14c. Part 4. Per vaginal examination

Bimanual Vaginal Examination (Per Vaginam): An OSCE-Ready Teaching Guide

Why, when, and what you're assessing

A bimanual vaginal (PV) exam helps evaluate causes of pelvic pain, irregular bleeding, abnormal discharge, suspected pelvic masses, and to characterise uterine/adnexal findings on exam. You'll assess the **vaginal walls & fornices, cervix (incl. cervical motion tenderness), uterus** (size, position, mobility, tenderness), and **adnexa** (ovaries & tubes).

Equipment

- Non-sterile gloves, apron
- Water-based lubricant
- Paper towels/tissues; clinical waste bin
- Good light source; chaperone present and documented

Preparation, consent, and dignity

1. **Hand hygiene & PPE**, introduce yourself, confirm ID.
2. **Explain** in simple language: you'll place **two lubricated fingers in the vagina** while the other hand palpates the lower abdomen; it may feel uncomfortable but **shouldn't be painful**; they can **ask you to stop anytime**.
3. **Chaperone:** offer and proceed only if acceptable.
4. **Checks:** ask about **pain** and if they might be **pregnant**; offer to **pass urine** first.
5. **Exposure & privacy:** ask the patient to remove underwear, lie on the couch, and cover with a sheet; always **re-check consent** before starting.

Before PV: brief abdominal & vulval assessment

- Do a **focused abdominal exam** (inspection & palpation) to note tenderness/masses.
- Perform a **vulval examination** and **inguinal node palpation** to detect local pathology (e.g., ulcers, discharge, scarring/lichen sclerosus, atrophy, leukoplakia, lesions/warts, Bartholin's cyst, varicosities, prolapse). Ask the patient to **cough** to accentuate prolapse. Record any **FGM** and follow local safeguarding rules.

Bedside pearls

- **Bartholin's cyst:** unilateral, **fluctuant** mass at 4 or 8 o'clock.
- **Lichen sclerosus:** white, thickened patches; may distort architecture.
- **Abnormal discharge patterns:**
  - **BV:** thin, profuse, fishy; no pruritus/inflammation.
  - **Candidiasis:** curdy, non-offensive; **pruritus/inflammation**.
  - **Chlamydia/gonorrhoea: purulent** discharge.
  - **Trichomoniasis: yellow, frothy, offensive**; pruritus/inflammation.

Positioning and technique (PV proper)

Position

- **Modified lithotomy:** “Bring your heels toward your buttocks, feet flat, let your knees fall apart.” Ensure comfort and lighting; re-confirm consent.

Insertion & survey of the vagina

1. **Lubricate** the index and middle fingers of your dominant hand.
2. **Separate the labia** with your non-dominant hand.
3. With palm **facing laterally**, **gently insert** both fingers into the vagina.
4. **Vaginal walls:** sweep circumferentially for **irregularities or masses**.
5. **Fornices (right & left):** palpate gently for fullness, tenderness, or masses.

Cervix & cervical motion tenderness (CMT)

- Assess **position** (anterior/posterior) and **surface** (smooth vs irregular).
- For **CMT**: place the **external hand** suprapubically; move the cervix **in four directions** with internal fingers and **watch for pain → pain suggests PID** in the right clinical context.

Uterus (bimanual palpation)

1. Place **external hand** just above the pubic symphysis.
2. Elevate the uterus with **internal fingers** while palpating downwards with the external hand—you should feel the uterus **between your hands**.
3. Characterise:
    - **Position: anteverted** (common, towards bladder) or **retroverted** (towards sacrum).
    - **Size:** ~orange-sized (non-pregnant); note enlargement.
    - **Shape/surface:** smooth vs **nodular** (e.g., fibroids).
    - **Mobility & tenderness:** restricted or painful suggests inflammation/adhesions.

Adnexa (ovaries & tubes)

- Move internal fingers to the **lateral fornix**; place external hand over the **ipsilateral iliac fossa**; **deeply palpate** toward the lateral pelvis.
- Note **masses** (size, shape, mobility), **fullness**, and **tenderness**. Repeat on the other side. Common differentials: **ovarian cyst/tumour**, **fibroid**, **tubo-ovarian pathology**.

Finishing up

- **Withdraw fingers slowly**, inspect glove for **blood or abnormal discharge**.
- **Cover** the patient; explain you’re done; **offer tissues**; provide privacy to dress.
- Dispose of equipment, remove PPE, **hand hygiene**.
- **Summarise** findings and **document** thoroughly, including **chaperone** details.

Interpretation & common patterns

- **Normal exam:** comfortable patient; smooth cervix; **anteverted**, mobile, non-tender uterus; **no adnexal masses** or tenderness.
- **PID pattern: CMT present**, uterine/adnexal tenderness; consider fever, discharge; take swabs and treat per guidelines.
- **Fibroid uterus:** enlarged, **irregular/nodular** surface; may have menorrhagia or pressure symptoms.

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- **Adnexal mass:** discrete, usually **mobile** if cystic; characterise and arrange **pelvic ultrasound**.
- **Pregnancy considerations:** always consider **β-HCG** if status is uncertain.

“Complete the assessment” (what you’d add)

- **Urinalysis** including **β-HCG** (if pregnancy status unclear).
- **Speculum exam** (visualise cervix & take swabs if infection suspected).
- **Vaginal/cervical swabs** (STI workup as indicated).
- **Pelvic ultrasound** (confirm or further characterise masses; assess endometrium).

Red flags & safety

- **Severe CMT** or adnexal tenderness with fever/discharge → urgent PID management.
- **Acute abdomen** with adnexal mass (torsion/rupture) → urgent gynae review.
- **Findings suggestive of malignancy** (hard/irregular mass, fixed, weight loss, post-menopausal bleeding) → fast-track imaging/referral.
- **Document any FGM** and follow **mandatory reporting** rules for minors per jurisdiction.

OSCE talk-through (concise)

> “With a chaperone present, I explained and obtained consent. After a brief abdominal and vulval exam with inguinal node check, I performed a lubricated two-finger PV while palpating suprapubically. The vaginal walls and fornices were normal. The cervix was smooth with **no cervical motion tenderness**. The uterus was **anteverted**, normal size, smooth and mobile, and there were **no adnexal masses or tenderness**. I completed the exam, ensured dignity, washed my hands, documented findings including the chaperone, and would add **urinalysis with β-HCG**, **speculum and swabs** as indicated, and **pelvic ultrasound** if a mass were suspected.”

Quick checklist (memorise)

- Hygiene → intro/ID → explanation → **chaperone** → consent → pain/pregnancy check → offer toilet → privacy & exposure.
- **Abdominal exam** (screen) → **vulval exam** + **inguinal nodes**.
- **PV**: lubricate → insert two fingers → **vaginal walls** → **fornices** → **cervix** (position, look, **CMT**) → **uterus** (position, size, mobility, tenderness) → **adnexa** bilaterally.
- Withdraw → inspect glove → cover, thank, dispose, wash → **summary & documentation** (incl. chaperone).
- **Complete** with urinalysis (β-HCG), speculum/swabs, pelvic ultrasound as needed.

Adapted for teaching from the Geeky Medics “Bimanual Vaginal Examination (PV) – OSCE Guide.”

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