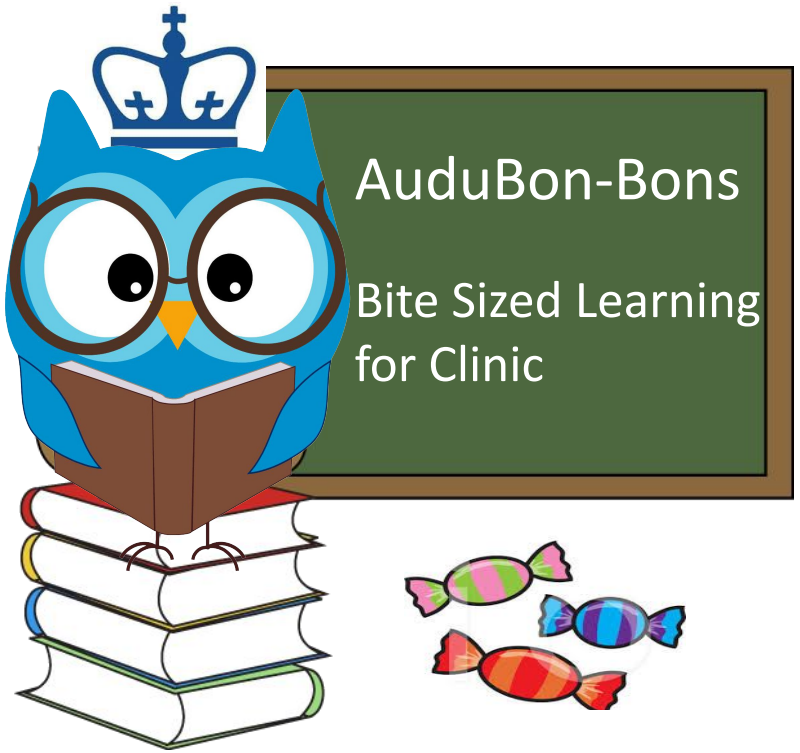
Pelvic Exam:
Indications, Chaperones, Documentation



Week 12

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Homework Assignment:

Podcast: Dr. Chapa's ObGyn Pearls*, Are "routine" pelvic examinations going extinct? Let's take a look at the data.*
November 17, 2018

CUIMC Policy on EUAs

LEARNING OBJECTIVES

- To feel comfortable introducing patients to learners, supervisors, and chaperones when performing pelvic exam
- To review indications and guidelines for pelvic exam
- To recognize contraindications to pelvic exam
- To effectively document pelvic exam
- To understand the exam under anesthesia

CASE VIGNETTE

- Ms. Dulce Búho, a 45 yo G0 woman, presents to clinic complaining of longer, painful menstrual periods and pelvic pressure.

- You have a medical student on your team, and ask her to obtain a focused history from the patient.

FOCUSED HISTORY

- How do you introduce your **learner** to the patient?

- If you are accompanied by a supervising **senior resident** or **attending**, how do you introduce him/her?

FOCUSED HISTORY

- Your medical student asks you, “What elements of this patient’s history are most relevant?”

  - **PMH:** None
  - **PSH:** Laparoscopic cholecystectomy
  - **POBH:** G0P0
  - **PGHYN:** **Regular menses q25d x 8d**
    LMP 1 week ago
    Not sexually active, not using contraception
  - **MEDS:** None
  - **ALL:** NKDA

INDICATIONS

- Your medical student presents the patient's history and begins to consider the differential diagnosis.

- She asks, "Do we **always perform a speculum exam** on reproductive aged women?"

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 754 *September 2018*

The Utility of and Indications for Routine Pelvic Examination [1]

- Pelvic examinations should be performed **when indicated by medical history of symptoms**.
- Based on the current limited data on potential benefits and harms and expert opinion, the decision to perform a pelvic examination should be a **shared decision between the patient and her obstetrician-gynecologist** or other gynecologic care provider.
- A limited number of studies have evaluated the benefits and harms of a screening pelvic examination for detection of ovarian cancer, bacterial vaginosis, trichomoniasis, and genital herpes. Data from these studies are **inadequate to support a recommendation for or against performing a routine screening pelvic examination among asymptomatic, nonpregnant women** who are not at increased risk of any specific gynecologic condition. Data on its effectiveness for screening for other gynecologic conditions are lacking.
- Women with current or a history of cervical dysplasia, gynecologic malignancy, or in utero diethylstilbestrol exposure should be screened and managed according to guidelines specific to those gynecologic conditions.
- After reviewing risks and benefits, the **pelvic examination also may be performed if a woman expresses a preference** for the examination.
- Regardless of whether a pelvic examination is performed, a **woman should see her obstetrician-gynecologist at least once a year** for well-woman care.
- A pelvic examination is **not necessary before initiating or prescribing contraception**, other than an intrauterine device, or to screen for sexually transmitted infections.

INDICATIONS

ACP American College of Physicians®
Leading Internal Medicine, Improving Lives

ACP **recommends against performing screening pelvic examination** in asymptomatic, nonpregnant, adult women (strong recommendation, moderate-quality evidence) [2]

U.S. Preventive Services
TASK FORCE

The USPSTF concludes that the **current evidence is insufficient to assess the balance of benefits and harms of performing screening pelvic examinations** in asymptomatic women for the early detection and treatment of a range of gynecologic conditions [3]

ABSOLUTE CONTRAINDICATIONS

Your medical student asks you, “In what scenario would you **not perform a speculum exam**?”

- **Age younger than 18 years old, without gynecologic symptom**
  - ACOG recommends first reproductive health visit between ages 13-15 [4, 5]

Indications for the Pediatric Pelvic Exam: → **Consider referral to pediatric GYN vs EUA**

- First genital inspection
  - Newborn – confirms patency of anus and vagina, helps to identify congenital anomalies and ambiguous genitalia
- Children younger than 13 years old
  - Patient/parent identifies gynecologic symptom
  - Indication for speculum and bimanual exam: [6]
    - Persistent vaginal discharge
    - Dysuria or UTI symptoms in girls who are sexually active
    - Dysmenorrhea that is unresponsive to NSAIDs
    - Amenorrhea
    - Abnormal vaginal bleeding

CHAPERONES

Your medical student says, “The MA is with another doctor, can we do the exam **without her**?”

The NEW ENGLAND JOURNAL of MEDICINE
August 18, 2005

Perspective

Naked

Atul Gawande, M.D., M.P.H.

One of every 200 physicians is disciplined for sexual misconduct with patients sometime during his or her career…virtually all occurred without a chaperone present…Embracing more explicit standards for medical encounters, however, might actually improve relationships with patients – and that does stand as a worthy goal…If physicians are unsure about what is appropriate behavior for themselves, is it any surprise that patients are, too? Or that misinterpretation can occur? We have jettisoned our old customs but have not bothered to replace them.

September 2005/Vol. 20 No. 7
District II/NYS Update

From the Chair, Richard N. Waldman, MD, FACOG

Our relationships with our patients are different than most other specialties. An informal poll of obstetricians and gynecologists … revealed that only half the male physicians used a chaperone. Our actions can so easily be misconstrued that it is critical to never put yourself in a position that could be misinterpreted and devolve into an “I said, she said” situation. The College’s ethical guidelines recommend the use of a chaperone for each intimate examination. It is even advisable to have that chaperone identified in your charts.

PHYSICAL EXAM, DOCUMENTATION

- **Abdominal Exam:** 20 week uterus
- **External Exam**
  - **Vulva:** appropriate hair distribution, no lesions
  - **Vagina:** no atrophy noted, scant bloody discharge, no lesions, no evidence of cystocele or rectocele
  - **Urethra**: no masses, tenderness, or scarring
- **Speculum/Internal Exam**
  - **Cervix:** nontender, nulliparous, no discharge
- **Bimanual Exam**
  - **Uterus:** enlarged, mobile uterus with irregular contour, 20 week size
  - **Adnexa:** no adnexal masses palpated bilaterally, no tenderness
- **Rectovaginal Exam**: no masses or tenderness

COUNSELING

- Your medical student approaches you on the day of Ms. Dulce Búho's hysterectomy and asks "Should I perform a **pelvic exam under anesthesia**?"

Teaching Pelvic Exams to Medical Students

APGO considers the ability to perform a complete and competent pelvic and breast examination to be a necessary skill in the provision of comprehensive women's health care.

We promote the appropriate teaching of pelvic exam skills to medical students during their undergraduate medical education. Teaching of these exam skills should be comprehensive and can include the use of didactics, simulation and mentored examinations in the clinical setting.

We recommend that learners in the clinical setting, including in the operating room when the patient is under anesthesia, should only perform a pelvic examination for teaching purposes when the pelvic exam is:

- Explicitly consented to;
- Related to the planned procedure;
- Performed by a student who is recognized by the patient as a part of their care team; AND
- Done under direct supervision by the educator.

ACOG
The American College of Obstetricians and Gynecologists

American College of Osteopathic Obstetricians & Gynecologists

AUGS
Advancing Female Pelvic Medicine and Reconstructive Surgery

COUNSELING – ACOG Committee Opinion

The American College of Obstetricians and Gynecologists
Women's Health Care Physicians

COMMITTEE OPINION

Number 500, August 2011 [7]

Some procedures, such as pelvic examinations under anesthesia, required specific consent. In women undergoing surgery, the administration of anesthesia results in increased relaxation of the pelvic muscles, which may be beneficial in some educational contexts. **However, if any pelvic examination planned for an anesthetized woman offers her no personal benefit and is performed solely for teaching purposes, it should be performed only with her specific informed consent obtained before her surgery**. When patients are not making decisions for themselves, as may be the case with minors or those with brain injury or intellectual disability, consent for these pelvic examinations under anesthesia must be obtained from the patient's surrogate decision maker (eg, a parent, spouse, designated health care proxy, or guardian): however, when possible and clinically appropriate, the health care provider should also obtain the assent of the patient herself for such examinations.

COUNSELING – CUIMC Policy on EUA

COLUMBIA | COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

Title: Pelvic Exam Under Anesthesia (EUA)

Policy: Informed, written consent is required for pelvic exams done under anesthesia (EUA).

Background: Students on the OB/Gyn clerkship participate in surgical procedures as members of the surgical team under the supervision and guidance of the attending surgeon, who is directly responsible for the patient's care. Gynecological surgical procedures often include a pelvic exam under anesthesia, which provides valuable information for the safe conduct of the surgical procedure and also affords the teaching surgeon an opportunity to guide junior members of the surgical team in the interpretation of pelvic pathology (1).

Because the EUA is a standard part of many gynecologic procedures, and exposes the patient to no tangible health risks, surgeons have not always solicited or documented explicit informed consent for this particular part of the procedure. However, it is important that all aspects of an operative procedure be explained to each patient (1). In addition, patients have the right to know the roles and responsibilities of everyone involved in their care and refuse their treatment, examination or observation (2, 3, 4). Since a pelvic exam can have special significance for patients, EUA should be included in the pre-operative counseling and informed written consent should be obtained.

Purpose: To outline the policy for obtaining informed patient consent for pelvic exams under anesthesia.

Applies To: All members of Columbia University Department of Obstetrics and Gynecology

Procedure:

The following procedure will be followed when an OB/Gyn patient is to undergo a pelvic examination under anesthesia:

The operating surgeon will explain that, after the patient is anesthetized, an EUA will be performed by members of the operating team for purposes of diagnosis, surgical planning, and/or training. The operating team may include attendings, fellows, residents, and/or medical students. Examination by a student is not expected to provide direct personal benefit to the patient, but is not expected to cause harm and will help prepare the student to care for other patients in the future. This discussion is documented in the pre-op note and EUA is included as one of the procedures on the surgical consent form. Consent may be obtained in the provider's office prior to the date of surgery.

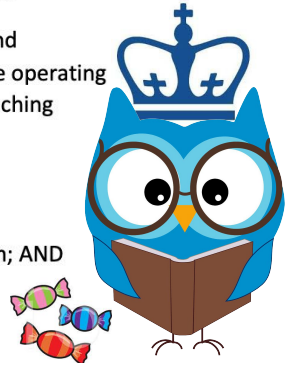
If the patient gives consent for EUA by members of the team including students, the medical student assigned to the case may perform the exam.

The patient may decline to have EUA performed by particular members of the team. In such cases, this will be noted on the consent form and those individuals will not perform the exam.

If EUA is not listed as a procedure on the consent form, it should not be assumed that the patient consented to an exam for learning purposes and EUA should not be done by a student.

This policy is in keeping with the March 2019 APGO statement, endorsed by ACOG and supported by the AAMC: "We recommend that learners in the clinical setting, including in the operating room when the patient is under anesthesia, should only perform a pelvic examination for teaching purposes when the pelvic exam is:

- Explicitly consented to;
- Related to the planned procedure;
- Performed by a student who is recognized by the patient as a part of their care team; AND
- Done under direct supervision by the educator."



CODING AND BILLING

CPT Codes:

G0101: Cervical or vaginal cancer screening; pelvic and clinical breast examination
Q0091: Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
57410: Female pelvic examination under general anesthesia

ICD-10 Codes:

Z01.411: Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419: Encounter for gynecological examination (general) (routine) without abnormal findings

EVIDENCE

1. The utility of and indications for routine pelvic examination. ACOG Committee Opinion No. 754. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;132:e174-80.
2. Qaseem, Amir, et al. "Screening pelvic examination in adult women: a clinical practice guideline from the American College of Physicians." *Annals of internal medicine* 161.1 (2014): 67-72.
3. US Preventive Services Task Force. Screening for Gynecologic Conditions With Pelvic Examination: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2017;317(9):947–953. doi:10.1001/jama.2017.0807
4. American College of Obstetricians and Gynecologists. "Committee Opinion No. 460. The initial reproductive health visit." *Obstet Gynecol* 116.1 (2010): 240-243.
5. Committee on Gynecologic Practice. "Committee opinion No. 534: well-woman visit." *Obstetrics and gynecology* 120.2 Pt 1 (2012): 421.
6. Braverman, Paula K., and Lesley Breech. "Gynecologic examination for adolescents in the pediatric office setting." *Pediatrics* 126.3 (2010): 583-590.
7. Professional responsibilities in obstetric-gynecologic medical education and training. Committee Opinion No. 500. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;118:400-4.