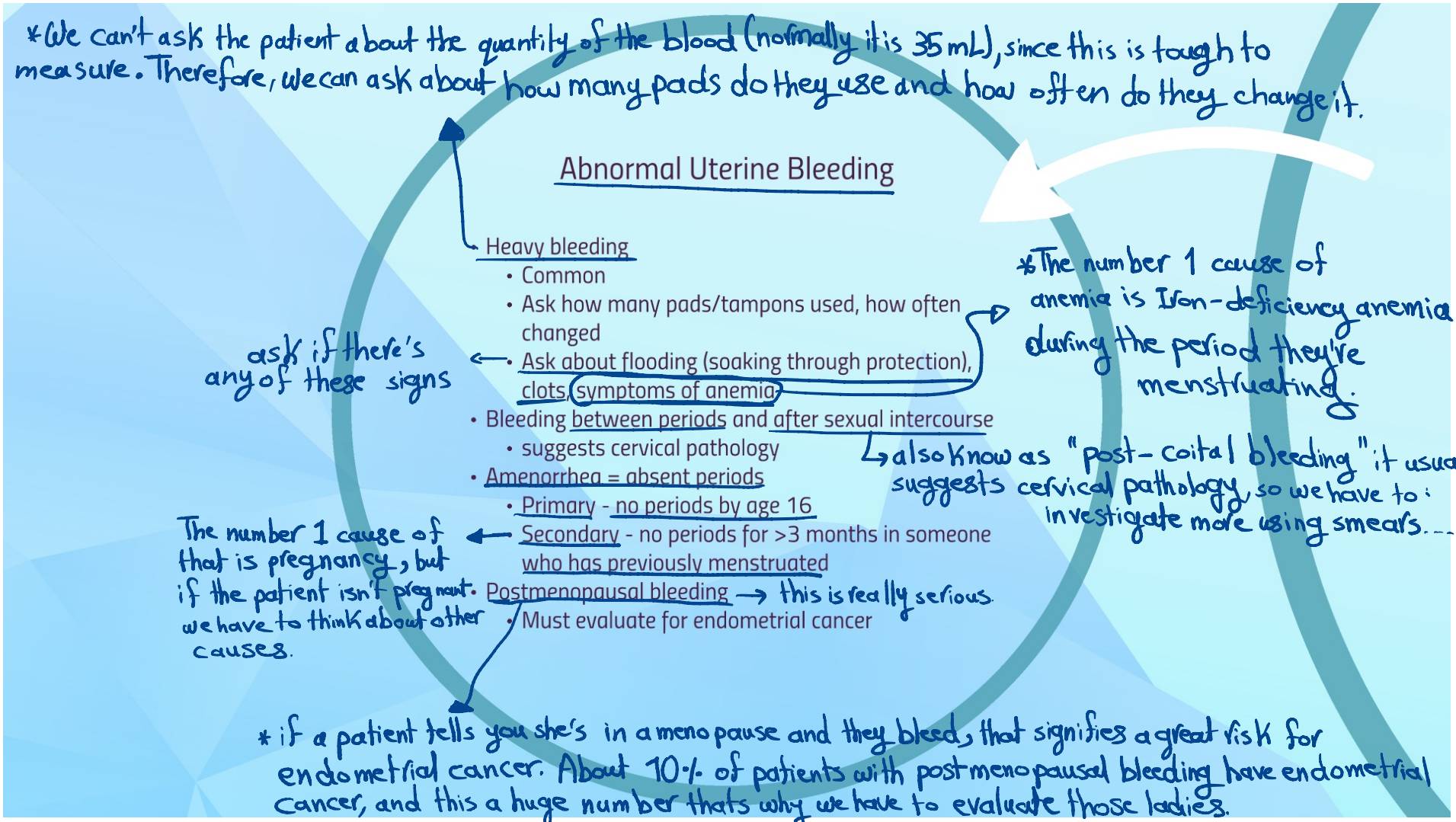
Joel F. Vaughan, M.D.

Symptoms

For the Gynecological History




mal Uterine Bleeding
many pads/tampons used, how often
ut flooding (soaking through protection),
ymptoms of anemia
etween periods and after sexual intercourse
sts cervical pathology
nea = absent periods
iary - no periods by age 16
ondary - no periods for >3 months in someone
o has previously menstruated
enopausal bleeding
lust evaluate for endometrial cancer
Menstruation
so we have to define this to the patient to give you an accurate length of their cycles.
• 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
* less than 22 days → this is pathological (Menorrhagia)
* More than 35 days → also pathological "Delayed"


*We can't ask the patient about the quantity of the blood (normally it is 35 mL), since this is tough to measure. Therefore, we can ask about how many pads do they use and how often do they change it.
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
ask if there's any of these signs
*The number 1 cause of anemia is Iron-deficiency anemia during the period they're menstruating.
Bleeding between periods and after sexual intercourse
suggests cervical pathology
also know as "post-coital bleeding" it usually suggests cervical pathology, so we have to investigate more using smears.
Amenorrhea = absent periods
Primary - no periods by age 16
Secondary - no periods for >3 months in someone who has previously menstruated
The number 1 cause of that is pregnancy, but if the patient isn't pregnant we have to think about other causes.
Postmenopausal bleeding → this is really serious.
Must evaluate for endometrial cancer
* if a patient tells you she's in a menopause and they bleed, that signifies a great risk for endometrial cancer. About 10% of patients with postmenopausal bleeding have endometrial cancer, and this a huge number thats why we have to evaluate those ladies.

Gynecological Terms

From Macleod's, Box 10.7

in the west it is earlier due to a combination of factors.

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

you have one year without period and then start bleeding again, this is very serious.

oligo :- few
few periods but the interval is longer.

Prolapse

These are things that come out from the pelvis through vaginal orifice.
"prolapse"

From Macleod's, Box 10.8

cysto:- bladder.

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	Bulge of the roof of the vagina after hysterectomy

* no need to know all these definitions, but it is useful when you read a documentation for a patient in a hospital.

Pelvic Pain

The history will give you the answer about what is causing pain.

From Macleod's, Boxes 10.9 and 10.10

* pain during or around menstrual cycle is dysmenorrhea.

Primary dysmenorrhea	Ongoing pain during a period that is most intense just before and during a period, caused by uterine contraction " mostly not pathological".
Secondary or progressive dysmenorrhea "severe pain".	Worsening pain that deteriorates during a period, suggesting pathology such as endometriosis or chronic infection
Ovarian torsion very severe pain.	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
Mittelschmertz	Pain associated with follicle rupture during ovulation

when the penis is inserted in the vagina it is painful for the female.

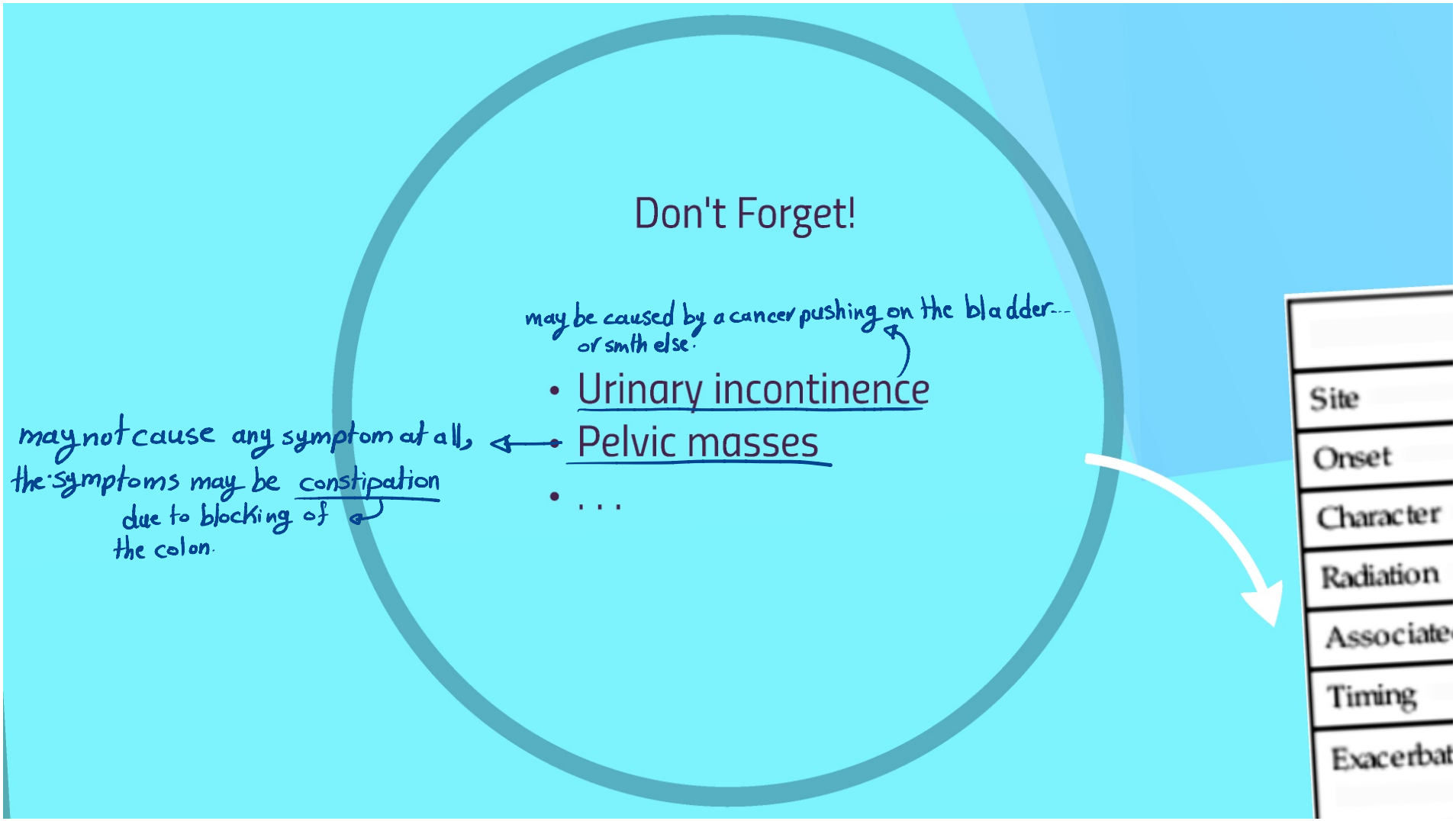
Don't Forget!

- Urinary incontinence
- Pelvic masses
- . . .

*We can differentiate between them by looking through SOCRATES.

	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

* هذا الجدول الدكتور ما قرأه كامل لكن مهم جدا".


Don't Forget!
may be caused by a cancer pushing on the bladder--- or smth else.
Urinary incontinence
Pelvic masses
...
may not cause any symptom at all,
the symptoms may be constipation due to blocking of the colon.
Site
Onset
Character
Radiation
Associate
Timing
Exacerbat

Vaginal Discharge

very important.

- 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

very distinct discharge

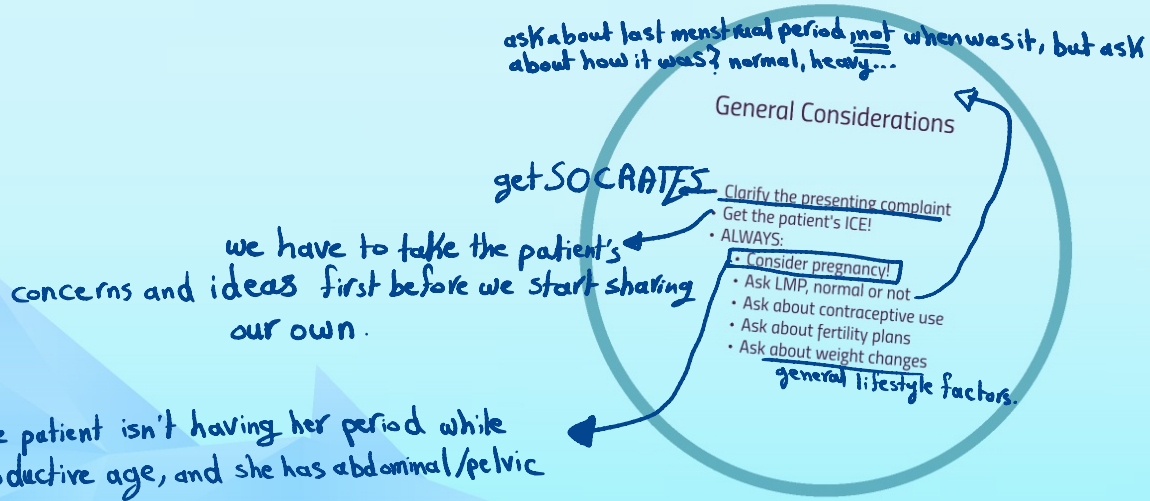
ammonia odor

most common gonorrhea chlamydia --
in this case the patient may have nothing.

due

Gynecological History

Putting It Together and Special Emphases



General Considerations

انشرح بالسلايد السابق.

- 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

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

imp.

how many babies and pregnancies and their outcomes abortion, miscarriese

like polycestic ovarian syndrome.

Sexual History

From Macleod's, Box 10.12

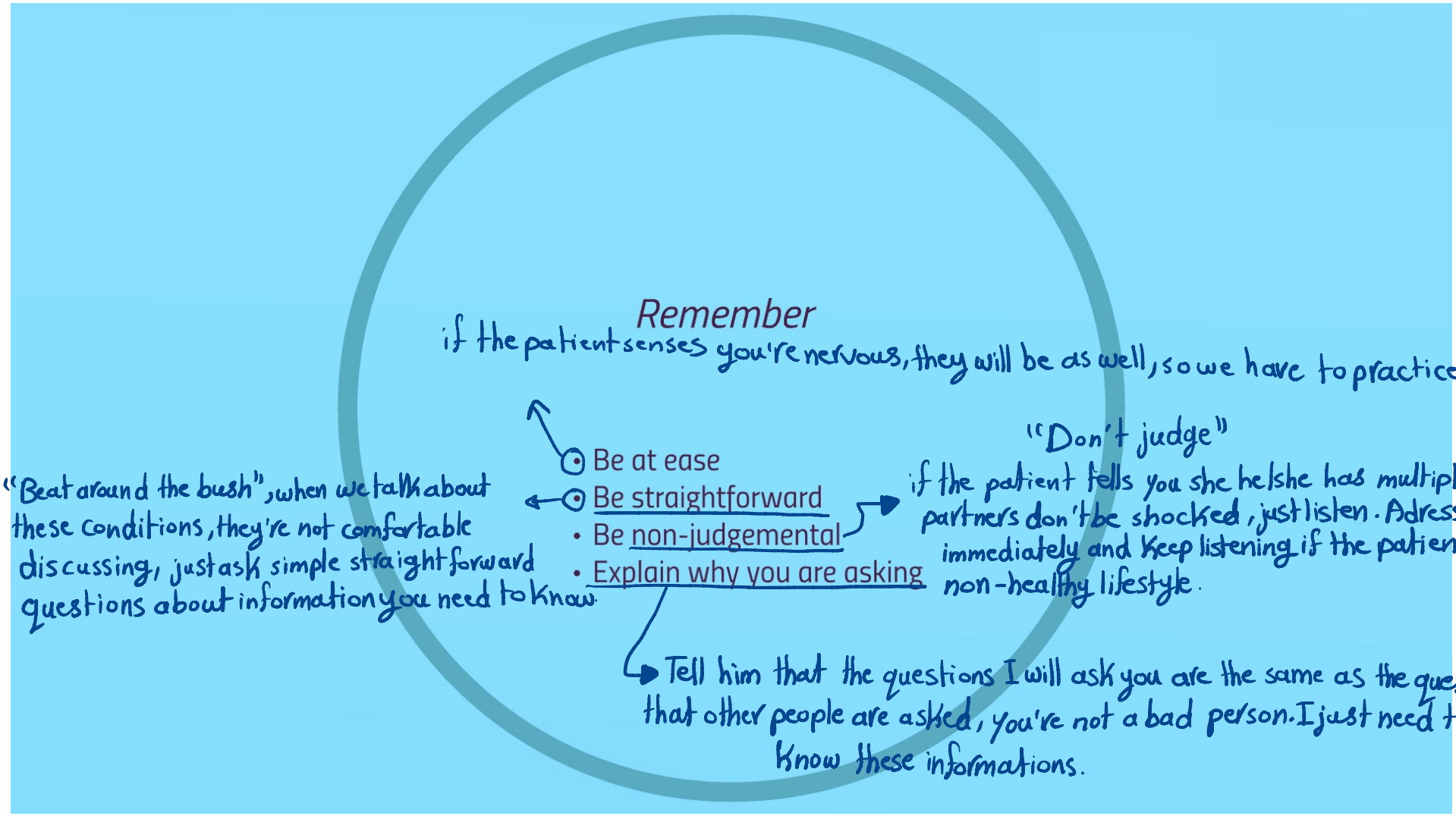
Taking a sexual history

- 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?

a key question

you can ask the patient in directly, e.g.:- if he has/she urethral discharge tell him/her what do you think is wrong with you? and he/she will say I think I have sexually transmitted disease and start asking about these questions.

(what was it, did you treat it, how long did it last when he/she had it....


Remember
if the patient senses you're nervous, they will be as well, so we have to practice well.
Be at ease
Be straightforward
Be non-judgemental
Explain why you are asking
"Beat around the bush", when we talk about these conditions, they're not comfortable discussing, just ask simple straightforward questions about information you need to know.
"Don't judge"
if the patient tells you she he/she has multiple sex partners don't be shocked, just listen. Adress it immediately and keep listening if the patient has non-healthy lifestyle.
Tell him that the questions I will ask you are the same as the questions that other people are asked, you're not a bad person. I just need to know these informations.

Other History Considerations

have they been normal or abnormal....

Past Medical History
- Cervical smears
- Sexually transmitted infections
- Pregnancies

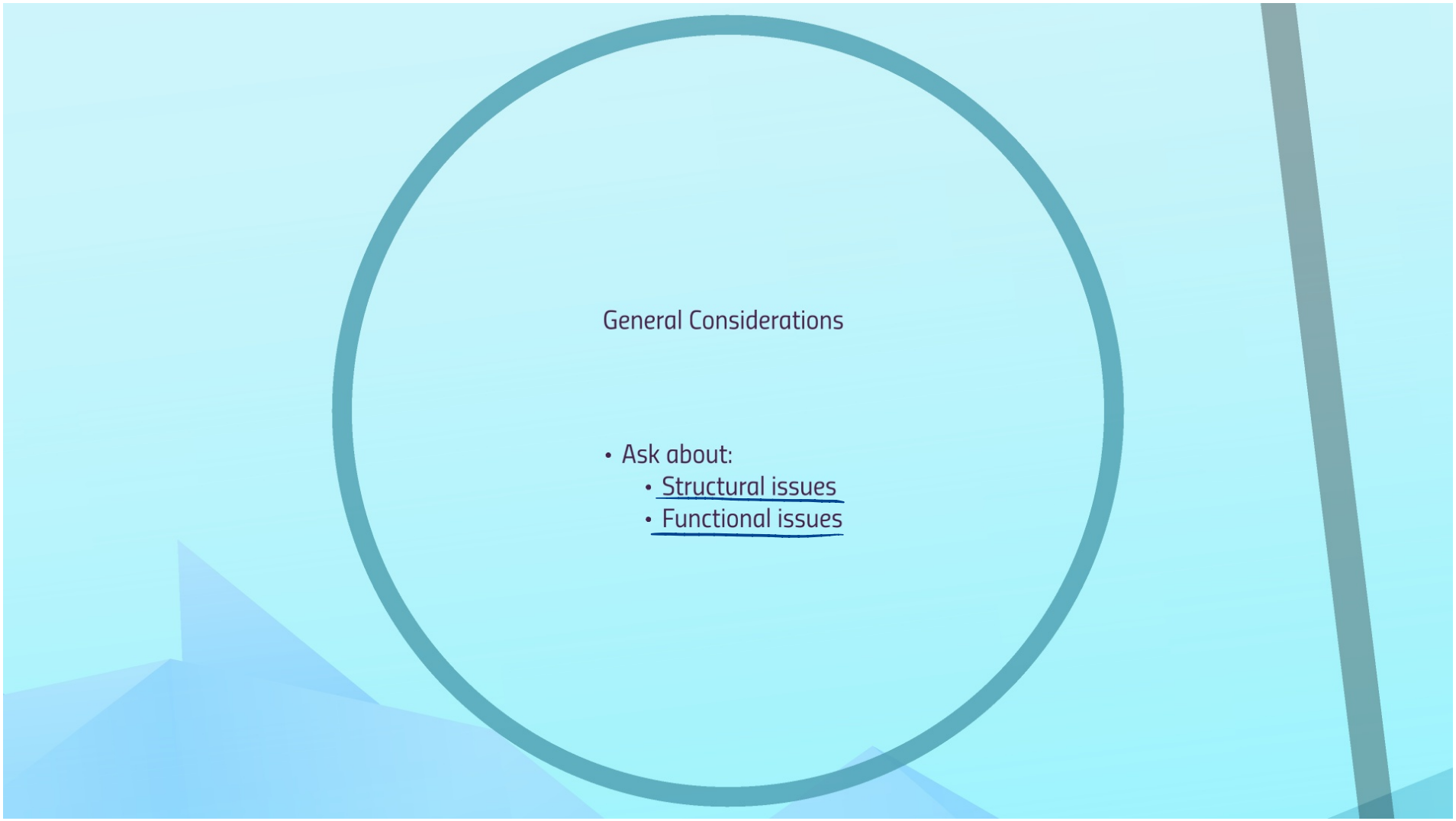
Family History
- Cancer (ovarian, breast)
- Diabetes, PCOS
- Bleeding disorders

↳ sometimes heavy menstrual bleeding is due to bleeding disorder..

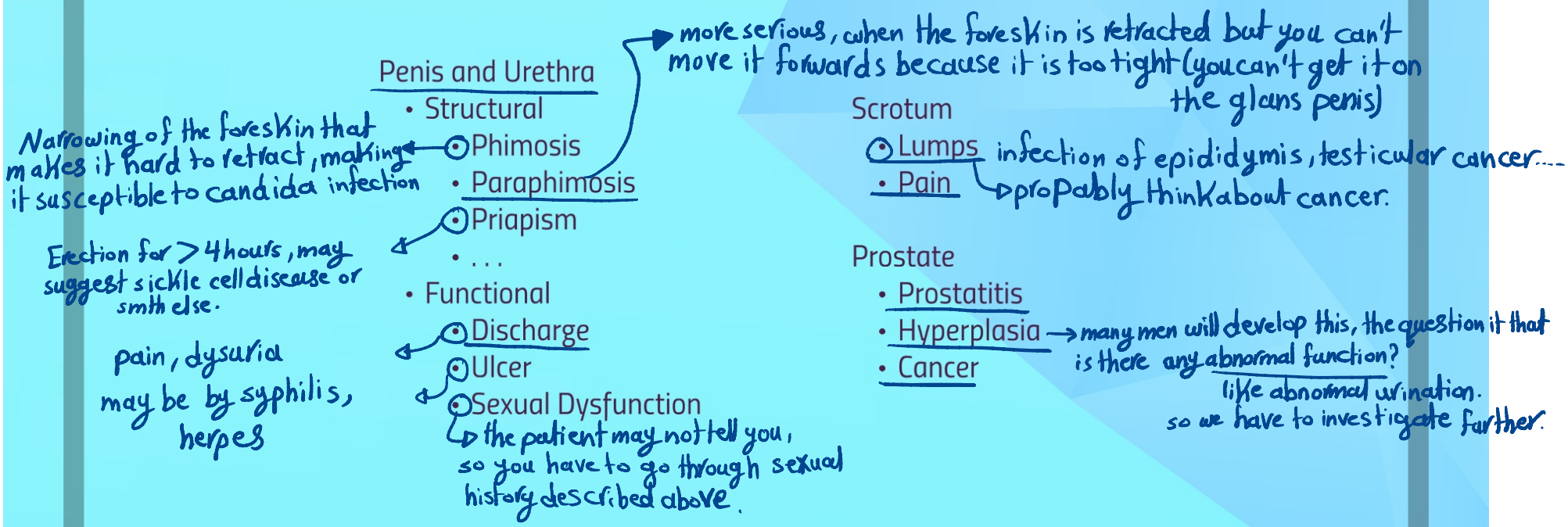
Drug History
- Contraception
- Hormonal therapy
- ...

Social History
- Smoking → makes fertility less, risk of cancer is increased.
- Occupation
- Lifestyle

Male Genital History


General Considerations
• Ask about:
• Structural issues
• Functional issues

Possible Symptoms



History

Putting it all together.

Presenting Complaint

- SOCRATES
- Define problems with function
- Get the patient's ICE!
  ideas, concerns and expectations

this will make everything easier for you.

Past History

- Urological procedures
- STIs and complications

surgery for undescended testicles, surgery for benign prostatic hyperplasia.

Family History

- Prostate cancer
- Structural problems

undescended testes, abnormal curvature of the penis

Social History

- Smoking → may affect fertility, erctile function.
- Alcohol → Erectile dysfunction
- Recreational Drugs

according to the amout/period

Drug History

- Urological drugs/treatments — antihypertensive may cause erectile dysfunction.
- Drugs that affect function

SSRI causes retrograde ejaculation.
antidepressant

Thank You!

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