

CATEGORY: BEST PRACTICE

Gynaecological examinations and procedures

Objectives:

1. Plain language summary

When patients seek obstetric or gynaecological care, an examination may be recommended in order to gather the information necessary to provide the best care and treatment. In addition to a general physical examination doctors may recommend a gynaecological examination which may include an examination of the vagina, external genitals, rectum or breasts. Given their personal history, cultural values and beliefs, some patients may experience all aspects of a physical examination as difficult or distressing. However, many patients will find gynaecological examinations to be stressful and/or embarrassing.

3. Introduction

Clinical practices in obstetrics and gynaecology will, of necessity, usually involve gynaecological examination of women. This process is formal and potentially intimidating to women, some of whom may have suffered various degrees of physical or sexual abuse during their lives.

Many diagnostic and therapeutic processes are physically invasive, including transvaginal ultrasound, IVF procedures, endometrial sampling procedures, colposcopy, and urodynamic testing.

Doctors should consider the information provided by women, listen and respond sensitively to their questions and concerns.

4. Discussion and recommendations

Awareness of cultural or religious factors is essential when discussing and offering gynaecological examination.

Where examination is indicated, doctors should ensure:

a) That the patient is fully informed and consent for the examination is obtained:

An adequate explanation is provided about the nature of an examination and the information that it will provide;

An interpreter is offered to assist in translating a different language or alternative form of communication such as sign language;

The patient has the opportunity to ask questions;

There is the option for the patient to bring a support person of their choice and have them present during the examination if that is the patients wish;

The patient has the opportunity to decline examination;

- Verbal consent is obtained, especially for breast and/or pelvic examination and best practice would be to document this where appropriate.

b) ~~That the patient's privacy and vulnerability during a~~ gynaecological examination is acknowledged by ensuring:

Privacy is provided for disrobing;

Suitable cover is provided during examination, for example, gown or cover sheet;

They always wear gloves when examining genitals or conducting internal examinations

They must not allow the patient to remain undressed for any longer than is needed for the examination

They are mindful of the patient and cease an examination when consent is uncertain, has been refused or has been withdrawn

When the patient does not have a support person, or the support person is unsuitable to be present during the examination, a professional suita

Appendices

Appendix A **Women's Health** Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair and Board Member
Dr Gillian Gibson	Deputy Chair, Gynaecology
Dr Scott White	Deputy Chair, Obstetrics
Associate Professor Ian Pettigrew	Member and EAC Representative
Dr Kristy Milward	Member and Councillor
Dr Will Milford	Member and Councillor
Dr Frank O'Keeffe	Member and Councillor
Professor Sue Walker	Member
Professor Steve Robson	Member
Dr Roy Watson	Member and Councillor
Dr Susan Fleming	Member and Councillor
Dr Sue Belgrave	Member and Councillor
Dr Marilyn Clarke	ATSI Representative
Professor Kirsten Black	Member
Dr Thangeswaran Rudra	Member
Dr Nisha Khot	Member and SIMG Representative
Dr Judith Gardiner	Diplomate Representative
Dr Angela Brown	Midwifery Representative, Australia
Ms Adrienne Priday	Midwifery Representative, New Zealand
Ms Ann Jorgensen	Community Representative
Dr Rebecca Mackenzie-Proctor	Trainee Representative
Dr Leigh Duncan	

Appendix B Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.