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Decision Support Tool: Pelvic Exam

Decision support tools are evidence-based documents used to guide the assessment, diagnosis and treatment of client-specific clinical problems or conditions. When practice support tools are used to direct practice, they are used in conjunction with clinical judgment, available evidence, and possible discussion with colleagues. Nurses also consider client needs and preferences when using decision support tools to make clinical decisions.

Where gaps or inconsistencies in the evidence for pelvic examination, expert opinion was obtained.

While every effort has been made to ensure the accuracy of the information, data or material contained in these tools, the developers assume no legal liability or responsibility for the completeness, accuracy or usefulness of any of the information.

<p>The Nurses (Registered) and Nurse Practitioners Regulation:</p>	<p>8(1) (g) for the purposes of assessing an individual or ameliorating or resolving a condition identified through the making of a nursing diagnosis, put an instrument or a device, hand or finger (v) beyond the labia majora</p> <p><u>CRNBC Limit/Condition:</u> “Registered nurses who carry out pelvic exams or cervical cancer screening must possess competencies established by the Provincial Health Services Authority (PHSA) and follow decision support tools established by PHSA.”</p>
<p>For use by:</p>	<p>Registered nurses who are performing pelvic exams for assessment</p>
<p>Indications</p>	<ul style="list-style-type: none"> • To collect specimens for cervical cancer screening • To clinically assess and collect specimens for sexually transmitted infections (STIs) • To assess for and rule out abnormalities • To provide health teaching <p>Woman consents to examination and specimen collection.</p> <p>CRNBC Certified Practice Nurses (Reproductive Health: CM & STI) may have different consult/referral points.</p>
<p>Related Policies:</p>	<p>Employer specific policy for follow up for abnormal findings.</p>
<p>Related Standards:</p>	<ol style="list-style-type: none"> 1. CRNBC Standards of Practice: “Acting without an Order” 2. Screening for Cancer of the Cervix. An Office manual for Health Professionals (BC Cancer Agency. Seventh Edition 2007) 3. Canadian Guidelines on Sexually Transmitted Infections: 2008 Edition 4. Reproductive Health/STI CRNBC Certified Practice Decision Support Tools @ http://www.crnbc.ca/NursingPractice/Requirements/ScopeofPractice/ReproductiveHealthI.aspx 5. Reproductive Health/STI Decision Support Tools Chapter II (non - certified practice) @ http://www.bccdc.ca/NR/rdonlyres/3274295E-3270-4B1C-A6E9-5BDB68F05590/0/STIDSTsfornoncertifiedpractice.pdf
<p>Definitions:</p>	<p>Cervical cancer screening - Screening programs aim to reduce morbidity and mortality from cancer. Their goal per se is the application of a relatively simple, inexpensive test to a large number of</p>



Definitions continued:

persons in order to classify them as likely or unlikely, to have the cancer. The emphasis on likelihood underscores the limitations of screening (screening tests are not diagnostic tests). A person with an abnormal screening test does not have a definitive diagnosis until additional, more sophisticated diagnostic tests are completed. (BCCA, 2006)

Consult – refers to process of seeking the assistance of other health care providers (physician/NP) in making clinical judgments.

Dyspareunia – pain during sexual intercourse.

Ectopic pregnancy - Fertilized ovum is developing inside the fallopian tube rather than in the uterus. The classic sign of ectopic pregnancy is abdominal pain on lateral movement of the cervix.

Pelvic Exam - The exam consists of three steps – the external genital exam, the speculum exam and the bimanual exam:

- 1) **The External Genital Exam** - examination of the vulva, opening of the vagina and the perianal area.
- 2) **The Speculum Exam** - insertion of a single-use plastic or sterile metal speculum into the vagina to allow for visualization of the cervix and vaginal walls.
- 3) **The Bimanual Exam** - examination of the internal organs with one hand palpating abdominally and one hand vaginally.

Pap Smear – Papanicolaou smear is a screening test for cervical squamous dysplasia and early invasive squamous carcinoma of the cervix. Pap smears are the currently used method to obtain cytology specimens.

Pelvic Inflammatory Disease (PID) – PID is an inflammatory condition of the pelvic cavity that many involve the uterus, fallopian tubes, ovaries, pelvic peritoneum or pelvic vascular system. Movement of the cervix is often painful.

Refer – is the process by which the registered nurse transfers the care of the woman to another health care provider

STI – sexually transmitted infection(s)

Women Centred Care – applies to diverse communities of girls and women, and across the lifespan of girls and women. Women-centred care is based on the assumption that women know their own reality best and that it is essential for practitioners to listen to women describe their reality in their own words and in their own ways. This assumption also recognized and respects the many differences among women.

Decision-making criteria:

According to the BC Cancer Agency (BCCA) women often describe having pelvic exams and Pap smears as “awkward, invasive, uncomfortable, embarrassing and traumatic” and many do not return for subsequent examinations. The following suggestions may help to reduce anxiety and increase participation in screening for STI and cervical cancer. The history should be obtained in a relaxed and private setting, before the woman is asked to disrobe. Women have also expressed greater satisfaction when their permission to proceed is explicitly requested. Explain each step of the examination to the woman in advance, warm the instruments, and maintain eye contact when possible. Confidentiality and privacy are paramount considerations (Carouse & Goldstein, 2009).



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Only through proper assessment can risk for STI be identified – assumptions about a woman's risks may be inaccurate. A history and risk assessment should be done with a nonjudgmental manner, using language understandable to the woman. Nurses provide client-specific education and counseling, and use appropriate motivational interviewing to plan prevention and risk reduction strategies with women.

The single most powerful motivator for a woman to have a pelvic exam is an invitation/suggestion by her health care provider. This is especially true for women over the age of 40 years (BCCA, 2007).

Experts emphasize that a pelvic examination is not required in order to prescribe hormonal contraception (Stewart, 2001).

The optimal age at which to initiate and discontinue cervical cancer screening and screening frequency varies across Canada and other developed countries. Recommendations are likely to change as researchers continue to explore the role of risk factors in the development and natural history of cervical cancer and nurses have the responsibility to stay current. The British Columbia Cancer Agency (BCAA) publishes an office manual on cervical screening annual which is available online

<http://www.bccancer.bc.ca/NR/rdonlyres/BB10EE87-95AB-43F5-994C-7D8DBD969424/27429/CCSPofficemanual.pdf>

Health Canada publishes the Canadian Guidelines for STIs which is available on line @ <http://www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php>

Nurses need to assess risk factors for cervical cancer or sexually transmitted infections prior to initiating discussion with the woman about pelvic exams. Women who have never been sexually active generally do not require cervical cancer or sexually transmitted infection screening, however, women may require vulvar examination for health teaching or to rule out abnormal vulvar conditions.

In BC, the recommendation by the BCCA (2008) is that cervical screening begins shortly after onset of sexual intercourse and this recommendation is the current gold standard.

Pregnancy

There is no evidence that women who are pregnant should be screened any differently than women who are not (Murphy, 2007). STI screening is recommended at the first prenatal visit. Women with ongoing risk for STI acquisition during pregnancy should be offered rescreening each trimester (Canadian Guidelines on Sexually Transmitted Infections, 2006).

Lesbians

There is evidence that women in same sex relationships do not receive screening for either cervical cancer or STI (BCCA, 2008), and that these women have higher rates of STI (Canadian Guidelines on Sexually Transmitted Infections, 2006) Nurses providing screening are encouraged to initiate discussions about screening with all women.

Disabled women

Research indicates that women with disabilities are an under screened population (McColl, et al., 2005). Nurses may need to refer women with disabilities to appropriate services for routine screening.



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Youth

Young women can present for contraceptive information prior to becoming sexually active, presenting the nurse with an opportunity to counsel on safer sex practices and health behaviors. Sexually active women under the age of 25 are at increased risk for STI, and nurses working with this group are encouraged to initiate discussions about screening.

Bimanual exams

There is no existing evidence that any screening test, including CA-125, ultrasound, or pelvic examination, reduces mortality from ovarian cancer. Routine bimanual exams are no longer recommended by ACOG (2009), however, bimanual examinations are performed as part of an STI examination to rule out abdominal or cervical tenderness (Canadian Guidelines on Sexually Transmitted Infections, 2006). Therefore nurses providing these services must be familiar with the bimanual examination and use clinical judgment in offering the examination.

Assessment (may include):

A) Health History

- Menstrual history
 - Age of onset
 - Regularity
 - Date of last menstrual period
 - Age at menopause
- History of sexual activity since last menstrual period
 - Assess for possibility of pregnancy or need for emergency contraception
- Abnormal vaginal discharge
 - Onset
 - Colour
 - Consistency
 - Quantity
- Contraception
 - Method of birth control
 - Use of condoms
 - Use of lubricants
- Sexual history
 - Male/female/both
 - Last sexual contact
 - Number of partners in the last six months
 - Recent onset of or increase in sexual activity; types of sexual activities
 - History of STIs
 - Use of barrier protection
 - Dyspareunia



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- Gynecological history
 - Surgeries
 - Recent procedures
 - GTPAL (gravida, term, preterm, abortions, living): cesarean versus vaginal birth
 - Post coital bleeding
 - Bleeding between periods
 - Previous cervical screening for cytology? Results?
 - Pregnancy complications (e.g., ruptured membranes, vaginal bleeding) → refer to GP/NP
- Health history
 - Recent procedures
 - Immune status
 - Diabetes
 - Current medications
 - Mobility concerns
 - Smoking
 - Substance use
- Allergies
- Relevant physical assessment
 - Blood pressure
 - Consider pregnancy test
 - General state of health

B) Client Education

- Client Questions or concerns
- Describe process of examination

C) External examination

- Inguinal lymph nodes
 - Palpate to identify enlargement and tenderness
- External genitalia
 - Distribution of hair
 - Lesions, masses, induration, areas of different colour
 - Clitoris
 - Urethra
 - Skene's and Bartholin's glands
 - Perineum
 - Anus



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D) Speculum / bimanual

- Vagina
 - Appearance
 - Discharge
 - Vaginal tone

- Cervix
 - Position
 - Colour
 - Shape
 - Size
 - Consistency
 - Discharge
 - Lesions
 - Motion tenderness
 - Friability

- Uterus
 - Position
 - Size
 - Contour
 - Tenderness and/or pain on movement

- Adnexa
 - Tenderness and/or pain on palpation
 - Abnormal findings

Interventions:

1. Collect appropriate specimens which may include
 - specimen for cervical screening for cancer
 - specimens for STI screening
2. Bimanual exam
3. Health teaching

Intended Outcomes:

- Woman has been provided with a respectful, competent exam
- Woman has been provided opportunity for learning
- Adequate collection of appropriate specimen(s) and appropriate follow-up
- Referral to appropriate practitioner or resources as required



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Unintended Outcomes:

- May need to repeat exam if unsatisfactory specimen collection
- Traumatic experience

Consult/Refer if

- Any abnormal findings – for example
 - as advised by BC Cancer for cervical cytology
 - suspicious moles/lesions on the perineum
 - genitourinary pain (e.g., PID, suspected ectopic pregnancy, presence of an abscess)
 - systemic symptoms
- Inability to complete required screening d/t anatomy or woman's comfort level
- Special circumstances (e.g., sexual assault, prepubescent girls)
- To arrange for appropriate next level services after screening if necessary (e.g., colposcopy)
- CRNBC Reproductive Health Certified Practice Nurses (STI and CM) may have a different point of consult/refer in relation to management of STI and CM

Follow up

- Employer has process and infrastructure in place to ensure appropriate follow up
- Cervical screening follow up and referrals as advised by BCCA
- STI follow-up and referrals as advised by the CRNBC Decision Support Tools for Reproductive Health and the Sexually Transmitted Infections Decision Support Tools for Non Certified Practice: Chapter II
- Discuss the importance of routine screening and prevention
- Address any questions and/or concerns

Documentation:

- Initial and ongoing assessment data
- Reason for exam
- Interventions
- Teaching
- Woman's response to examination
- Referral/consultation
- Follow up



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