Abating Anxiety:
The First Gynecologic Exam

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A common question asked by physicians, their adolescent patients, and their parents is when to initiate gynecologic exams, in particular, the speculum exam. This issue is of particular importance in pericoital young women seeking contraception, where the fear of an exam could act as a deterrent.

What are the indications for the adolescent gynecologic exam?

A gynecologic exam, even in a modified form, may be introduced during early adolescence. An exam of the external genitalia may provide an opportunity for education and reassurance, thus removing the sense of "taboo" and fear associated with the more detailed gynecologic exam. Conditions, such as vulvitis, labial hypertrophy, and hymenal variants, can be excluded, or diagnosed prior to causing problems.

In a precoital adolescent, delayed menarche, secondary amenorrhea, unusual vaginal discharge, abnormal bleeding, and dysmenorrhea unresponsive to standard therapy may warrant a pelvic exam, including a speculum exam (Table 1). Health-care providers should use their judgement and individualize the exam. If deemed necessary, the speculum exam should be done very gently and slowly, with a very narrow Pederson speculum (Figure 1). These indications also apply to the sexually active adolescent, but, in addition, coital teens warrant regular screening for sexually transmitted infections (STIs) and cervical cancer (Table 2).

Traditionally, pelvic exams were required prior to initiating hormonal contraception. This standard, however, no longer holds true.[1]

Cindy's case

Cindy, 15, presents to your office with her mother, requesting the oral contraceptive for her acne. During a private discussion with the teen, she reveals she has been sexually active for the last year, using condoms only intermittently. She is actually seeking the birth control pill for contraception. She is afraid her mom will find out. She has never had a pelvic exam, and is worried it will hurt.

Do you perform a speculum exam on this visit?

What would you do if she was not sexually active?

Table 1
Indications for a gynecologic exam for precoital teens

Symptom	Speculum*	Single digit bimanual
Education and reassurance	No	No
Unusual vaginal discharge	Yes	Maybe
Abnormal uterine bleeding (unresponsive to standard treatment)	Yes	Yes
Dysmenorrhea (unresponsive to standard treatment)	Maybe	Yes
Delayed menarche	Yes	Yes (or rectovaginal exam)
Secondary amenorrhea	Maybe	Maybe

*Speculum exam should only be performed with full-length, very narrow speculum (see text).

Insisting on pelvic exams prior to providing birth control will deter many adolescents from accessing effective contraception.

What are the recommendations for cervical cancer screening?

The American Cancer Society has published the 2003 guidelines reviewing screening for cervical cancer. The recommendations are to begin screening approximately three years after the onset of vaginal intercourse, or by age 21, whichever occurs first.[2] The permissible delay in screening, after the age of first intercourse, was derived from the natural history of human papillomavirus (HPV) infections, high-grade lesions, and cervical cancer. The U.S. Preventative Services Task Force has echoed these guidelines.

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In 1992, The Canadian Task Force on the Periodic Health Examination had suggested Pap tests at the age of 18, or at the onset of sexual activity.[3]

The age-related criteria for screening are based on the high prevalence of sexual activity by late teens/early twenties, and on the concern that physicians may not elicit an accurate sexual history. Clinicians must also remember to ask about childhood or recent sexual abuse when trying to determine which teens should be offered STI and/or cervical screening.

Sexually active women under 25 are considered a high-risk group for both chlamydia and gonorrhea. Although pelvic exams may be delayed on the basis of cervical cancer screening alone, young women engaging in unprotected intercourse, and/or having multiple partners, should be screened for STIs when the opportunity presents itself. Such encounters should emphasize education and healthy sexuality.

Pelvic exams and hormonal contraception

When the risks associated with oral contraceptives were less established, both a full medical history and physical exam were considered essential prior to initiation of hormonal contraception. As the medical history can now be tailored to elicit con-

Table 2

Indications for gynecologic exam for coital teens

- Same as for precoital teens, but lower threshold for the complete gynecologic exam
- Pap screening guidelines (see text)
- STI screening every 6-12 months, depending on risk factors, or when opportunity presents itself

STI: Sexually transmitted infection

traindications to hormonal contraceptives, so too can the physical exam. A pelvic exam is unlikely to identify any conditions that would preclude the safe use of hormonal contraceptives. Although it is an integral part of a "well woman" exam, a gynecologic exam may be best scheduled for a followup visit. Rescheduling this first gynecologic exam allows more detailed counselling at the initial visit. Correct pill use, possible side-effects, healthy relationships, and STI protection should be discussed. Eliminating the "fear of an examination" barrier may enhance access to effective birth control.

Figure 1. From left to right: Very narrow Pederson, medium Pederson, and medium Graves speculae.

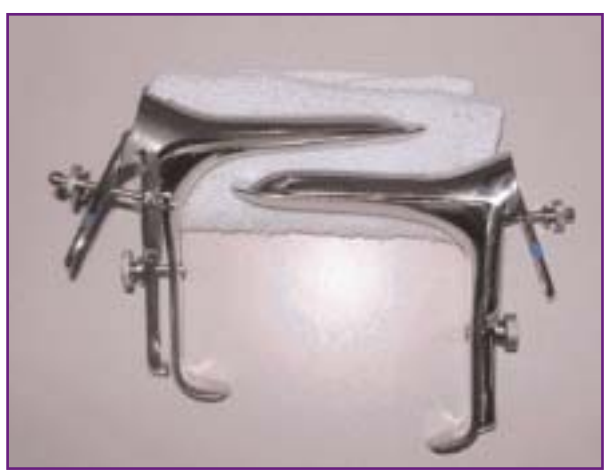

Figure 2. Full-length Pederson speculum (top); and Medium Graves speculum (bottom).

What do teens want prior to their first pelvic exam?

Confidentiality

Adolescents need assurances of confidentiality in their care. An effective strategy to elicit accurate information and develop a trusting relationship is integrating "private time" with the adolescent. This allows time for an open discussion on sensitive issues, such as sexual activity, smoking, and risk-taking behaviours. Teens should be encouraged to communicate with their parents, however, the confidential nature of the physician-patient relationship, barring issues related to the criminal code, must be clearly explained.

Reassurance

When asked to recall their first pelvic exam, approximately half of high school women surveyed remembered anxiety and pain.[4] Allowing teens to express their concerns in advance gives them some control over the proceedings. Patients should be reassured that if pain is experienced, the exam will be stopped immediately. A screening pelvic ultrasound may be required in this circumstance. A repeat exam should be scheduled, and/or attempted at another time.

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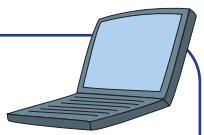
Surf your way to...



1. North American Society for Pediatric and Adolescent Gynecology (NASPAG): Reproductive healthcare for your adolescent female patients (article): *www.naspag.org/health_prof/articles/adolescent_healthcare.asp*
2. The Amerian College of Obstetrics and Gynecology (Toolkit for Teens, 2003): *www.acog.com*

For Patients

3. Sexualityandu: *www.sexualityandu.ca/eng/teens/CT/girl.cfm*

Privacy is often important to adolescents, however, the patient may want a friend or parent with her. The presence of a medical "chaperone" should be explained in advance.

Education

The patient may benefit from having the exam outlined in advance. This involves an introduction to the gynecologic table, acknowledging the possible embarrassment of the leg positioning, and the draping for privacy. Either dorsolithotomy or the semi-sitting position can be used, as per the patient's preference. The speculum is demonstrated. The availability of a full-length, but narrow, Pederson speculum is a must (Figures 1 and 2). The importance of the Pap smear for cervical cancer screening, if appropriate, and of swabs for detection of chlamydia and gonorrhea (if sexually active) should be reviewed with the adolescent.

A step-by-step guide to the actual exam is shown in Table 3. Dx

Table 3

A step-by-step guide to the gynecologic exam

1. First, inspect the external genitalia and introitus.
2. Rule out hymenal variants.
3. Warm the speculum.
4. Use a small amount of lubrication (which does not interfere with the Pap smear).
5. Lay the speculum at the introitus for a few seconds, with downward pressure parallel to the floor, allowing the patient to relax her pelvic muscles.
6. Proceed with slow advancement and repeated reassurance.
7. Open the speculum slowly and the least amount necessary.
8. After visualization of the cervix, perform Pap smear and swabs for chlamydia and gonorrhea.
9. Ensure a bimanual exam is done for delayed menarche, suspected pregnancy, and/or pelvic pain.

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5. Amies AM, Miller L, Lee SK, et al: The effect of vaginal speculum lubrication on rate of unsatisfactory cervical cytology diagnosis. Obstet Gynecol 2002; 100(5Pt1):889-92.