

OBS & GYNAE

ATROPHIC VAGINITIS

HISTORY X MANAGEMENT

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TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

PLEASE REFER TO YOUR SCRIPTS

PROMPT

A 68-year-old male presents to the urology clinic with a history of recurrent episodes of painless hematuria, urinary frequency, and urgency over the past six months. He also complains of occasional abdominal pain and weight loss.



LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Confirm patient's identity and consent
- Assess the onset, duration, and progression of symptoms
- Explore the patient's understanding of their condition

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Duration of symptoms
 - Severity of symptoms (mild, moderate, severe)
 - Associated symptoms (e.g., vaginal dryness, dyspareunia, itching, burning sensation, urinary symptoms)
 - Onset of symptoms (sudden or gradual)
 - Menstrual history (postmenopausal, perimenopausal, premenopausal)
 - Use of hormone replacement therapy (HRT)
 - Previous treatments or interventions
-
- Impact of symptoms on quality of life and sexual function
 - Any recent changes in sexual partners or practices
 - Use of personal hygiene products or perfumed soaps
 - Relevant medical history, such as diabetes, autoimmune disorders, or cancer treatments
 - Collateral history from partner or close family members

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Can you tell me for how long you've been experiencing these symptoms?"
- "Would you describe your symptoms as mild, moderate, or severe?"
- "Have you noticed any additional symptoms, like vaginal dryness, pain during sex, itching, burning sensations, or urinary issues?"
- "Did these symptoms start suddenly or did they come on gradually?"
- "Could you share your menstrual history with me, particularly if you are postmenopausal, perimenopausal, or premenopausal?"
- "Have you ever used hormone replacement therapy (HRT)?"
- "Have you tried any treatments or interventions before for these symptoms?"

FURTHER EXPLORATION

- "Could you describe the sensation of the vaginal dryness you've been experiencing? How has it been affecting your daily life?"
- "You mentioned experiencing painful intercourse or dyspareunia; can you tell me more about this?"
- "Can we discuss the itching or irritation you've felt around the vaginal area? How severe is it?"
- "Can you provide more details about the burning sensation you've felt during urination? Is it persistent or intermittent?"
- "Can you tell me more about any unusual vaginal discharge you've noticed, including its consistency or any unusual smell?"

FURTHER EXPLORATION...

- Vaginal dryness
- Dyspareunia (painful intercourse)
- Itching or irritation of the vaginal area
- Burning sensation during urination
- Abnormal vaginal discharge (thinning, watery, or foul-smelling)

EVEN FURTHER EXPLORATION

- "How have these symptoms been impacting your quality of life and sexual function?"
- "Have there been any recent changes in your sexual partners or practices?"
- "Do you use any personal hygiene products or perfumed soaps that could potentially be affecting the area?"
- "Have you been diagnosed with any relevant medical conditions, such as diabetes, autoimmune disorders, or cancer treatments?"
- "Could we get additional input from your partner or a close family member about your symptoms, if you feel comfortable?"

RED FLAGS/COMPLICATIONS

- **Red Flags**

- Postmenopausal bleeding
- Pelvic pain
- Systemic symptoms like weight loss, fatigue, or fever

- **Common Complications:**

- Increased risk of urinary tract infections (UTIs)
- Increased susceptibility to vaginal and urinary tract atrophy
- Dyspareunia leading to sexual dysfunction
- Negative impact on quality of life

- **Risk factors**

- Menopause or perimenopause
- Estrogen deficiency
- Hysterectomy
- Cancer treatments (chemotherapy, radiation)

OTHER KEY PHRASES

- "Have you experienced any postmenopausal bleeding? If yes, could you tell me more about it?"
- "Have you felt any pelvic pain recently?"
- "Have you noticed any systemic symptoms such as unexplained weight loss, persistent fatigue, or fever?"
- "Do you find that you've been getting urinary tract infections (UTIs) more frequently?"
- "Have you noticed any changes in your vaginal or urinary tract that could suggest atrophy, like increased dryness or discomfort?"
- "How is the painful intercourse affecting your sexual life?"
- "How are these symptoms and complications affecting your daily life and well-being?"

PAST MEDICAL HISTORY

- Hormone-related disorders (e.g., polycystic ovary syndrome)
- Autoimmune disorders (e.g., Sjögren's syndrome)
- Diabetes or prediabetes
- Previous cancer treatments (chemotherapy, radiation)

DRUG HISTORY

- Current medications, including HRT or topical estrogen therapies
- Allergies and nature of reaction (if any)

FAMILY HISTORY

- Relevant gynecological conditions (e.g., early menopause, estrogen-related disorders)
- Autoimmune disorders
- Cancer (if applicable)

SOCIAL HISTORY:

- Sexual history and practices
- Smoking status
- Occupation and exposure to irritants or allergens

PAST MEDICAL HISTORY

- "Have you ever been diagnosed with hormone-related disorders like polycystic ovary syndrome, or autoimmune disorders such as Sjögren's syndrome?"
- "Do you have diabetes or have been diagnosed as prediabetic?"
- "Have you received treatments for cancer in the past, like chemotherapy or radiation?"
- "Are you currently going through menopause or perimenopause?"
- "Have you ever had surgery involving the removal of your uterus, also known as a hysterectomy?"
- "Have you received cancer treatments such as chemotherapy or radiation?"
- "Can you tell me more about your sexual history and practices?"
- "Do you smoke? If yes, how frequently?"
- "What is your occupation, and does it involve exposure to any irritants or allergens?"

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
 - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Examination Findings:**

- Vital signs including weight.
- General appearance: Signs of poor self-care might indicate a depressive disorder.
- Cardiovascular, respiratory, abdominal examination: to rule out other causes of dyspnea or abdominal pain.
- Pelvic examination: vaginal dryness, pallor, petechiae, thin and dry labia and vulva.
- Neurological findings, cranial nerves: normal.

- **Risk Assessment (5 points)**

- Assess the risk of estrogen-dependent cancers before starting treatment.
- Assess the impact of symptoms on quality of life and relationships.
- Assess the severity of symptoms and impact on the patient's quality of life
- Evaluate the risk of complications, such as recurrent UTIs or sexual dysfunction

EXAMINATION

- "We'll also take a look at your vital signs, including your weight."
- "In some cases, we might need to examine your breathing and cardiovascular health, abdominal area, or even perform a neurological examination."
- "We need to assess how severe your symptoms are and how they're impacting your quality of life."
- "We also need to evaluate your risk for complications, like recurrent UTIs or sexual dysfunction."

EXAMINATION

DIFFERENTIAL DIAGNOSIS

- Vulvovaginal candidiasis
- Bacterial vaginosis
- Contact dermatitis
- Urinary tract infections

HISTORY

DIFFERENTIAL DIAGNOSIS

- "We should consider some other conditions that can cause similar symptoms, like vulvovaginal candidiasis, bacterial vaginosis, contact dermatitis, and urinary tract infections."

HISTORY

INVESTIGATION

- Laboratory values (if indicated) – Complete blood count, estrogen levels, vaginal pH
- Swabs (if indicated) – Vaginal culture, STI screen
- Imaging and other relevant tests (if indicated)

INVESTIGATION

- "In some cases, we may need to run a few lab tests, like a complete blood count, check estrogen levels, or measure vaginal pH."
- "We may also need to take swabs for a vaginal culture or screen for sexually transmitted infections."
- "Depending on your symptoms, other tests, like imaging studies, might be necessary."

MANAGEMENT PLAN

- First-line: Non-hormonal lubricants and moisturizers, regular sexual activity, lifestyle modifications (avoiding irritants, maintaining good hygiene)
- Second-line: Topical estrogen therapy (vaginal creams, rings, tablets)
- Third-line: Systemic estrogen therapy (HRT) for moderate to severe symptoms

Management in the Community & Key Principles Before Discharge (2 points)

- Patient education about self-care measures, including hygiene and symptom management
- Referral to specialist services as required
- Provide clear instructions on medication usage (dosage, frequency, and application)
- Advice on follow-up visits and monitoring of symptoms
- Educate the patient about potential complications and when to seek urgent medical attention

MANAGEMENT PLAN

- "The first steps in managing your condition could include non-hormonal lubricants and moisturizers, regular sexual activity, and some lifestyle modifications."
- "If these measures don't provide enough relief, we may consider topical estrogen therapy."
- "For more severe symptoms, we might need to consider systemic estrogen therapy, or hormone replacement therapy."
- "It's important for you to be educated about your condition and how to manage it, including hygiene practices and symptom management."
- "If necessary, we can refer you to specialist services for more support."
- "We will provide clear instructions on how to use any medications, including dosage, frequency, and how to apply them."
- "We will also schedule follow-up visits to monitor your symptoms and progress."
- "We will also discuss what complications could occur and when you should seek urgent medical attention."

ADVICE TO GUARDIANS/RELATIVES

Explanation of Condition

- Atrophic vaginitis is a condition that occurs due to decreased estrogen levels, commonly seen in menopausal and postmenopausal women.
- It causes symptoms such as vaginal dryness, pain during intercourse, itching, and burning.
- It is important to manage symptoms to improve quality of life and prevent complications like urinary tract infections.
- Treatment options include non-hormonal measures, lubricants, moisturizers, and in some cases, hormonal therapies.

Advice to Guardians

- Encourage open communication about symptoms and any concerns.
- Support the patient in following the prescribed treatment plan.
- Assist in creating a comfortable environment and promoting healthy lifestyle choices.

Useful Resources (2 points)

- Patient support groups or organizations specializing in menopause and women's health
- Reliable online resources like reputable medical websites or government health portals

ADVICE TO GUARDIANS/RELATIVES

- "I encourage you to maintain open communication about the symptoms and any concerns. Your support can significantly help."
- "Assist her in following the prescribed treatment plan."
- "Help create a comfortable environment for her and promote healthy lifestyle choices."
- "There are patient support groups or organizations specializing in menopause and women's health that could provide additional help."
- "Reputable medical websites or government health portals can also provide reliable information."

COMPLICATIONS OF TREATMENT

MOA of Therapies

- Estrogen therapy replenishes the declining levels of estrogen, which helps restore vaginal health by thickening the vaginal lining, improving moisture, and reducing symptoms of atrophy.

Basic Overview of Surgical Therapies:

- N/A

Complications of Medication and Surgical Therapy: Adverse reactions to medications.

- Potential side effects of estrogen therapy (e.g., breast tenderness, vaginal bleeding, bloating)
- Surgical complications (if applicable, e.g., complications of vaginal rejuvenation procedures)

COMPLICATIONS OF TREATMENT

- "Estrogen therapy works by replenishing the declining levels of estrogen. This helps restore vaginal health by thickening the vaginal lining, improving moisture, and reducing symptoms of atrophy."
- "Potential side effects of estrogen therapy could include breast tenderness, unexpected vaginal bleeding, or bloating."

FOLLOW UP

- Follow-up appointments as per local guidelines (e.g., 6–12 weeks) to assess treatment response and adjust management if needed.
- Review symptoms, evaluate for complications, and provide ongoing support.

FOLLOW UP

- "We will schedule follow-up appointments based on local guidelines, like every 6-12 weeks, to assess your response to the treatment and adjust management if needed."
- "During these visits, we'll review symptoms, check for complications, and provide ongoing support."

SEVERITY SYSTEMS

- (Create your own UK-based severity system or use an existing one if available)

NEVER MISS

- Importance of differentiating atrophic vaginitis from other similar conditions.
- Recognition of red flag symptoms that may indicate underlying pathology.
- Understanding the potential complications of atrophic vaginitis and their impact on the patient's quality of life.
- Knowledge of the different lines of management for atrophic vaginitis and when to escalate therapy.
- Awareness of the need for regular follow-up visits and ongoing monitoring.

TOP 1% QUESTIONS

1. What are the potential long-term consequences of untreated atrophic vaginitis? 2. What are the non-hormonal measures that can be used to manage atrophic vaginitis?
2. How does atrophic vaginitis differ from other types of vaginitis, such as candidiasis or bacterial vaginosis?
3. What are the potential risks and benefits of systemic estrogen therapy in the management of atrophic vaginitis?
4. Can atrophic vaginitis occur in premenopausal women? If so, what are the possible causes?

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





LET'S DISCUSS

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



QUESTIONS?



MDT

OBS & GYNAE

BACTERIAL VAGINOSIS

HISTORY X MANAGEMENT

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TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

PLEASE REFER TO YOUR SCRIPTS

PROMPT

Mrs. Amelia Jones, a 32-year-old woman, presented to the gynecology outpatient department. Mrs. Jones has been experiencing an uncomfortable vaginal discharge with a peculiar odour for the past week.

COUNSELLING X PHARMACY



LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Confirm patient's identity and consent
- Assess the onset, duration, and progression of symptoms
- Explore the patient's understanding of their condition

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Duration and onset of symptoms
 - Severity of symptoms (mild, moderate, severe)
 - Associated symptoms (vaginal discharge, odour, dysuria, itching, etc.)
 - Any previous episodes or similar complaints
 - Menstrual history
-
- Sexual history including recent changes in sexual partners or practices
 - Use of vaginal products (douches, soaps, new contraceptives, etc.)
 - Relevant medical history, such as previous STIs
 - Collateral history from partner if relevant

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Could you tell me how long you've been experiencing these symptoms and whether they appeared suddenly or gradually?"
- "On a scale of 1 to 10, with 10 being the most severe, how would you rate your discomfort or symptoms?"
- "Apart from the discharge, have you noticed any other symptoms such as itching, an unusual odour, or discomfort when you urinate?"
- "Have you had similar symptoms or episodes in the past?"
- "Can you tell me about your menstrual history? How regular are your periods and when was your last period?"

FURTHER EXPLORATION

- "Could you describe the discharge for me? What is its colour, consistency, and volume?"
- "Have you noticed an odour accompanying the discharge? Could you describe it for me?"
- "Have you experienced any pain or discomfort when passing urine?"
- "Do you feel any itching or irritation in your vaginal area?"
- "Have your symptoms affected your sexual activity or daily life in any way?"

FURTHER EXPLORATION...

- Detailed nature of vaginal discharge (colour, consistency, volume)
- Presence and characterisation of vaginal odour
- Presence of dysuria
- Presence and degree of vaginal itching or irritation
- Impact of symptoms on sexual activity and daily life

EVEN FURTHER EXPLORATION

- "Could you share details about your recent sexual history? Have you had new or multiple partners recently?"
- "Do you use any vaginal products like douches, soaps or contraceptives?"
- "Have you ever been diagnosed with any sexually transmitted infections?"
- "May I speak with your partner, if possible, to gather some additional information?"

RED FLAGS/COMPLICATIONS

- **Red Flags**

- Persistent or recurrent symptoms despite treatment
- Presence of systemic symptoms like fever or abdominal pain

- **Common Complications:**

- Risk of recurrent bacterial vaginosis
- Risk of pelvic inflammatory disease (PID)

- **Risk factors**

- Frequent douching
- New or multiple sexual partners

OTHER KEY PHRASES

- "Do you often use vaginal douches?"
- "Can you tell me more about your recent sexual history?"
- "Have these symptoms persisted or recurred despite treatment?"
- "Have you experienced any systemic symptoms such as fever or abdominal pain?"
- "Are you aware that untreated or recurrent bacterial vaginosis can lead to further complications?"
- "It can increase your risk for pelvic inflammatory disease, which can affect your reproductive health."

PAST MEDICAL HISTORY

- Previous episodes of bacterial vaginosis or other STIs
- Other relevant gynaecological conditions

DRUG HISTORY

- Use of antibiotics or other medications
- Allergies and nature of reactions

FAMILY HISTORY

- Relevant familial conditions, if any

SOCIAL HISTORY:

- Sexual history and practices
- Smoking status

PAST MEDICAL HISTORY

- "Have you had previous episodes of bacterial vaginosis or other sexually transmitted infections?"
- "Have you had any other gynaecological conditions that I should be aware of?"
- "Are you currently on any medications, including antibiotics?"
- "Do you have any known allergies to medications? If so, could you describe the reaction you had?"
- "Can you tell me more about your sexual history and practices?"
- "Do you smoke? If yes, how frequently?"
- "What is your occupation, and does it involve exposure to any irritants or allergens?"

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
 - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Examination Findings:**

- Vital signs
- General appearance (signs of distress, hygiene)
- Abdominal and speculum examination findings (e.g., vaginal discharge, erythema)
- Bimanual examination if indicated

- **Risk Assessment (5 points)**

- Severity of symptoms and impact on daily life
- Risk of complications

EXAMINATION

- "I'll start the examination by checking your vital signs, such as your blood pressure and heart rate."
 - "I'm now going to conduct a general examination to check your overall health."
 - "With your consent, I'd like to perform an abdominal and speculum examination to look for any visible signs of infection."
 - "Finally, with your consent, I will perform a bimanual examination, this helps me to understand if there is any pain or abnormality in your pelvic area."
-
- "Let's discuss the severity of your symptoms and how they're impacting your daily life."
 - "It's important that we consider the risk of potential complications if the condition isn't treated."

EXAMINATION

DIFFERENTIAL DIAGNOSIS

- Candidiasis
- Trichomoniasis
- Atrophic vaginitis

HISTORY

DIFFERENTIAL DIAGNOSIS

- "Based on your symptoms and results, it's important that we distinguish bacterial vaginosis from other conditions, such as Candidiasis, which also causes vaginal discharge but is usually accompanied by..."
- "Trichomoniasis could be another possibility, but it's less likely because..."
- "Atrophic vaginitis also shares similar symptoms, but given your age and hormonal status..."

HISTORY

INVESTIGATION

- Wet mount microscopy results
- Vaginal pH
- Additional tests if indicated (e.g., STI screen, pelvic ultrasound)

INVESTIGATION

- "Your wet mount microscopy results indicate..."
- "The vaginal pH level is..."
- "Additional tests, such as an STI screen or pelvic ultrasound, may be indicated based on..."

MANAGEMENT PLAN

- First-line: Antibiotics such as metronidazole or clindamycin
- Second-line: Alternative antibiotics
- Third-line: Long-term suppressive therapy in recurrent cases

Management in the Community & Key Principles Before Discharge (2 points)

- Lifestyle advice (avoid douching, safer sex practices)
- Follow-up plan
- Medication instructions
- Symptoms of complications to watch for
- When and how to seek medical attention

MANAGEMENT PLAN

- "The first line of treatment for bacterial vaginosis is usually antibiotics such as metronidazole or clindamycin."
- "If you cannot take these antibiotics for any reason, we can consider other alternatives."
- "In cases where bacterial vaginosis is recurrent, we might consider a long-term suppressive therapy."
- "I would advise you to avoid douching and engage in safer sex practices to prevent the recurrence of bacterial vaginosis."
- "Follow-up appointments are crucial to ensure the infection has cleared, and we usually schedule these a week after treatment begins."
- "Please take the antibiotics as prescribed, completing the full course, even if your symptoms improve before you've finished the medication."
- "It's important to be aware of complications, such as pain in the lower abdomen or fever, which could indicate a more serious condition like pelvic inflammatory disease. If you notice any of these symptoms, seek medical attention immediately."
- "If the symptoms persist or if there's any worsening, please do not hesitate to reach out to your healthcare provider or come back to the hospital."

ADVICE TO GUARDIANS/RELATIVES

Explanation of Condition

- Explanation of bacterial vaginosis
- Treatment options and prognosis

Advice to Guardians

- Encourage communication and adherence to treatment

Useful Resources (2 points)

- Reputable online resources and local sexual health clinics

ADVICE TO GUARDIANS/RELATIVES

- "Bacterial vaginosis is a condition caused by an overgrowth of certain types of bacteria in the vagina, disrupting its normal balance. It can cause symptoms like the ones you've been experiencing, such as increased, malodorous discharge."
- "The good news is that it's treatable with antibiotics. In most cases, the symptoms improve with treatment. However, it's crucial to complete the full course of antibiotics to prevent recurrence."
- "I would advise you to support her during this time. Encourage her to take the full course of antibiotics, and ensure she attends her follow-up appointments to confirm the infection has cleared."
- bacterial vaginosis. Websites like the NHS, Mayo Clinic, and CDC provide accurate and useful information. Additionally, local sexual health clinics can be an excellent resource for further support and information."

COMPLICATIONS OF TREATMENT

MOA of Therapies

- Role of antibiotics in bacterial vaginosis

Basic Overview of Surgical Therapies:

- N/A

Complications of Medication and Surgical Therapy: Adverse reactions to medications.

- Side effects of antibiotics

COMPLICATIONS OF TREATMENT

- "Antibiotics work by killing the bacteria causing the infection or stopping them from growing, helping to restore the normal balance of bacteria in your vagina. It's important to take the full course of antibiotics, even if you start to feel better before they are finished, to ensure all the harmful bacteria are eliminated."
- "Antibiotics are generally safe, but like all medicines, they can cause side effects. These can include mild effects such as nausea or more serious effects such as an allergic reaction. However, these are rare, and the benefits of taking the antibiotic outweigh the risks. If you experience any new symptoms after starting the antibiotic, please contact your healthcare provider."

FOLLOW UP

- Review in 1 week for symptom resolution, 3-6 months follow up if recurrent

FOLLOW UP

- "We will schedule a follow-up appointment for you in about a week to check that your symptoms have improved. If you've had recurrent episodes of bacterial vaginosis, we may need to have regular follow-up appointments every 3-6 months to monitor your condition."

SEVERITY SYSTEMS

- Amsel's criteria or Nugent scoring

NEVER MISS

- Importance of differentiating bacterial vaginosis from other conditions
- Understanding potential complications
- Recognition of risk factors
- Correct antibiotic prescription
- Importance of follow-up

TOP 1% QUESTIONS

1. What are the diagnostic criteria for bacterial vaginosis?
2. How is recurrent bacterial vaginosis managed?
3. Why is bacterial vaginosis associated with an increased risk of STIs?
4. How does the normal vaginal flora prevent bacterial vaginosis?
5. Why is douching a risk factor for bacterial vaginosis?

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





LET'S DISCUSS

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



QUESTIONS?



MDT

OBSTETRICS AND GYNAECOLOGY

CORD PROLAPSE

HISTORY X MANAGEMENT

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TOPIC - HISTORY TAKING



MEDIC



PATIENT



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PROMPT

A 32-year-old primigravida at 36 weeks gestation presents to the labor and delivery unit with sudden onset of painless vaginal bleeding and reduced fetal movements.

COUNSELLING X PHARMACY



LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Introduces Self and Purpose: Introduction of the medical professional, confirms patient identity, explains the purpose of the conversation, and ensures patient comfort. [1 point]
- Obtains Consent: Asks for consent to proceed with the questions and possibly a physical examination later on. [1 point]
- Chief complaint and duration.

INTRODUCTION AND RAPPORT BUILDING

"Hello [patient's name], thank you for taking the time to meet with me today. I'd like to discuss your symptoms and health in detail to best understand how we can help. If you have any questions or concerns at any point, please feel free to stop me."

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Sudden sharp pain or change in type of contractions.
- Feeling of something coming down the vagina.
- Change in fetal movements.
- Vaginal discharge or bleeding.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

"I'd like to start by understanding more about the nosebleeds you've been experiencing. Could you describe them for me?"

- "Have you felt any sudden sharp pain or a change in the type of contractions?"
- "Did you ever feel like something was coming down from inside, possibly from the vaginal area?"
- "Have you noticed any changes in your baby's movements recently?"
- "Have there been any unusual discharges or bleeding from your vaginal area?"

FURTHER EXPLORATION...

- Timing and progression of symptoms.
- Relationship to contractions or any interventions (e.g., rupture of membranes).

COLLATERAL

- Witnessed symptoms (e.g., midwife, family).
- Observations on fetal heart rate or activity.

FURTHER EXPLORATION

- "Could you describe how these symptoms have changed or progressed since you first noticed them?"
- "Have these changes been associated with your contractions or maybe after any procedures like water breaking?"

COLLATERAL

- "Has anyone else, perhaps a midwife or a family member, noticed these symptoms or changes in the baby's heartbeat?"

RED FLAGS/COMPLICATIONS

- **Red Flags**

- Acute fetal distress or decreased movements.
- Severe abdominal pain.

- **Common Complications:**

- Fetal hypoxia.
- Neonatal morbidity.

- **Risk factors**

- Premature rupture of membranes.
- Malpresentation (e.g., breech).
- Multiple pregnancies (twins, triplets).

RED FLAGS...

- "Have you experienced any sudden severe distress from the baby or a drastic reduction in its movements?"
- "Have you had any intense abdominal pain?"

COMPLICATIONS

- "In the past, did any medical professional talk to you about the baby possibly getting less oxygen or risks related to childbirth?"

RISK FACTORS

- "Was there an occasion when water around the baby broke prematurely?"
- "Has the baby been positioned feet or bottom first, or are you expecting more than one baby?"

HISTORY

PAST MEDICAL HISTORY

- Prior obstetric history, including any prior cord prolapses or complications.
- Other pregnancies or births and their outcomes.

DRUG HISTORY

- Current medications.
- Known allergies and reactions.

FAMILY HISTORY

- Maternal or neonatal complications in family members.

Social History:

- Support system available.
- Smoking, alcohol, or drug use during pregnancy.

PAST MEDICAL HISTORY

Past Medical and Surgical History:

- "Have you had any issues or complications in your previous pregnancies or births?"
- "Any history of the baby's cord coming down prematurely?"

DH

- "Are you currently on any medications, and do you have any known allergies?"

FAMILY AND SOCIAL HISTORY:

- "Have any women in your family experienced complications during their pregnancies or childbirth?"
- "Who do you have at home to support you during this time? Also, have you consumed any alcohol, smoked, or taken any recreational drugs during your pregnancy?"

HISTORY

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
 - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Examination Findings: - CHAPERONE**

- **Vital Signs:**

- Temperature, heart rate, blood pressure, respiratory rate, oxygen saturation, weight.

- **Airway, Breathing, Cardiovascular, Respiratory:** Basic ABCR assessment.

- **Abdominal:**

- Fundal height, fetal position, contractions.

- **Neurological:**

- Cranial nerves, gross motor and sensory examination (standard in most OSCEs but not particularly relevant here).

- **Peripheral Examination:**

- Edema, varicosities.
- Psychiatric Findings & MMSE:
- Orientation, mood, memory, attention.

- **Risk Assessment:**

- Risk to fetus based on findings.

- **Specific Obstetric Examination:**

- Sterile speculum examination looking for visible cord.
- Fetal heart rate monitoring.

EXAMINATION

- **"I'd like to conduct a few physical examinations to get a clearer picture. Is that alright?"**
 - "Let's start by checking some vital signs to see how you're doing. This will involve checking your temperature, heart rate, and a few other basics."
 - "I'm now going to do a basic check of your airway, breathing, and circulation. It's just to make sure everything is functioning well."
 - "I'd like to feel your abdomen now to check the baby's position and see if there are any contractions."
 - (If relevant) "I'll also do a brief neurological examination."
 - "I'll check your arms and legs now, mainly looking for any swelling."
 - "Lastly, I'm going to assess your general alertness and orientation."
 - "Based on our findings, I'd like to evaluate any potential risks for the baby."
 - "I'll need to perform a specific examination to check for the baby's cord and its heart rate. This will involve a gentle internal examination."

DIFFERENTIAL DIAGNOSIS

- True cord prolapse.
 - Cord presentation.
 - Vaginal varices or tumors.
-
- Reasons incorrect differentials might be ruled out:
 - Clinical examination findings.
 - Ultrasound imaging.

HISTORY

DIFFERENTIAL DIAGNOSIS

- "To better understand what's happening, there are a few things we're considering:
- The baby's cord might have come down prematurely.
- The cord might just be near the entrance but hasn't come down.
- There could be other structures or swellings."
- "We'll rule out these possibilities through examination and imaging."

HISTORY

INVESTIGATION

- Bloods:
 - Full Blood Count.
 - Clotting profile.
- Swabs: Not relevant for this scenario.
- Imaging:
 - Ultrasound to confirm fetal position and presentation.

INVESTIGATION

- "We will take some blood samples to check your overall health and how your blood clots."
- "An ultrasound will be conducted to check the baby's position and presentation."

MANAGEMENT PLAN

- **Immediate Management:**
 - Patient in Trendelenburg position or knee-chest position.
 - Manual elevation of the presenting part if cord is palpable.
- **First Line:**
 - Emergency cesarean section.
 - Second Line and Third Line: Not relevant in this acute scenario.
- **Prevention:**
 - Correct malpresentations.
 - Avoid artificial rupture of membranes in unengaged head.
- **Lifestyle Changes:** Not directly relevant to cord prolapse.
- **Management in the Community:**
 - Regular antenatal checks.
 - Awareness and education on recognizing symptoms.

MANAGEMENT PLAN

1. "For now, we may adjust your position to relieve any pressure on the baby's cord."
2. "The main priority will be the baby's safety, and this might involve an emergency cesarean section where we make a small incision to safely deliver your baby."
3. "In the future, it's best to ensure the baby's head is well-engaged before breaking the waters, to reduce such occurrences."
4. "Once you're home, regular antenatal checks will be crucial. Being aware of and promptly acting on any concerning signs will be important."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Stable maternal vitals.
- Stable neonatal vitals if birth has occurred.
- Understanding of the event and its implications.
- Counseling and support offered.
- Follow-up appointments scheduled.
- **SAFETY NETTING: Return if:**
 - Seek emergency care for decreased fetal movements, bleeding, or any concerning symptoms.

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- "Before you leave, we want to ensure:
- Your vitals are stable.
- The baby, if delivered, is stable and well.
- You understand what happened and why we took certain actions.
- We have support and counseling available if needed.
- A follow-up appointment is scheduled."

Safety Netting: "It's essential to be vigilant. If you notice reduced baby movements, any bleeding, or other concerning symptoms, please seek emergency care immediately."

ADVICE TO GUARDIANS/RELATIVES

EXPLANATION TO PATIENTS/RELATIVES: "Cord prolapse is when the umbilical cord, which connects the baby to the placenta, slips out of the womb before the baby is born. This can be dangerous as the cord can get squashed during the birth, reducing the baby's oxygen supply. It's crucial to act quickly, often leading to an emergency cesarean section."

"Ensure the patient rests and monitor for any further complications or concerns. Seek immediate care for concerning symptoms."

- **Useful Resources:**

- Local maternity departments.
- Patient leaflets on cord prolapse and emergency cesarean section.

ADVICE TO GUARDIANS/RELATIVES

"Here's what happened: The baby's lifeline, the umbilical cord, slipped out before the baby was ready to be born. This can sometimes reduce the baby's oxygen supply. So, we acted quickly to ensure safety, which may have meant an emergency delivery."

- "It's important that she rests and is monitored for any signs of complications. If anything seems off or concerning, please get medical attention immediately."
- "We have some informative leaflets on this topic and contacts for our local maternity department for further guidance."

COMPLICATIONS OF TREATMENT

Complications of Medication:

- Post-surgical infection.
- Hemorrhage.
- Neonatal complications from rapid delivery.

Mechanism of Action:

- Cesarean section: surgical delivery of the baby through an incision in the mother's abdomen.

COMPLICATIONS OF TREATMENT

- "A cesarean section involves making an incision in the abdomen to safely deliver the baby. It's a common procedure, especially when there are concerns about the baby's safety."
- "After a cesarean section, there's a risk of infection, bleeding, or issues related to a quick delivery for the baby. It's essential to monitor and report any unusual signs."

FOLLOW UP

- Postnatal check-up within 6 weeks.
- Counseling and support for any trauma experienced.

SEVERITY SYSTEM

- Mild: Cord presentation without descent.
- Moderate: Visible cord with stable fetal heart rate.
- Severe: Visible cord with signs of fetal distress.

FOLLOW UP

"After delivery, we'll schedule a postnatal check-up within 6 weeks. It's also crucial to address any emotional or mental distress, so counseling and support will be available."

NEVER MISS

1. Immediately repositioning the patient to alleviate pressure on the cord.
2. Monitoring fetal heart rate for signs of distress.
3. Quick decision-making regarding delivery, often C-section.
4. Offering counseling post-event.
5. Ensuring patient understands the event and implications.

TOP 1% QUESTIONS

1. What is the physiological reason for a decrease in fetal heart rate during cord prolapse?
2. What are the specific risk factors for cord prolapse in twin pregnancies?
3. How might a polyhydramnios diagnosis impact the risk of cord prolapse?
4. How can cord prolapse be differentiated from cord presentation on ultrasound?
5. What are the long-term implications for a baby who suffered from a prolonged cord prolapse?

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





LET'S DISCUSS

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



QUESTIONS?



MDT

OBSTETRICS AND GYNAECOLOGY

CERVICAL CANCER

HISTORY X MANAGEMENT

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TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

PLEASE REFER TO YOUR SCRIPTS

PROMPT

- Age: 42 years
- Sex: Female
- Occupation: Teacher

Presenting Complaint:

- Post-coital bleeding
- Persistent pelvic pain

COUNSELLING X PHARMACY



LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Introduces Self and Purpose: Introduction of the medical professional, confirms patient identity, explains the purpose of the conversation, and ensures patient comfort. [1 point]
Obtains Consent: Asks for consent to proceed with the questions and possibly a physical
- examination later on. [1 point]

INTRODUCTION AND RAPPORT BUILDING

"Hello [patient's name], thank you for taking the time to meet with me today. I'd like to discuss your symptoms and health in detail to best understand how we can help. If you have any questions or concerns at any point, please feel free to stop me."

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Timeline of each symptom, aggravating/alleviating factors, associated symptoms (4 points).

COLLATERAL

- Information from family, friends, medical records (2 points).

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

"Can you give me a brief timeline of when these symptoms started, anything that seems to make them worse or better, and if there are any other symptoms associated?"

•

FURTHER EXPLORATION...

- ***Exploration of Symptoms of Presenting Complaint:***

- Vaginal Bleeding: Menstrual irregularities, intermenstrual bleeding, postcoital bleeding (2 points).
- Pelvic Pain or Discomfort: Severity, location, and timing (2 points).
- Dyspareunia (pain during intercourse): Onset, association with bleeding (2 points).
- Watery Vaginal Discharge: Odor, color, consistency (1 point).

FURTHER EXPLORATION

- Vaginal Bleeding: "Have you noticed any changes in your menstrual cycle, or any bleeding between periods or after intimacy?"
- Pelvic Pain or Discomfort: "Have you experienced any pain or discomfort in your lower abdomen or pelvic area? Can you describe its intensity, exact location, and when it usually occurs?"
- Dyspareunia: "Do you experience pain during or after sexual intercourse? If yes, when did it start? Have you noticed any bleeding associated with the pain?"
- Watery Vaginal Discharge: "Have you noticed any unusual vaginal discharge? Could you describe its smell, color, and texture?"

RED FLAGS/COMPLICATIONS

- ***Red Flags***

- Unexpected weight loss, fatigue, persistent pelvic pain (2 points).

- ***Common Complications:***

- Hydronephrosis, fistulas, metastases (2 points).

- ***Risk factors***

- HPV exposure, smoking history, sexual behavior, family history of cervical cancer (3 points).

RED FLAGS...

- "Have you experienced any unexpected weight loss, fatigue, or persistent pelvic pain recently?"

COMPLICATIONS

- "Have you ever been told or felt symptoms related to complications such as kidney issues, abnormal connections between organs, or spread of any disease to other parts?"

RISK FACTORS

- "Have you ever been tested or exposed to HPV? Can you tell me about your smoking history, sexual behavior, and if anyone in your family had cervical cancer or similar conditions?"

HISTORY

PAST MEDICAL HISTORY

- Gynecological history, immunizations, chronic illnesses (3 points).

DRUG HISTORY

- Current medications, contraception, allergies, and reactions (3 points).

FAMILY HISTORY

- Any family members with cervical cancer or other malignancies (2 points).

SOCIAL HISTORY:

- Lifestyle, occupation, travel, sexual behavior, smoking, alcohol, illicit drugs (3 points).

PAST MEDICAL HISTORY

- "Could you tell me about any other medical conditions you've had, any gynecological issues, and if you've received your vaccines?"

DH

- "Are you currently taking any medications? Do you use any form of contraception? Also, do you have any allergies?"

FH

- "Have any of your family members ever been diagnosed with cervical cancer or any other cancers?"

SH

- "I'd like to understand a bit about your daily life. Can you tell me about your occupation, recent travels, sexual behaviors, and if you smoke, drink alcohol, or use any recreational drugs?"

HISTORY

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
 - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- ***Examination Findings: - CHAPERONE***

- Vital Signs:
 - Blood pressure, heart rate, respiratory rate, temperature, weight, BMI calculation (3 points).
- Abdominal Findings:
 - Palpation for masses, tenderness, organomegaly (2 points).
- Peripheral Examination:
 - Lymph node examination, peripheral edema assessment (2 points).
- Risk Assessment:
 - Patient's risk for progression, recurrence, complications (3 points).
- Specific Examinations Relevant to Specialty:
 - Pelvic Exam: Inspection, palpation of cervix, uterus, adnexa (3 points).
 - Pap Smear and HPV Testing: As per guidelines (2 points).

EXAMINATION

- "Next, I'll need to do a comprehensive examination to better understand your health. This will involve checking vital signs, inspecting and feeling specific areas, and listening to your heart and lungs."
- Pelvic Exam: "I will need to conduct a pelvic exam where I'll inspect and feel certain areas to identify any abnormalities. Would that be alright?"
- Pap Smear and HPV Testing: "Based on guidelines, I'd suggest a Pap smear and HPV test. It'll help us in early detection and treatment."

DIFFERENTIAL DIAGNOSIS

Benign cervical lesions, endometrial cancer, other gynecological malignancies (3 points).

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HISTORY

DIFFERENTIAL DIAGNOSIS

"There are several conditions that can present with similar symptoms. These can range from benign cervical conditions to other gynecological issues. I want to make sure we consider all possibilities."

HISTORY

INVESTIGATION

- Bloods: CBC, liver function tests, renal function, electrolytes (2 points).
- HPV Test: Specific strains if available (2 points).
- Imaging: Ultrasound, MRI, CT, PET-CT as needed (3 points).
- Biopsy: Histopathological report with grade, type (3 points).

INVESTIGATION

- "We might also need some blood tests, imaging like ultrasound or MRI, and possibly a biopsy to get a clear picture. I assure you, we'll guide you through each step."

MANAGEMENT PLAN

- First Line: Surgery (type), chemotherapy, radiation, follow-up scheduling (4 points).
- Second Line: Advanced treatments, participation in trials if first-line therapy fails (3 points).
- Third Line: Palliative care considerations, psychosocial support (2 points).

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COMMUNITY MANAGEMENT

- Coordination with GP, home nursing, social work, rehabilitation, support groups (3 points).

MANAGEMENT PLAN

"Our primary focus will be on effectively treating the condition. This might involve surgery, chemotherapy, or radiation. We'll have regular follow-ups to monitor progress."

- Management in the Community (1 point)
 - "We'll coordinate with your GP and might also involve home nursing or rehabilitation services if needed."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Understanding of treatment plan, medication management, wound care, follow-up plan (3 points).
- Safetynetting (1 point): Identifying complications, whom to contact, when to seek urgent care (3 points).

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- "Cervical cancer begins in the cells lining the cervix, which is the lower part of the uterus. Over time, these cells can become abnormal and grow uncontrollably, forming a tumor. In your case, cancer is at Stage IIB, meaning it has spread to nearby tissues but not to other parts of your body."
- ***Connection to Symptoms:*** "The symptoms you've been experiencing, like vaginal bleeding and pelvic pain, are common signs of this cancer."
- ***Prognosis and Treatment:*** "The good news is that we have several treatment options available. I'll explain these in detail, but I want you to know that we'll be with you every step of the way."

ADVICE TO GUARDIANS/RELATIVES

- ***Explanation of Condition to Patient and Relatives (2 points):***
 - Clear communication of diagnosis, treatment options, prognosis, side effects (3 points).
- ***Advice to Guardians, Useful Resources (2 points):***
 - Emotional support, caregiving tips, financial considerations (2 points).

ADVICE TO GUARDIANS/RELATIVES

- Understanding of Symptoms: "After treatment, it's important to monitor any symptoms you may experience. If you notice any new or worsening signs like increased bleeding, pain, or changes in discharge, please contact us immediately." Emergency Situations: "In case of severe symptoms or any situation that feels like an emergency, please go to the nearest emergency department or call emergency services." Contacts: "Here is a list of numbers you can call, including our office, the oncology department, and emergency services." Follow-Up Appointments: "We've scheduled follow-up appointments for monitoring and support. Please make sure to attend these or let us know if you need to reschedule."

COMPLICATIONS OF TREATMENT

MOA

- Explanation of how chemotherapy or targeted therapies work (2 points).
- Types of surgery (e.g., hysterectomy), expected outcomes, risks (3 points).

COMPLICATIONS

- Risk of infection, bleeding, infertility, early menopause (3 points).

COMPLICATIONS OF TREATMENT

Mx of Therapies

- Radical Hysterectomy: "One of the surgical options we might consider is a radical hysterectomy. This involves removing the uterus, including the cervix, along with nearby tissues. It's a common and effective treatment for your stage of cervical cancer." Lymph Node Dissection: "We may also need to remove some lymph nodes to check for cancer spread. This helps us tailor further treatment." Potential Risks and Complications: "Like all surgeries, there are risks, such as infection, bleeding, and damage to nearby organs. We take all precautions to minimize these risks, and it's essential to follow our post-operative care instructions." Impact on Fertility and Hormones: "This surgery will mean that you won't be able to have children in the future, and it may bring on menopause if the ovaries are removed. We have support available to help you deal with these changes." Alternative Options: "Surgery is one of several options, and it may be combined with radiation or chemotherapy. We'll work with you to determine the best approach for your situation."

Cx of Therapies

- "There are certain risks associated with treatments, including infections, bleeding, and other effects. I'll make sure you're informed every step of the way."

FOLLOW UP

- Specific follow-ups as per UK guidelines, with oncology, radiology, psychology if needed (3 points).

FOLLOW UP

- "We'll need to keep an eye on your recovery through regular appointments and lab work. We follow the guidelines to ensure you get the best possible care, including referrals to specialists if needed."

NEVER MISS

1. Proper pelvic examination and pap smear.
2. CHAPERONE
3. Identification of HPV and other risk factors.
4. Comprehensive explanation of treatment options.
5. Comprehensive follow-up plan in line with UK guidelines.
6. Appropriate support for psychological and emotional needs.

TOP 1% QUESTIONS

1. Differentiate between squamous cell carcinoma and adenocarcinoma of the cervix in terms of risk factors, appearance, and management. (3 points)
2. Detail the role of HPV vaccination in the prevention of cervical cancer and how it has impacted the incidence. (3 points)
3. Discuss psychosocial considerations for a patient newly diagnosed with cervical cancer. (3 points)
4. Explain the various types of radiation therapy for cervical cancer, including brachytherapy. (3 points)
5. How do you incorporate palliative care principles into the care of a patient with advanced cervical cancer? (3 points)

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?" Closing the consultation: "Thank you for your time today. I know
- this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

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MDT