



Insight to Obese Female Pelvic Examination Via Special Device

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Introduction

Obesity in female has many challenges both physical, emotional and the negative connotations it brings to healthcare providers and patients. The uncomfortable examination table, unrealistic positions, and the embarrassment obese patient receive when scheduling appointment for Pap smear or pelvic examination. Obese female worldwide face with this dilemma hence this special device was invented. Obese female clients are mostly associated with an increased risk for the development of both endometrial and ovarian carcinoma. Evidenced-based revealed strongly that healthcare providers show negative attitudes and perceptions about obese female patients that can affect the care they give.

Objective

To determine if this special device will enable easy and better visualization of the cervix and steps to improve the healthcare providers' access to the cervical canal.

Method

Obese clients at the Imo State University Teaching Hospital were surveyed at the end of their annual Pap smear exam regarding their knowledge and comfort during the procedure using the special device. One group of obese women allowed their healthcare provider to use the special device on them while others used the normal speculum during their Pap smear.

A total of 178 women patients were prospectively entered into the study. The predicted findings of the pelvic exam with the special device were as expected in 161 patients (90.4%) and 42 doctors participated in this study.

Instruction and Preparation

Prepare your equipment.

Choose a speculum of appropriate size. A Small (white handle plastic) or Regular Pedersen (metal) speculum can be used for a woman who has had penile intercourse or is able to use tampons, but has not had a vaginal birth. If the woman has had a vaginal birth or is obese, a larger Graves speculum (metal) or large plastic (green handle) will be helpful. Do not think that smaller is always better. The correct size for the woman is the most comfortable.

- ❖ Open the plastic cover but keep the speculum in the plastic cover and attach the light to bottom of the speculum. Do not touch the blades of the speculum with your hands.
- ❖ Cut a finger from a sterile glove and insert it into the speculum
- ❖ Lubricant, and swabs on the white paper on the counter/tray.
- ❖ Place 4 pairs of gloves on the white paper on the counter/tray. The white paper is your clean area.

Prior Speculum insertion

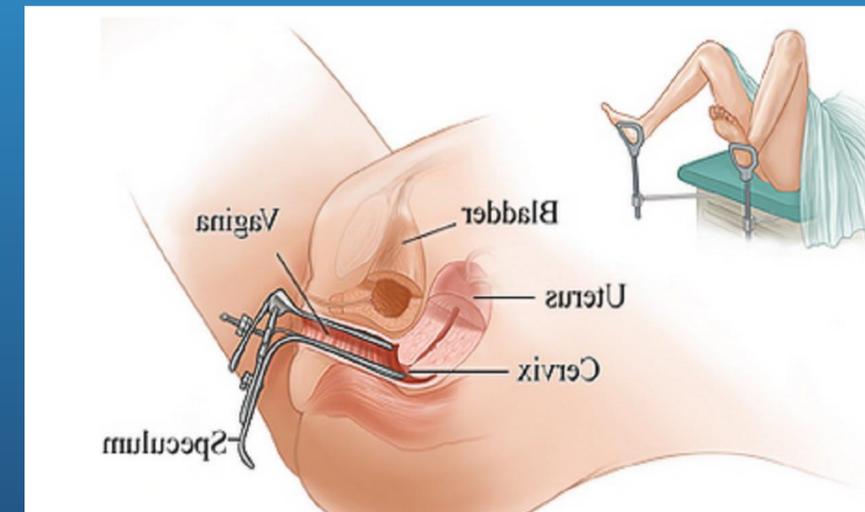
Prior to inserting the speculum, inform the patient that she will feel pressure but there should not be any pain. Ask her to tell you if there is anything more than discomfort. Insert Left (examining) Hand index finger or two fingers into vagina to:

- ❖ Assess for pain or tenderness that might inhibit exam.
- ❖ Assess the vaginal anatomy for direction of the speculum
- ❖ Locate the cervix in the posterior vagina
- ❖ Separate labia minor to clearly visualize vaginal introitus for speculum insertion
- ❖ As one gets more experienced in the pelvic examinations, it may not be necessary to locate the cervix prior to speculum insertion.

Speculum insertion

- ❖ Metal speculums must be warmed to body temperature
- ❖ Use warm water if needed on speculum blades
- ❖ Separate labia minora with left (examining) hand fingers
- ❖ Hold handle of speculum with right (speculum) hand
- ❖ Insert speculum blades into vagina with blades parallel to table or at a slight oblique angle
- ❖ Remember how the vaginal anatomy was assessed and the cervix was located with the digital exam.
- ❖ Insert the speculum fully into the vagina, using good posterior pressure
- ❖ Open the speculum after it is fully inserted
- ❖ Deepen the posterior pressure with the opening of the speculum

Speculum



Results

Health promotion through education and motivation of obese female patients in addressing their fears and frustrations were some of the steps used. Guidance to minimize physical and psychological discomfort with pelvic exam was reviewed. Women who agreed to the study required pelvic exam with the healthcare providers caring for them in an outpatient setting. Data reported that doctors were able to obtain a pap smear with no difficulty and doctors are no longer reluctant to a pelvic exam on obese patients. The study demonstrated improved healthcare provider's self-reported easy access to the cervical canal; and self-reported comfort of the obese women during the examination.

References

Bates, C. Carroll, N., Potter, J (2011) [The Challenging Pelvic Examination](#). J Gen Intern Med. 2011 Jun; 26(6): 651-657.

Burns R, Potter J, Ricciotti H, Reynolds E. (2015). Screening Pelvic Examinations in Adult Women: Grand Rounds Discussion From the Beth Israel Deaconess Medical Center. Ann Intern Med. 163:537-54

Removing the speculum

- ❖ Release the upper blade to allow speculum to close completely as it is withdrawn
- ❖ For plastic speculum, use left (examining) hand finger or thumb to hold toothed tab completely up
- ❖ For metal, make sure screw is completely released.
- Increase posterior pressure to allow cervix to escape blades.
- ❖ Allow vaginal muscles to close speculum. Never force it closed.
- ❖ Increase posterior pressure and make sure blades can close completely before withdrawal