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Gynaecology History Bleeding and Pelvic Mass

Practical 10 / Clinical or documentation case

Aim

Record a focused gynaecological history and interpret initial investigations for bleeding or a pelvic mass.

Principle

Age, pregnancy possibility, bleeding pattern, pain and imaging guide the differential and urgency. Examination and tests should match the clinical question.

Materials and Requirements

- Fictional case cards, pelvic model and investigation reports
- Case record and patient counselling checklist

Procedure

1. Ask about cycle timing, bleeding volume and pattern, pain, contraception, pregnancy possibility and relevant medicine or cancer history.
2. Take a time line of menstrual pattern and unexpected bleeding, pain, possible pregnancy and risk factors. Record effect on function and whether urgent symptoms are present.
3. Check vital signs and symptoms of anaemia or shock. Explain the external general and abdominal examination. Use a model for intimate examination teaching.
4. Check circulation, pulse, blood pressure and signs of anaemia. Obtain consent for external or simulated examination and describe area, mass or tenderness in a consistent anatomical sequence.

Continue with step 5 on the next page.

Procedure Continued

Gynaecology History Bleeding and Pelvic Mass

5. Review a pregnancy test when indicated, full blood count and the ultrasound report. Describe the mass by site, size and reported features.
6. Align pregnancy test, full blood count and ultrasound with the visit date. Document mass site and measurements, associated findings and limits of the image before suggesting likely causes.
7. Identify urgent or specialist referral indications, including haemodynamic compromise, severe pain or postmenopausal bleeding.
8. Check for severe bleeding, acute pain, instability or new postmenopausal bleeding. State the appropriate level of referral along with the clinical finding that determines urgency.
9. Summarise the working differential and explain the next evaluation and return precautions.
10. Present a concise assessment and explain the next test or review with clear timing. Document the responsible team, return indications and any result still pending.

Precautions

- Obtain explicit consent before any examination and follow chaperone policy.
- Escalate suspected haemorrhage, acute pelvic emergencies or pregnancy-related instability promptly.

Observations and Interpretation

Gynaecology History Bleeding and Pelvic Mass

Observations and Record

Item	What to record	What it tells you
Bleeding and pain	Onset, timing, amount and pregnancy possibility	Defines initial differential
Examination	Stability, pallor and abdominal findings	Establishes urgency
Tests	Pregnancy result, haemoglobin and imaging descriptors	Supports targeted evaluation

Worked Example

A fictional patient reports new bleeding after 18 months without menstruation. The vital signs are stable and the student documents the symptom and timing.

Result and Interpretation

Postmenopausal bleeding needs timely specialist evaluation. Explain that multiple causes are possible and arrange follow-up through the local pathway.

Viva Questions and Answers

Why check pregnancy possibility in reproductive-age bleeding?

It changes the differential, urgency and choice of tests.

Why document the bleeding pattern carefully?

Timing and duration guide choice and urgency of assessment.

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