Pelvic examination for detecting ovarian cancer

I was very disappointed to read Gill Wakley’s website review in the last issue of the Journal.1 Have we finally abandoned clinical common sense on the altar of guidelines and evidence-based medicine? Nobody with any sense would advise a pelvic examination as a means of detection of ovarian cancer. The main reason for performing a bimanual examination prior to taking a smear is to enable that examination to be easier and more comfortable for the patient. It enables the smear taken to be a correct smear (extra long, virgin, etc.) and hopefully to locate the cervix at first attempt. How else would one know that the uterus was retroverted and that the cervix anterior behind the pubic symphysis? Repeatedly opening and closing the speculum in an attempt to find the cervix is very uncomfortable (I have been on the receiving end!). If one can locate the cervix first time, the procedure is much easier for everybody. I have lost count of the number of women who have said: “Is that all? Last time it took much longer.”

A bad experience having a smear taken is often a reason for patients declining further screening. Of course, all sorts of valuable information can be gained by a pelvic examination. Discomfort can prompt tactful questioning about dyspareunia, which is often not presented as a symptom. If the uterus is enlarged, direct questions about menstruation may elicit symptoms that have not been directly complained about. I have even seen patients with retained tampons that may account for symptoms. As a hospital gynaecologist, I have on several occasions seen women referred with retained tampons that had not been detected as a speculum often pushes the tampon out of the way but does not discover it.

Then, of course, if one did find an ovarian cyst, it would not be better for the woman if it were found and acted on regardless of whether it is malignant.2 I will continue to advise trainees that I think the bimanual examination is part of the taking of a smear – but then I don’t write the guidelines!

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I would be grateful for the authors’ thoughts on this matter.

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Reference


Reply

There appear to be two main issues raised in this letter.

First, the website review is reporting the answer to a specific question. Dr Devonald raises another question by suggesting that the guidelines for taking a cervical smear should be altered to include a digital vaginal examination to establish the position of the cervix, before inserting the speculum. This is not an excellent question for the NELM primary care question service, namely: “By how much does a prior vaginal digital examination impair the accuracy of a cervical smear sample?” If the answer is that it does not, then there are training implications for the many nurses who take cervical smears but have not been trained to carry out a digital vaginal examination.

Second, Dr Devonald goes on to suggest that although it cannot reliably detect ovarian cancer, a pelvic examination is useful. But useful for what?

An examination on a patient without symptoms is a screening test and it is quite clear from the literature that a pelvic examination fails the criteria for a screening test.1 For example, it does not identify reliably, at an early stage, conditions that can be treated to prevent progression. It may do harm by identifying conditions that are not significant and expose the patient to unnecessary further investigations. It may do harm by giving false reassurance of normality.

As a preliminary investigation of a patient with symptoms, it may be sometimes useful, but is not accurate enough to preclude further investigation of symptoms by other means such as ultrasound or laparoscopy.2

A large number of questions and answers now appear in the women’s health section of this NELM service,1 many of which health professionals will find instructive and useful, as they are based on real clinical problems.

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References