

# Gynaecological Case Taking

**History Taking**

**&**

**General Examination**

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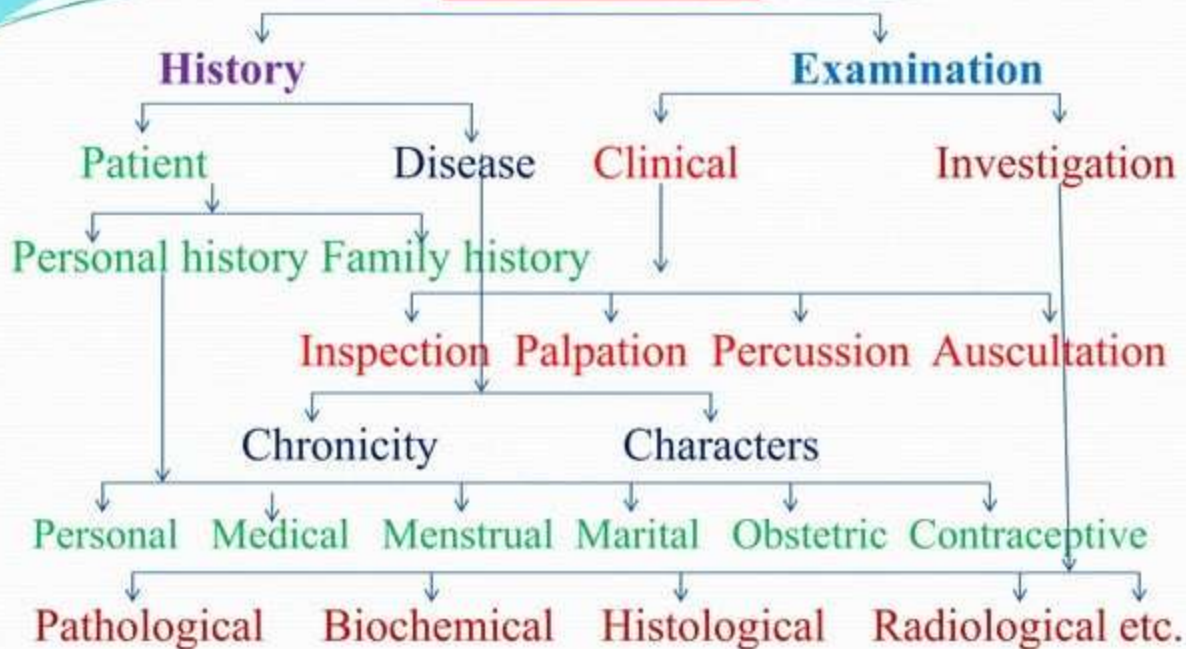
## IMPORTANCE OF CASE TAKING

- The main target of the medical science is –
- To maintain the health of a society and
- Cure the diseases if occur.
- The history taking and sound clinical examination have important role to proper diagnosis of a disease.
- Without proper diagnosis of the diseases, complete cure can not be achieved.

- परीक्ष्यकारिणो हि कुशला भवन्ति ।।च.वि.।।
- The person who examine the things properly, get success surely in his field.
- Method of examination - च.चि.30 / 306 ।।
- मुहुःमुहुश्च - With patience, Systematically and Gradually.
- रोगाणां (अवेक्षमानमवस्थायां) - Types & Stages of the disease.
- आतुरस्य ( अवेक्षमानमवस्थायां ) च ।। Stages and conditions of the patient.
- अवेक्षमानस्तुभिषक् - Minorly observe – that physician
- चिकित्सायां न मुह्यति । II - Does not confused in treatment.

- **Importance -**

- The Physician, who has repeatedly observed the stages and types and stages of the disease and condition and stages of the patient, that does not confused in manage of the disease.

**CASE TAKING**

(1) Personal History:- In Gynaecological cases, the history should be taken of both wife and husband simultaneously.

- Name - .....W/O .....
- Age-Wife / Husband -.....years,
- Cast / Religion - Wife / Husband .....
- Marital status – Married / Unmarried / Divorcee
- Occupation – Wife.....& Husband.....
- Habits- Wife .....& Husband .....
- Education - Wife .....& Husband .....
- Residence (Habitat) .....

## (2) History of Disease or Present Complaints:-

- Chief complaint with – Duration.
- Occurrence – Sudden or Gradually.
- Relating - Aggregative, Relieving factors.
- Relation with –
  - Menstruation,
  - Micturition,
  - Defecation and other functions.

### (3) Past History – Medical History - Relation with complaints.

- **Medial** – Systematic, Metabolic, Endocrinal Disorders if any ?

Causative disease

- Complain

- |                    |  |
|--------------------|--|
| • Diabetes         | - Vaginal Candidacies?                       |
| • Hyper tension    | - Heavy menstruation, Abortion, Leucorrhoea? |
| • STD              | - Infertility, Miscarriage?                  |
| • Tuberculosis     | - Oligomenorrhoea, Infertility.              |
| • PID              | - Congestive dysmenorrhoea.                  |
| • Puerperal sepsis | -PPH, - Amenorrhoea.                         |



- **Surgical History** – Abdominal surgery for –  
Caesarean Section, Appendix, Ovarian cyst etc ?
- May be formed Adhesions.  
And results in ↓
  - Abdominal pain,
  - Backache,
  - Dyspareunia,
  - RV Fixed uterus
  - Infertility and
  - Menstrual disorders.

(c) H/O - Histopathological findings.

#### (4) Family History:-

- Blood related –
- Specially female – Grandmother, Mother, Nani, Mousi, Sister etc.
- Enquire for - hereditary and Psychosomatic disorders.
  
- Contact related –
- Husband, Friends & colleagues – Contact diseases?

#### (4) Family History:-

- Enquire for -
- Menstrual pattern – Delay Menarche, Dysmenorrhoea, Menorrhagia, Premature Menopause.
- Ovarian cancer.
- Diabetes mellitus.
- Hypertension.
- Hyper- Hypo Thyroidism,
- Allergic diathesis.

## (5) Marital and Sexual History :-

- Marital status - Married / Unmarried / Widow/ Separated.
  
- Marriage life – Enquire for –
  - Frequency and duration of coitus / Week ?
  - Dyspareunia, Frigidity or Vaginismus?
  - Achieve of orgasm,
  - Libido- Less, Excess, Impaired.

## (6) Contraceptive History:-

- Type of contraceptives –
- Natural,
- Hormonal - Oral, Transplants, Injectable,
- Barrier, Local chemical,
- Intra uterine device etc.?
- **Duration of using.**

(7) Menstrual History:-

- **FMP.** (Menarche) - 12 - 16 years.

- **PMP** (Past menstrual Period) ————>
  - Duration R (Regular) / IR (irregular)
  - PF (Painful ) / PL (Painless)
  - Interval N. – Normal, Sc. –Scanty, Ex.

- **PMP** (Present Menstrual Period) ————>
  - 4 -5 Days R. Or I
  - PL or PF
  - 28 - 30 Days N. or Sc. or Ex.

- **LMP** – Last menstrual Period.

- **Terms are used -**
- Menorrhoea – Interval –N, Amount, Duration High?
- Metrorrhagia - Interval –disturbed, Amount, Duration High?
- Poly Menorrhoea - Epi Menorrhoea – Frequent Menses?
- Polymenorrhagia – Frequent – Heavy, Prolong?

## (8) Obstetric History:-

- **Gravidity** – Presents by **G**
- **G** - Total numbers of pregnancy,
- **G1** – Primi,
- **G2** – Multiparae,
- **G5** - Grandparae.

↗

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## (8) Obstetric History:-

- **Parity** - Number of parturition – **Presents by P.**
- **P0 – Primiparae** – Have first pregnancy, No parturition before.
- **P1 – Second Para** – Have second pregnancy, one parturition before.
- **P2 – P4 - Multiparae** – Have 3- 4<sup>th</sup> pregnancy, parturition before more than two children.
- **> P4 or P5 - Grand Para-** Have fifth pregnancy.

## (8) Obstetric History:-

- **Type of delivery or parturition** –
- According to gestational age –
- **Full term (F.T.)** – 40 weeks.
- **Pre term (P.T.)** – Before 28 weeks.
- **Post term (Po.T.)** – After 42 weeks.

## Nature of parturition

- **N.D.** - Normal Delivery.
- Breech or Transverse presentation,
- Obstructed or Delayed labour – Forceps delivery ?
- Third stage – Placental separation ? Normal or intact.
- **State of born baby** –
  - **L** – Live birth. Present as – **L1, L2, L3**
  - **S.B.** - Still Birth?
  - Note the cause of baby death.

❖ **Abortion:** Present – **A - A1** or **A2** – Numbers of abortion.

- Note the type of abortion.
- Spontaneous or induced with cause.
- Time month of Abortion – First term, Second term?
- Miscarriage – Second term - Sex of foetus should be noted.

❖ **Puerperium** –

- Normal /Abnormal with type of abnormalities.

## Presentation:-

- **G1- P0** – Primi.
- **G2 – P1 / FT / ND / L1 / O<sup>♂</sup>** – Second pregnancy / Parturient once before / Full term / Normal Delivery / Live one baby / Male.
- **G3 – P2 / FT1, PT1 / LSCS / L2 / O<sup>♂</sup> + Q<sub>f</sub>** – Third pregnancy / Two Parturition before / One Full term & Second Pre term / Lower segment caesarean section / Live baby / One Male and Second Female.
- Nature of parturition and Abnormality of the born should be noted.

Presentation:-

- **L.D. - Last delivery** – Date of last delivery.
- For future pregnancy / Contraceptive and Treatment planning.

Different of Examination

**MAN**



Look very hard.very hard to remove the cover.but the "sweet" is inside.

**WOMAN**



Look very soft and gentle.nothing is inside.once u start remove the cover "tears"only balance

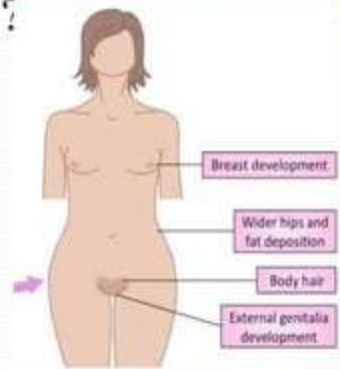
EXAMINATION

( a ) GENERAL -

- **Built** – Obese / Thin/ Average ?
- **Nutrition** – Average /Over/ Poor ?
- **Stature** – Average / Short/ Large ?
- **Secondary sex characters** –  
- Present and development ?







Female Secondary Sex Characteristics





## Appearance –

- Pink (Normal), 
- Pallor (Anaemic), 
- Yellowish (Jaundice),   
Yellowing of eyes & skin
- Blackish.
- Teeth, Gums, Tonsils,
- Neck- Thyroid gland, Lymph nodes 
- Legs – Oedema or any deformity (Delivery problems).





Abdomen: - Steps -

1. **Empty Bladder** – Empty by herself or catheterization?

2. **Position of the Patient** - Flat on back

- Physician on Right side.



**Inspection** –

- Skin colour ?
- Condition of Umbilicus,
- **Any scar mark** – Previous operation?



Abdomen:-**Respiration** – Movements –

- Thoracic – Normal.
- Thoraco - Abdominal ? - Normal.
- Abdomino -Thoracic – Chest Pain, Pleuritis, Rib fracture etc.
- Thoracic Only ? – Ascitis, Pelvic peritonitis,

Acute abdomen pain, Pelvic tumour ?

## (ii) Palpation -

- **Leg flexed slightly**, Open mouth – Expired breath.
- Liver, Spleen and viscera, Muscle guard - ?

### ❖ **Any mass ? -**

- Location – Abdomen, Pelvic ?
- Size - (Down / above Symphysis pubis ?
- Consistency – Soft / Hard / Stony hard ?
- Surface - Regular (Round) / Irregular ?
- Mobility – Movable / Fixed ?



**(iii) Percussion –**

- Dull sound – Pelvic tumour,
- Shifting Dullness – Fluid in cavity
- Resonance – Flatus.

**(iv) Auscultation:-**

- Intestinal sounds – Peristalsis sound.
- Uterine soufflés – Pregnancy, Vascular fibroids?

A photograph of a sunset over a body of water. The sun is low on the horizon, partially obscured by a range of dark mountains. The sun's light creates a shimmering path of reflection on the water's surface. The sky is filled with soft, grey clouds. The overall mood is serene and peaceful.

**THANK YOU**