Expanding Services in the Family Planning Setting: Gynecologic Procedure Skills Training

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Disclosures

Aimee Holland has nothing to disclose
Objectives

At the end of this session, participants should be able to do the following:

1. Recognize when to perform specific gynecological office procedures.
2. Explain the evidence based rationale for ordering a gynecological office procedure.
3. Identify the correct steps to safely perform specific gynecological office procedures.
4. Demonstrate how to accurately perform specific gynecological office procedures.
Office Gynecology Procedures Workshop Content:

• Incision and Drainage of a Bartholin Gland Abscess with Word Catheter Placement
• Endometrial Biopsy
• Endometrial Polypectomy
• Vulvar Biopsy
• Condyloma Treatment
• Caya Diaphragm Fitting
• Pessary Fitting
I&D of a Bartholin Gland Abscess with Word Catheter Placement
I&D of a Bartholin Gland Abscess with Word Catheter Placement

Common indications for performing this procedure include:

• Relief of symptoms

(Beckmann, et al., 2014)
Helpful Hints

• Consider using hemostats to break up any loculations within the abscess.
• Quickly insert the Word catheter into the gland before the abscess completely deflates.
• Tuck the Word catheter into the vagina after the procedure to protect it from dislodging.
• Leave the catheter in place for 4-6 weeks.
• Ibuprofen may be used for pain control as needed following the procedure.
• Excisional biopsy should only be performed with the presence of an irregular, nodular mass in menopausal or perimenopausal women since malignancy is so rare.
• Antibiotics are rarely necessary.

(Beckmann, et al., 2014)
Video Demonstration:

• I&D of a Bartholin Gland Abscess with Word Catheter Placement – 7:08 Minutes

Refer to www.theclinicalconnection.com
Procedure: Step by Step

- Inform consent
- Visualize and clean area
- Inject 1% lidocaine injection forming a wheel at the site of the procedure.
- Use a No. 11 or 15 scalpel to make a small incision into the cyst.
- Insert the latex Word catheter into the cyst.
- Fill the bulb with 2-3 cc of liquid. Remove the needle from the catheter.
- Tuck the distal end of the catheter into the vagina.
- Schedule follow-up appointment in 1-2 weeks
Endometrial Biopsy
Endometrial Biopsy

Common indications for performing an endometrial biopsy include:

• Postmenopausal bleeding
• Abnormal uterine bleeding (AUB)
• Pap test findings:
  – Atypical glandular cells (AGC) documented on Pap smear report
  – Endometrial cells on postmenopausal patient’s Pap smear report
• Ultrasound findings:
  – Thick endometrial stripe thickness measured upon pelvic ultrasound for life stage

(Beckmann, et al., 2014)
Endometrial Biopsy: Contraindications

Contraindications include:

- Pregnancy
- Cervical cancer

(Beckmann, et al., 2014)
Helpful Hints

• Ibuprofen is helpful for reducing cramps during and after the procedure.
• Consider pre-treating the stenotic os with misoprostol or vaginal estrogen cream.
• Encourage patients to stand up very slowly to help prevent vasovagal syncope.
• Teach patients that cramping and bleeding are common during and after the procedure.
• Consider straightening the cervix with a tenaculum if there is difficulty inserting the pipelle.

(Blumenthal & Berek, 2013; Sulik & Heath, 2010)
Endometrial Biopsy: Step-By-Step

• Obtain a signed consent form & a negative urine pregnancy test.

• Insert the speculum, visualize the cervix, & clean the cervix.

• Measure the uterine depth with a sterile sound or biopsy pipelle.

• Insert the pipelle through the cervical os until it reaches the depth of the uterus.

• Pull back the piston to create a negative pressure vacuum inside the uterus.

(Beckmann, et al., 2014)
Video Demonstration: Endometrial Biopsy (5:43)

Refer to www.theclinicalconnection.com
Endocervical Polypectomy
Endocervical Polypectomy:

Common indications include:
- Abnormal uterine bleeding (AUB)
- Diagnosis of a cervical growth
- Rule out malignancy

Contraindications include:
- Pregnancy
- Blood dyscrasias
- Dense, thick pedicle
- Multiple polyps

(Beckmann, et al., 2014)
Cervical Polypectomy: Step-By-Step

• Have the patient sign a consent form.

• Document a negative urine pregnancy test.

• Insert a speculum and visualize the cervical polyp.

• Attempt to visualize the base of the polyp.

(Blumenthal & Berek, 2013)
Cervical Polypectomy: Step-By-Step

• Clean the cervix with an antiseptic.

• Clamp a ring forceps as close to the polyp base as possible.

• Twist the polyp until it breaks off.

• Send the polyp and any remnants to pathology for evaluation in a bottle of formalin.
Video Demonstration:
Endocervical Polypectomy (5:10)

Refer to www.theclinicalconnection.com
Vulvar Biopsy
Vulvar Biopsy

Common indications for performing a vulvar biopsy include:

• Vulvar itching or irritation chronic in nature
• Vulvar skin discoloration
• Vulvar skin texture changes
• Vulvar bleeding of unknown origin
• Suspicious vulvar lesion that does not heal or is of unknown origin

(Beckmann et al., 2014)
Vulvar Biopsy

- Review risks and benefits of procedure
- Obtain patient’s signed consent
- Use a 2 or 3 mm Keyes punch to avoid the need for sutures
- Inspect the area of concern. Identify the site to biopsy. Clean the skin with an antiseptic.
- Provide ~1-2 cc injection of 1% lidocaine forming a wheel at the site.
- Biopsy the area in the center
- Lift the punch up. Cut the base of the sample with sterile scissors. Send the sample to pathology in formalin.
- Apply antibiotic ointment and cover the area with a bandage.

(Blumenthal & Berek, 2013)
Video Demonstration: Vulvar Biopsy

Vulvar Biopsy - 2:54 Minutes

Refer to www.theclinicalconnection.com
Treatment of Condyloma with Trichloroacetic Acid (TCA)
Condyloma Treatment with TCA

Common indications for treating condyloma with TCA include:

- Removal of visible warts
Condyloma Treatment with TCA

• Visualize the wart(s)

• Apply trichloracetic acid to a small cotton applicator. Touch the applicator to the warts and hold in place for a few seconds until the wart turns white. Blanching is normal after application

• Have the patient return to the clinic weekly for up to 4 weeks to treat the warts. Treatment should cease once the warts fall off

(Blumenthal & Berek, 2013)
Video Demonstration: Condyloma Treatment with TCA

Condyloma Treatment with TCA - 3:15 Minutes

Refer to www.theclinicalconnection.com
Diaphragm Fitting

References


The End