

# Technical Problems of the Pelvic Examination

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There are a few technical difficulties that may be encountered with the pelvic examination.

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**The equipment**     Check all equipment before positioning the patient for the examination. This prevents the patient from waiting for you when already positioned in the stirrups. The most common equipment failures include the light source and the speculum screws.

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**The patient**     Most of the variables that make the pelvic examination difficult are related to the patient.

### **Morbidly obese patients**

The sensitivity of the bimanual examination decreases dramatically with obesity. Women with redundant tissue in the vaginal vault are also very difficult to examine, particularly when you are trying to visualize the cervix or take samples. The larger, weighted speculum may be helpful in such cases.

### **Postmenopausal patients**

Many postmenopausal women have dry mucous membranes and find the pelvic examination particularly uncomfortable. Topical estrogen creams used in advance of the examinations are often helpful. Some such women have a stenotic cervix, making specimen collection very difficult. This may be so extreme as to require examination under anesthesia.

The diamond-shaped position. From [Seidel](#).

### **Physically challenged patients**

Women with disabilities may have difficulty with conventional positioning, ([click here](#) if you would like further information on positioning the patient) or with other aspects of the examination if they are visually or hearing impaired. Efforts should be made to accommodate the patient's special needs.

### **Patients requiring a translator**

Arrangements for a translator should be made in advance of the examination.

### **Mentally impaired patients**

It is best if the patient's guardian can be present for the examination. The patient's degree of impairment may be great enough that she may not understand what is being done or why. In some such cases the examination will be done under anesthesia.