

Department:	Obstetrics and Gynecology (Ambulatory Care)		
Document:	Departmental Policy and Procedure		
Title:	Vaginal Examination		
Applies To:	All Obstetrics and Gynecology Staff		
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1. PURPOSE:

- 1.1 To obtain significant data in diagnosing gynecologic disorder.
- 1.2 To assess for any surgical intervention of a disorder.
- 1.3 To obtain specimen for cervical cytology and other test.

2. DEFINITIONS:

- 2.1 **Vaginal Examination**- process of examining the external and internal genitalia under strict aseptic technique.

3. POLICY:

- 3.1 **Vaginal and Pelvic Examinations**- are carried out in many different environments, including a hospital inpatient bed, a sexual health clinic, surgery, a busy ER department, in operating theatre, in radiology and in a colposcopy or hysteroscopy suite.
- 3.2 The dignity, privacy of the woman and her consent should be ensured at all patients to be informed about the indications, on what will happen during the examination or procedure and the reasons why.

4. PROCEDURE:

- 4.1 Prior to examination:
 - 4.1.1 Identify correct patient's 4 names for the Saudi and complete name for the Non – Saudi and Medical Record Number.
 - 4.1.2 Check the woman understands the purpose of the consultation/ examination.
 - 4.1.3 Ask if she had a vaginal or pelvic examination before.
 - 4.1.4 Discuss any concerns regarding her previous experience.
 - 4.1.5 It may be appropriate to offer a woman the opportunity to take her own.
 - 4.1.6 Explain the reason for the examination.
 - 4.1.7 Take a history and exclude any relevant allergies, e.g. latex, iodine.
 - 4.1.8 Explain the procedure for the examination, using language (or translator) that the woman understands.
 - 4.1.9 Have the patient void before the procedure.
 - 4.1.10 Inform the woman that the examination should not be painful but may be uncomfortable.
 - 4.1.11 Emphasize the importance of relaxation of the pelvic and/ or abnormal muscles during the procedure.
 - 4.1.12 Explain that some women may get spotting after swabs and cervical sampling, if appropriate.
 - 4.1.13 Explain that she may stop the examination at any point with a request to do so, and agree how that request can be made, for example a key word, raising of the hand.
 - 4.1.14 Examinations may be undertaken in the prone or left lateral position, depending upon the procedure.

- 4.1.15 You should inform the woman of the position she will be in and if she can remain in that position for the anticipated length of the examination or procedure. It may be appropriate to offer a choice.
- 4.1.16 The woman should be advised that it is usually only necessary to remove her lower garments.
- 4.1.17 Ensure the woman has privacy if she needs to undress and show her where to put her clothes.
- 4.1.18 Ask the woman to let you know when she's ready.
- 4.1.19 Prepare the needed equipment.

4.2 Procedure:

- 4.2.1 Position the patient on examining table.
- 4.2.2 Have buttock at edge of table.
- 4.2.3 Position feet in stirrups to assume dorsal lithotomy position.
- 4.2.4 Make the patient as comfortable as possible with a small pillow under the head.
- 4.2.5 Drape the patient to permit minimal exposure.
- 4.2.6 Adjust light for maximum focus.
- 4.2.7 Wash hands. Wear gloves.
- 4.2.8 Lubricate fingers with KY jelly.
- 4.2.9 Observe external genitalia for apparent abnormalities, gently separate labia and continue visual inspection.
- 4.2.10 Note the following abnormalities:
 - 4.2.10.1 Evidence of irritation.
 - 4.2.10.2 Infections.
 - 4.2.10.3 Swelling.
 - 4.2.10.4 Bleeding.
 - 4.2.10.5 Erythema.
 - 4.2.10.6 Discharges.
- 4.2.11 Gently place the tip of one finger into introitus.
- 4.2.12 Identify cervix manually and depress the perineum downward with your fingers.
- 4.2.13 Lubricate speculum horizontally, passing it over your fingers and aiming it toward the cervix.
- 4.2.14 Slowly open the speculum and lock into position with slow manipulation, the speculum can be turned to permit visualization of the vaginal walls.
- 4.2.16 Inspect the cervix that should be pink. Normally, the os is a dent, unless the patient had children in which case a slit is noted.
- 4.2.17 If indicated, swab cervix with Schiller's iodine solution to detect epithelial change, or swab vagina and cervix with acetic acid solution to detect lesions caused by human papilloma virus.
- 4.2.18 When removing speculum, hold it open until the cervix is cleared, then withdraw the speculum downward applying pressure to posterior vaginal wall and allowing speculum to close as it is withdrawn.
- 4.2.19 For palpation (bimanual examination of pelvic organs), observe the following steps:
 - 4.2.19.1 Insert two fingers of dominant hand into vagina.
 - 4.2.19.2 Place second hand over midline lower abdomen.
 - 4.2.19.3 Gently capture the uterus between the two hands to feel the contour and size and to elicit tenderness.
 - 4.2.19.4 Move hands to either side of midline to palpate the adnexa, feeling or swelling, masses, or tenderness of the ovaries and fallopian tubes.
- 4.2.20 Once the procedure is finished, gently wipe the perineal area with soft tissue or gauze, using firm strokes from the pubic area back to beyond the rectum.
- 4.2.21 Remove gloves. Wash hands.
- 4.2.22 Help the patient to remove feet from stirrups. Both feet must be removed at the same time to reduce strain.
- 4.2.23 Assist the patient in sliding toward head end of the table and provide a footstool for her to step on as gets off the examining table. Assist the patient in dressing if necessary.

4.3 Special considerations:

- 4.3.1 During examination, vaginal walls are pink and moist. Pale white secretions maybe noted.

- 4.3.2 If the patient is taking an oral contraceptive, the cervix may be deep pink to red.
- 4.3.3 Thread coming out of the cervix would indicate presence of an intrauterine device (IUD).
- 4.3.4 Abnormal signs of cervix include:
 - 4.3.4.1 Erosion.
 - 4.3.4.2 Lacerations.
 - 4.3.4.3 Polyps.
- 4.3.5 Normally, the uterus is positioned forward with the cervix at almost eight angles to the vagina.
- 4.3.6 Do not rush the patient as she is getting off the examination table because sudden shifting from recumbent to sitting position may cause a feeling of dizziness.

5. MATERIALS AND EQUIPMENT:

- 5.1 Perilight
- 5.2 Sterile Gloves
- 5.3 K.Y. Jelly
- 5.4 Tissue Forceps or Pick- up Forceps
- 5.5 Sterile Gauze
- 5.6 Vaginal Speculum- appropriate size
- 5.7 Parineal Drape

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurses
- 6.3 Midwives

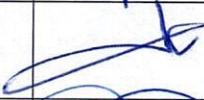
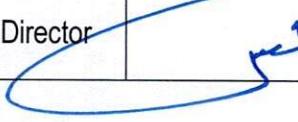
7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

- 8.1 RCOG. Vaginal and Pelvic Examination Guidance For Nurses and Midwives, 2006.
- 8.2 Integrated Management of Pregnancy and Childbirth, Managing Complications in Pregnancy and Childbirth, A guide for Doctors and Midwives. WHO/RHR/00.7 Geneva, 2003.
- 8.3 Guidelines for Obstetrics & Gynecology, Ministry of Health, 2013.

9. APPROVALS:

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