

Female Reproductive System Assessment

Assessing the female reproductive system includes a health history and a physical examination. The health history focuses on the patient's past genitourinary and gynecological histories and their current and former medication use. The patient must urinate before the pelvic examination, and if warranted, collection of urine for assessment of characteristics is a good idea at this time. The physical examination starts with inspection and palpation of external genitalia. Next, internal genitalia is performed using a lubricated speculum and focuses on examining the vaginal wall and cervix. After inspection, a Pap smear and additional cultures are collected from in and around the cervix. Finish the assessment by palpating the cervix and vaginal canal, and performing a bimanual examination of the adnexa. Note and respond to any abnormal findings.



PLAY PICMONIC

HEALTH HISTORY

Past Genitourinary and Gynecological History

[Past Medical History Form](#)

This history includes an exploration of the patient's menstrual and obstetric history (GPAL for pregnancies), preventive care (e.g. PAP smear history), onset of menopause, acute pelvic pain and recurrence/onset of urinary tract signs and symptoms, vaginal discharge, sexuality (including preferred gender identity) and sexual activity (e.g. heterosexual, homosexual, bisexual, etc.), contraceptive use (e.g. presence Long-Acting Reversible Contraception) and history of sexually transmitted infections.

Current and Past Medication Use

[Med-bottle](#)

Current and past medication use can further reveal medical and social history. Contraceptives are a common medication used to prevent pregnancy. Also, repeated use of AZO, an over-the-counter medication used to treat urinary discomfort symptoms, could lead to further clinical inquiry and patient education on the treatment of possible urinary tract infections

Urine Collection and Characteristics

[Urine Collections](#)

In preparation for the pelvic examination, the patient will need to empty their bladder before the exam. If the collection of urine will contribute to further clinical understanding of the patient's genitourinary and gynecological health, then this is an optimal time to do so. Once collected, the practitioner can note urine color and characteristics (e.g. presence of sediment, cloudiness, odor) before sending the specimen to the lab for pathologic review.

EXTERNAL GENITALIA EXAM

Inspect External Genitalia

[Inspect External Vagina-violet](#)

With gloves on, spread the labia and locate the urethral meatus, which should be pink, irregular, and have a small opening at the midline, right above the vagina. Note any discharge or ulcerations (signs of infections or STDs). Also, inspect the external genitalia and pubic hair. Gently spread the labia majora and minora. They should be moist and free from lesions. Normal discharge varies from clear to stretchy before ovulation and white to opaque after ovulation and should be odorless and non-irritating.

Palpate External Genitalia

[Paw External Vagina-violet](#)

Spreading the labia with one hand, palpate using the other hand. The labia should feel soft and the patient should not have any pain. If there is swelling, hardness, masses or lesions, palpate to determine size, shape and consistency.

INTERNAL GENITALIA EXAM

Inspect Internal Genitalia Using Lubricated Speculum

[Inspect Internal Vagina-violet](#)

Select the appropriate speculum for the patient, as they come in various shapes and sizes. Hold the speculum under warm water to lubricate it and make sure it is not too cold. While sitting at the foot of the exam table, tell the patient they will feel internal pressure while you insert the speculum. Hold the speculum by the base with blades anchored between your index and middle fingers. Encourage the patient to take deep, slow breaths during insertion.

Examine Vaginal Wall for Color, Texture, and Integrity

[Examine Vagina-violet Wall](#)

After inserting the speculum, examine the vaginal wall, observing color, texture and integrity. A white, thin, odorless discharge on the vaginal wall is normal to be seen.

Examine Cervix for Color, Position, Size, Shape, Mucosal Integrity and Discharge

[Examine Cervix-certificate](#)

The cervix should be smooth and round. Examine the cervix for color, shape, dilation of the os, erosions, masses, discharge or bleeding. The central cervical opening, called the cervical os, will be circular if the patient has not given birth vaginally, and will be a horizontal slit in a patient who has. Obtain a specimen for a Pap test if required.

Palpate Internal Genitalia

[Paw Internal Vagina-violet](#)

Lubricate the index finger and middle fingers of your gloved dominant hand. While being at the foot of the exam table, spread the labia majora using the non-dominant hand and insert your two lubricated fingers into the vagina. Note tenderness or nodules in the vaginal wall. Palpate the cervix by sweeping fingers from side to side across the cervix and around the os. It should be smooth and firm, and be easy to move in all directions. Note any irregularities or if the patient reports pain.

Note Abnormal Findings

[Note Abnormal Findings](#)

Note any abnormal findings, such as genital lesions, vaginal inflammation and discharge, cervical lesions and polyps, vaginal and uterine prolapse, and rectocele.