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.

This decision support tool is designed for clients 14 years and older.

Where gaps or inconsistencies in the evidence occur pertaining to 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.

The Nurses (Registered) and Nurse Practitioners Regulation:	**6(1)g(v)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** *CRNBC Limit/Condition: "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."*
For use by:	**Registered nurses who are performing pelvic exams for assessment**
Indications	• 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 Woman consents to examination and specimen collection. CRNBC Certified Practice Nurses - Reproductive Health: Contraceptive Management (CM) & Sexually Transmitted Infection (STI) may have different consult/referral points.
Related Policies:	**Employer specific policy/guidelines for follow up of abnormal findings.**
Related Standards:	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. Ninth Edition 2010) @ http://www.bccdc.ca/NR/rdonlyres/C1DA3929-65BE-4A2A-9784-DCE728605ED4/49037/CCSPmanual_web_jan2011.pdf 3. Canadian Guidelines on Sexually Transmitted Infections: 2008 Edition @ http://www.phac-aspc.gc.ca/std-mts/sti-its/pdf/401mts-prisencharge-eng.pdf 4. Reproductive Health/STI CRNBC Certified Practice Decision Support Tools @

	http://www.crnbc.ca/NursingPractice/Requirements/ScopeofPractice/ReproductiveHealthI.aspx 5. Sexually Transmitted Infections Decision Support Tools for Non Certified Practice. Chapter II @ http://www.bccdc.ca/NR/rdonlyres/3274295E-3270-4B1C-A6E9-5BDB68F05590/0/STIDSTsfornoncertifiedpractice.pdf 6. A Woman-Centred Approach to Cervical Cancer Screening: An Educational Video @ https://phsa.mediasite.com/mediasite/LoginForm/Login.aspx?ReturnUrl=%2fmediasite%2fCatalog%2fpages%2fcatalog.aspx%3fcatalogId%3d976f9b0b-fca0-434a-b28a-350c4c85d516
Definitions:	Bio female – term used within the transgender community to describe an individual who is born female, regardless of gender variance. Bio male – term used within the transgender community to describe an individual who is born male, regardless of gender variance. Cervical cancer screening - programs aimed to reduce morbidity and mortality from cervical cancer. http://www.bccancer.bc.ca/PPI/Screening/default.htm Consult – conferring with a health care provider for information and direction without transferring care 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. Gender Variant – Expressing gender in ways that conflict with mainstream expectations of gender (feminine boys / men and masculine girls /women). Can range from a woman who perceives herself as female taking on typically masculine tasks and clothing to a person who was born male and takes female hormones, uses a feminine name and dresses and lives as a woman. (C.A.L.L. OUT Project , 2011) 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 sterile metal or single-use plastic 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 Test– 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 (often caused by an infection) of the pelvic cavity that may involve the uterus, fallopian tubes, ovaries, pelvic peritoneum or pelvic vascular system. Movement of the cervix is often painful. Refer – transferring care 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 recognizes 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 (BCCA, 2010). 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).

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 (SOGC, 2004)

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.

In BC, the recommendation by the BCCA (2010) is that cervical screening should begin within three years after first sexual contact or at age 21, whichever occurs first. Sexual contact includes intercourse as well as digital or oral sexual contact involving the genital area with a partner of any gender. Repeat Pap tests every 12 months until there are three consecutive negative results, and then continue at 24-month intervals.

The British Columbia Cancer Agency (BCAA) publishes an office manual on cervical screening annual which is available online http://www.bccdc.ca/NR/rdonlyres/C1DA3929-65BE-4A2A-9784-DCE728605ED4/49037/CCSPmanual_web_jan2011.pdf

Public Health Agency of 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.

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) and appropriate education and support provided to reduce the potential of transmission during pregnancy.

Lesbians

There is evidence that women in same sex relationships may not receive screening for either cervical cancer or STI (BCCA, 2008). Data for rates of STIs among women having sex with women (WSW) is scarce, although studies have consistently found higher rates of STIs among heterosexual and bisexual women than among women who have sex with women exclusively (CSTIG, 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.

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.

Transgender people

Some cancer protocols are sex/gender-specific based on assumptions about what body parts women/men have (e.g., screening for cancer of the breast, cervix, ovaries, prostate, penis, testicles, and uterus). Surgery and hormones can change these body parts, and can also increase or decrease the risks of cancer. There is a paucity of literature regarding whether trans people get cancer more than non-trans people. But there are concerns about: 1) the association between social/economic marginalization and cancer, 2) the high rates of cigarette smoking and alcohol consumption among trans people, 3) the risk for sexually transmitted infections linked to cancer and 4) the long-term impact of hormone use. (Trans Care. Medical Issues, Vancouver Coastal Health, Transcend Transgender Support & Education Society and Canadian Rainbow Health Coalition, 2006)

Female to Male (FtM) for those trans men who have completed sex reassignment surgery (in most cases limited to hysterectomy), the need for lifelong cervical cancer screening is as per bio-females. The association of their male gender with bio-female anatomy can be very psychologically traumatic.

Male to Female (MtF) until sex reassignment surgery is complete, there is no need for vaginal examination. Once the creation of a new vaginal vault is complete, testing for STIs and other symptoms is as per bio-females. If the prostate is left intact a vaginal exam is required every year after 50 to screen for prostate cancer per the bio-male schedule.

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 and or need for emergency contraception

- Abnormal vaginal discharge
  - Onset
  - Colour
  - Consistency
  - Quantity
  - Odour

- 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

- Gynecological history
  - Surgeries
  - Recent procedures
  - GTPAL (gravida, term, preterm, abortions, living): cesarean versus vaginal birth

  - Post coital bleeding
  - Bleeding between periods, spotting
  - 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
    - Hormone therapies
    - Hormonal Contraception
  - Mobility concerns
  - Smoking
  - Substance use

- Allergies

- Relevant physical assessment
  - Blood pressure
  - Consider pregnancy test if appropriate
  - General state of health

B) **Client Education**

- Client questions or concerns
- Describe process of examination
- As appropriate based on client history and possible identified risks

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
  - Labia major and minora, posterior fourchette
  - Skene's and Bartholin's glands
  - Perineum
  - Anus

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
4. Recommended follow up

Intended Outcomes:

- Woman has been provided with a respectful, competent pelvic 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

Unintended Outcomes:

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

Consult/Refer if

- Client less than 14 years of age
- Any abnormal findings – for example:
    - as advised by BC Cancer for cervical cytology
    - suspicious moles/lesions
    - genitourinary pain (e.g., PID, suspected ectopic pregnancy, presence of an abscess)
    - systemic symptoms
- Inability to complete required screening
    - inability to locate cervix
    - due to woman's comfort level (pain/discomfort)
- 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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Development of DST

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