## History Checklist

- ☐ Periods
- ☐ Bleeding
- ☐ Pain
- ☐ Discharge
- ☐ Sexual and contraceptive history
- ☐ Previous pregnancies
- ☐ Cervical screening

## Examination & Imaging

Abdomen and pelvis

**Clinical Note:** Consent & Chaperone **strictly required**

First Steps Protocol

1. **Pregnancy test**
   (Routine first step)
2. **Pelvic Ultrasound**
   (Main imaging test, often through the vagina)



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# Abnormal Uterine Bleeding (AUB)

¶ 5.2

Presents as heavy, irregular, or prolonged periods; intermenstrual, post-coital (after sex), or post-menopausal bleeding.

## The PALM-COEIN System

| Structural Causes | Non-Structural Causes |
| --- | --- |
| • **P**olyps | • **C**oagulopathy (bleeding disorders) |
| • **A**denomyosis | • **O**vulatory dysfunction |
| • **L**eiomyoma (Fibroids) | • **E**ndometrial |
| • **M**alignancy and hyperplasia | • **I**atrogenic (medicines) |
| | • **N**ot yet classified |

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¶ 5.3

**Trigger: Bleeding after menopause**
(Needs prompt investigation)

↓

**Action 1 (Prompt): Pelvic Ultrasound**

Clinical Goal:
Measure the thickness of the uterus lining.

↓

**Action 2: Endometrial Biopsy**
(If lining is thickened)

↓

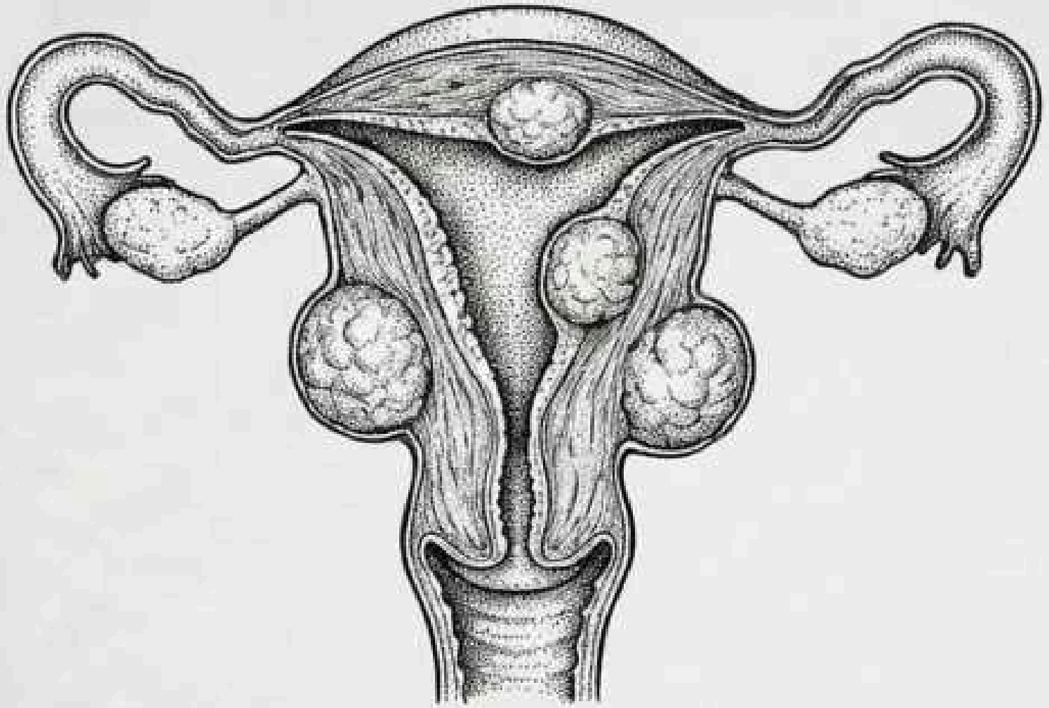
* ⚠ **Primary Clinical Goal: Rule out Endometrial Cancer**
(Can be the first sign)

Note: Most causes are benign.

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# Fibroids (Leiomyomas)

¶ 5.4



Benign growths of uterine muscle.

Very common, highest prevalence in Black women.

Often asymptomatic.

**Symptoms**

- Heavy periods
- Pressure on bladder or bowel
- Potential fertility problems

Treatment Spectrum

**Medicines**
(To reduce bleeding)

**Embolisation**
(Targeting blood supply, cross-ref: Med 534 B)

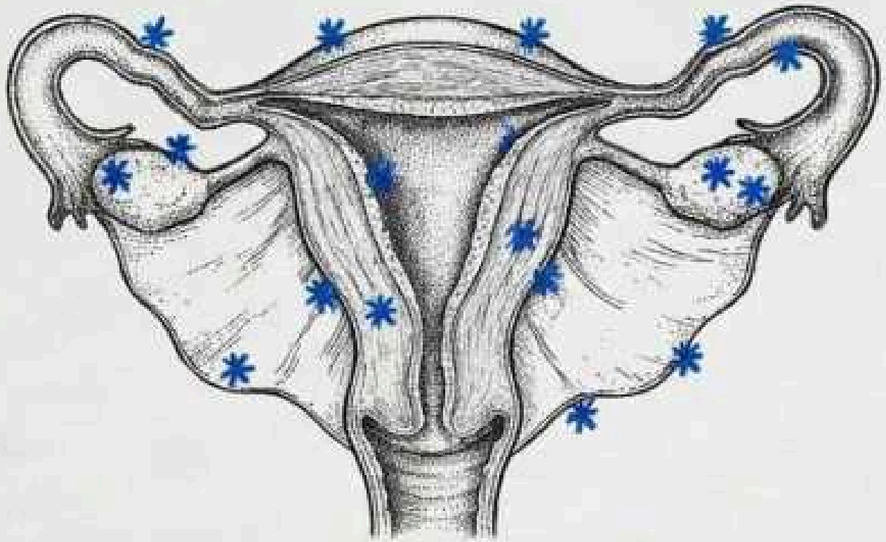
**Surgery**
(Removal of fibroids or full uterus)

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# Endometriosis

¶ 5.5

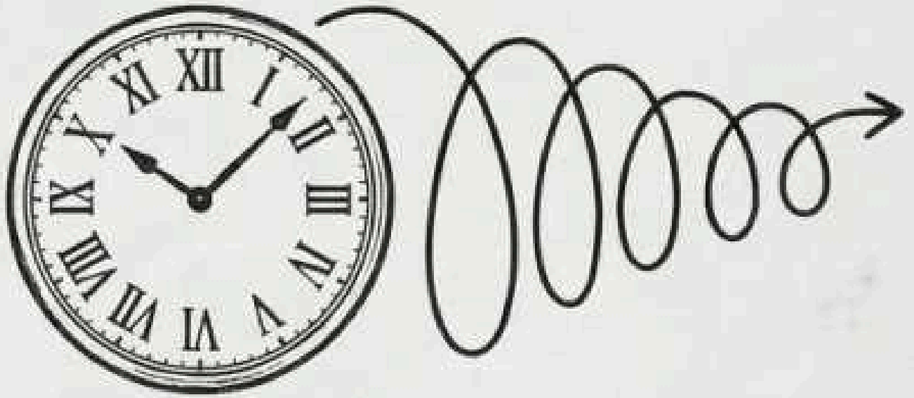
Endometrial tissue located outside the uterus (cross-reference: Med 532 B).



**The Symptom Triad:**

1. Painful periods
2. Pelvic pain
3. Reduced fertility

**Critical Goal**: Early Recognition



(Diagnosis is often delayed by many years).

**Management:**

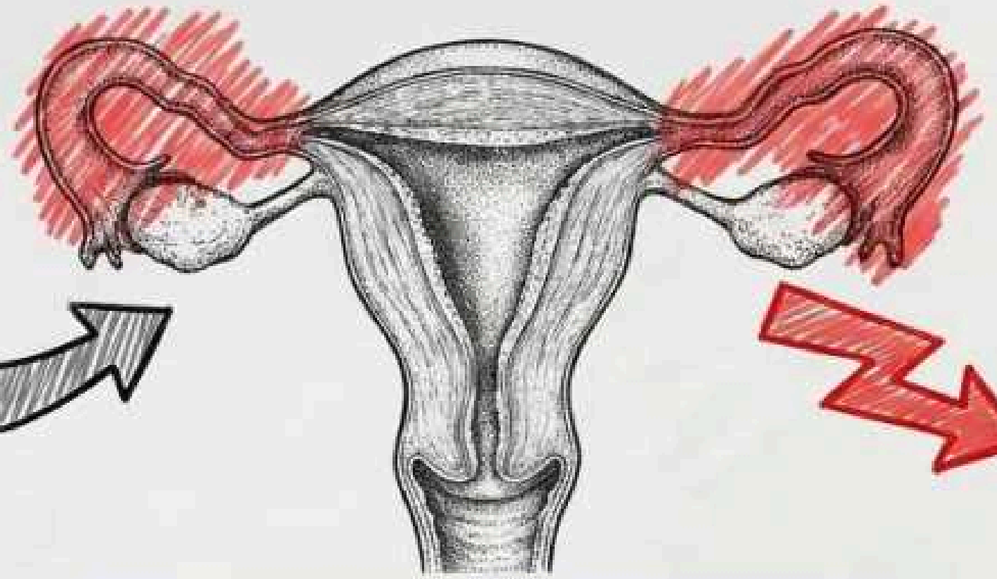
Pain relief → Hormonal treatments (suppress periods) → Keyhole surgery (excision)

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# Pelvic Inflammatory Disease (PID)

¶ 5.6

**Source:**
Usually STIs (Chlamydia and Gonorrhoea)



**Long-term Consequences:**
Fallopian tube scarring leading to Infertility and Ectopic pregnancy

**Acute Symptoms**
Pelvic pain, fever, discharge

**Management & Prevention**
Prompt antibiotics, partner testing and treatment.
Prevent via screening and condom use.

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# Early Pregnancy: Bleeding is common. ¶ 5.7

**It can be normal, or indicate miscarriage or ectopic pregnancy.**

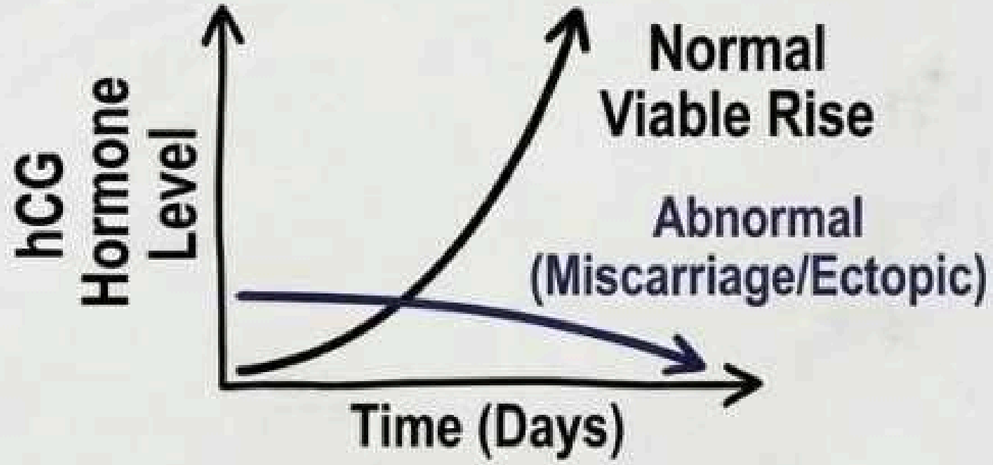
**EPAU Protocol (Early Pregnancy Assessment Units)**

## Tool 1: Ultrasound



**Goal**: Determine whether the pregnancy is located in the uterus and developing.

## Tool 2: Serial Blood Tests




**Goal**: Plot hCG hormone levels over time to mathematically determine viability.

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# Miscarriage (cross-ref: Med 532 B)

¶ 5.8

**Prevalence:** Ends ~1 in 8 recognized pregnancies.

## Management Options (Patient Choice)

**Natural**
Let it complete naturally

**Medical**
Medicine to help it pass

**Surgical**
Minor procedure

**Recurrent (≥3 in a row)**
Investigate causes.
Example: Antiphospholipid syndrome (a treatable clotting disorder).

**Holistic Care:** The emotional impact of pregnancy loss is often underestimated and deserves compassionate care.

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# Ectopic Pregnancy

¶ 5.9

Pregnancy located outside the uterus, most often in a fallopian tube.

Presents at 6 to 8 weeks with pain and bleeding.

**Management Triad**

Monitoring
vs.
Methotrexate
(drug that stops growth)
vs.
Keyhole surgery.



## CRITICAL EMERGENCY: Signs of Rupture

Can cause life-threatening internal bleeding. Watch for collapse, severe pain, and shoulder tip pain.

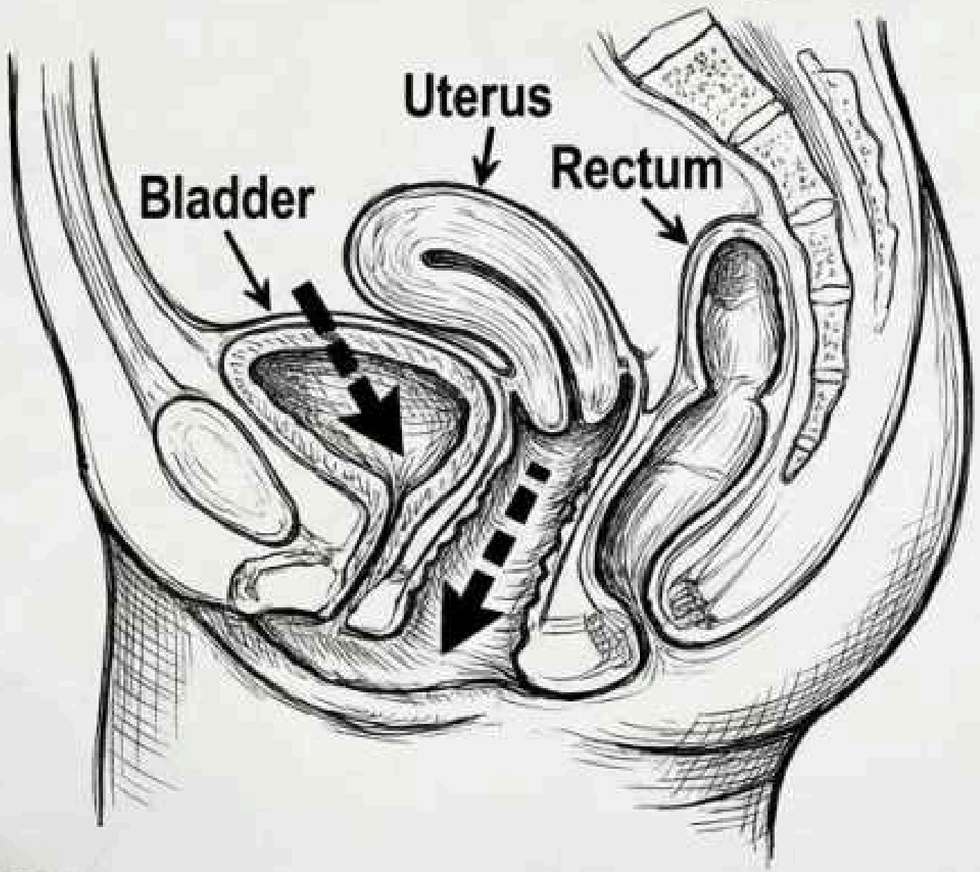
**REQUIRES IMMEDIATE LIFE-SAVING SURGERY**

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# Pelvic Organ Prolapse

¶ 5.10

**The descent of the uterus, bladder, or bowel into the vagina.**




## Etiology & Symptoms

Common after childbirth and with age. Causes a feeling of a lump or a dragging sensation.

## Treatment Steps

Pelvic floor exercises → Pessaries (support devices) → Surgery

## ⚠ Safety Note

The use of surgical mesh implants caused serious complications in some women, leading to global restrictions and a major review in England (published in 2020).

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¶ 5.11

**Universal Clinical Rule: You must actively ASK—women often do not mention these symptoms.**

| Stress Incontinence | Urge Incontinence |
| --- | --- |
| **Trigger:** Leaking with coughing or exercise (mechanical pressure). | **Trigger:** A sudden, uncontrollable need to pass urine. |
| **Treatment:** Pelvic floor training, sometimes surgery. | **Treatment:** Bladder training, medicines. |

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¶ 5.12

# Benign Gynaecology

**1. Assessment**
Careful history, examination, and ultrasound.

**2. Common Pathologies**
Abnormal bleeding, fibroids, endometriosis, and infection are common.

**3. Early Pregnancy**
Problems (especially ectopic pregnancy) require prompt assessment.

**4. Pelvic Floor**
Prolapse and incontinence deserve proactive attention.

Up Next: The final lecture turns to Gynaecological Cancers and Screening. →

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