SPECULUM EXAMINATION

KEY WORDS
Speculum, Sim’s, cusco, Grave’s, chaperone, cervix

PURPOSE
To provide guidance on the correct procedure to be followed when performing a speculum examination.

KEY POINTS
1. Hand hygiene shall be performed before and after patient contact.
2. Verbal consent shall be obtained before the procedure is commenced.
3. All women shall be offered a chaperone during any intimate physical examination / procedure. This will be the patient’s choice. No assumptions should be made as to who is the most appropriate chaperone.
4. The patient may refuse a chaperone.
5. Health care providers performing a vaginal examination have the right to request another health care provider is attendance.
6. The chaperone shall sign the ‘Chaperone’ stamp in the woman’s medical records. If the offer of a chaperone is declined, this shall be documented in the woman’s notes.
7. The clinician and the chaperone shall discuss the role of the chaperone prior to the physical examination / procedure.

TYPES OF SPECULUM

SIMS SPECULUM
This speculum is designed to hold back the posterior vaginal wall allowing the anterior vaginal wall and the cervix to be visualised. It is useful when vaginal wall prolapse is suspected, and for examination of an enterocele. The woman is positioned in the left lateral position with her knees flexed.

CUSCO SPECULUM
The Cusco speculum is classified as a bivalve speculum. It has been designed hold back the anterior and posterior vaginal walls after opening so that the cervix may be visualised, and has a screw for maintaining the open position during examination. Modifications have resulted in various sizes, and the speculum is now made of steel or disposable Perspex. The handle can be rotated in a posterior or anterior direction.

GRAVES SPECULUM
The Grave speculum is classified as a bivalve speculum. It has wide arched blades that curve markedly, a fixed handle and comes in a range of sizes, including paediatric. It is suitable for sexually active and multiparous women as the curved blades separate the vaginal wall better. When using the Graves speculum the handle faces downward. The posterior blade is longer than the anterior blade allowing for positioning into the posterior fornix of the vagina.
POSITIONING

Dorsal position
The woman lies on her back with her head on one pillow. The knees are flexed and dropped to the sides.

Lateral position
The women lies on her left side with both knees flexed.

Sims position
The woman lies on her left side, but the inner left leg is kept extended while the right knee and leg is flexed.

Lithotomy position
A modified ‘dorsal position’ where the feet are held in stirrups, the thighs are abducted and flexed.

POSSIBLE PROBLEMS ENCOUNTERED DURING SPECULUM EXAMINATION

VAGINAL WALL LAXITY
If the vaginal walls are lax and make visualisation difficult, consider using a wider or longer speculum. A condom with the end cut off placed over the speculum may prevent the vaginal wall from collapsing. Ensure the woman has no latex allergy.

DIFFICULTY IN LOCATING THE CERVIX
Withdraw the speculum rather than continuing to manipulate it and locate the position of the cervix with a gloved hand (moistened with water, not lubricant). Re-insert the speculum again at the appropriate angle.

If the cervix is not visible consider asking the woman to “bear down” during insertion, which may assist relaxation of the vaginal muscles. It may be beneficial to consider asking the woman to self-insert the speculum.

EQUIPMENT

- Speculum – may be metal or disposable.
- Water based lubricant
- Unsterile examination gloves
- Adjustable light source
- Condom (if required)
- Long thick cotton swabs
- Sponge holding forceps
- Specimen collecting equipment (if required)

PROCEDURE – CUSCO SPECULUM

INSERTION

1. Explain the reason for the procedure and how it is performed. Offer the woman the opportunity to view the speculum and show her how it works.
2. Choose the appropriate sized speculum.
3. Ensure the bladder is empty.
4. Ensure the woman is appropriately covered and comfortable.
5. Position the light, perform hand hygiene and put on the gloves.
6. Part the labia minora with the non-dominant hand and inspect the external meatus and vulva.
7. Note the presence of:
   - abnormal skin conditions
   - lesions
   - vaginal discharge or bleeding
   - scar tissue
   - skin piercing
   - any evidence of female genital mutilation
8. If using a metal speculum, warm it in warm water if a pre warmed one is not available. Check the temperature on the gloved inner wrist (not done is premature rupture of membranes is suspected) and then on the woman's inner thigh.
9. Apply a small amount of the lubricant on the outer inferior blade of the speculum.
10. Using the non-dominant hand, part the labia minora with the thumb and fore finger and insert the speculum into the vagina. Ensure the blades are horizontal and remain together.³
11. Slide the closed speculum into the vagina following the axis of the vagina (45º downwards).³ The Cusco's speculum handle may face downwards if the woman's position, the examination bed or lithotomy position allows. If the woman is lying flat, the handle may be kept superior, but care must be taken not to traumatise the urethra or clitoris.³
12. Open the blades slightly to allow visual guidance towards the cervix.
13. Once the cervix is visualised, tighten the screw on the upper blade to retain the speculum in this position.
14. Observe the position and appearance of the cervix. Note the presence of inflammation, discharge, bleeding, lesions or any other abnormalities. The cotton swabs may be used to wipe away any excess mucus or discharge that may obstruct clear visualisation of the cervix.
15. Perform any investigations as indicated.

**REMOVAL**
1. Loosen the screw on the upper blade, withdraw the speculum gently from the vaginal fornices, close the blades and remove by gently downward traction.
2. Note any abnormalities on the vaginal walls.
3. Offer the woman a pad or tissues.
4. Discuss any findings with the woman.
5. Document the procedure and any findings in the woman's medical notes.
REFERENCES (STANDARDS)


National Standards – 11.4.1 Consumer / Patient Consent
Legislation - Nil

Related Policies – NMHS Chaperone Policy 2014
WNHS Patient Interview and Examination 2012
Other related documents – Nil

RESPONSIBILITY

Policy Sponsor Medical Director Obstetrics
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