

UNIT 3: GYNECOLOGY
SECTION C: PROCEDURES

Educational Topic 41: Gynecologic Procedures

Rationale: Evaluation and management of gynecologic problems frequently requires performing diagnostic and therapeutic surgical procedures. Understanding the risks and benefits of such procedures is important in counseling patients about their treatment options.

Intended Learning Outcomes:

A student should be able to:

- Describe the key components of pre-operative evaluation and planning, including history, physical examination, and informed consent (including risks, benefits, and alternatives)
- Describe common measures for the prevention of infection, deep venous thrombosis and other perioperative complications
- Describe the components of postoperative care
- Discuss common postoperative complications
- Describe the communication of operative findings and complication to patients and family
- Describe the key members of an operating room team
- Describe key components of a preprocedural or preoperative time out
- Understand how surgical management can emotionally impact patient and their family
- Describe common outpatient and inpatient gynecologic procedures with her indications and possible complications
 1. Pelvic ultrasonography
 2. Colposcopy and cervical biopsy
 3. Excisional procedures of the cervix
 4. Vulvar biopsy
 5. Endometrial biopsy
 6. IUD insertion and removal
 7. Contraceptive implant placement and removal
 8. Dilatation and curettage
 9. Hysterosalpingogram
 10. Hysteroscopy

11. Laparoscopy
 12. Tubal ligation
 13. Hysterectomy and bilateral salpingo-oophorectomy
 14. Pregnancy termination
- Demonstrate the ability to complete procedural tasks
 1. Sterile technique
 2. Foley catheter insertion
 3. Basic suturing
 4. Knot tying

TEACHING CASE

CASE: The patient is a 40 year-old G0 woman who has menorrhagia due to a fibroid uterus. She has anemia with a hematocrit of 27% despite oral iron therapy. She has periods lasting 10-12 days each month. She also suffers from lupus and anti-phospholipid antibody syndrome, diagnosed when she was 25. Her manifestations mostly are arthritis, but she has a history of a deep venous thrombosis (DVT) 6 years ago. Although her lupus currently is not flaring, she takes prednisone 5 mg per day as well as coumadin 2.5 mg per day. She does not have other medical problems and her only other surgery was a tonsillectomy at age 16, during which she was told she had "more than usual bleeding" but did not require transfusion. She desires definitive surgical management with hysterectomy. She is married, works as an office manager, and never had children. Her physical exam shows BP 120/70, weight of 160, height of 5'6". She has a number of small bruises on her extremities. Her uterus is palpable just under her umbilicus, but is non-tender. Pelvic exam is only significant for the enlarged uterus. Pelvic ultrasound confirms a large fibroid uterus, normal ovaries. Labs show INR of 2.5, normal chemistry panel.

COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies addressed:

- Patient Care
 - Medical Knowledge
 - Interpersonal and Communication Skills
 - Professionalism
 - Systems-based Practice
1. Describe the consent process for surgery for this patient.

 2. What are the main surgical risks facing this patient?

3. What steps can you take to try to avoid these risks?

4. Which other health professionals would you consult both pre- and post-operatively?

5. What measures can you take post-operatively to assess for and diagnose complications?

6. During the patient's hysterectomy, there was an incidental cystotomy which was repaired intraoperatively. Describe how you would communicate this information to the patient and family.

7. Who are the key members of an operating room team?

8. What are the key components of a surgical time out?

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