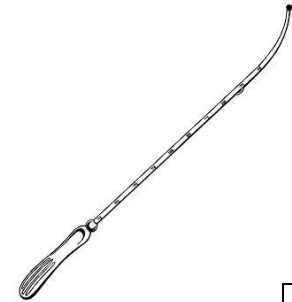




- **Dilation and Curettage (D&C):**

- **Dilation:** of the cervix; curettage: of endometrium.
- **Indication:** menorrhagia (heavy bleeding).
- Performed under anesthesia.
- **Uterine sound (image-1) is used to measure the utero-cervical length.**
 - ✓ It is graded with measurements thus aiding you to determine the size of the uterus.
 - ✓ It also helps you to know if the uterus is anteverted (normally in 2/3 of women) or retroverted (normally in 1/3 of woman although it can also occur when there are pathological conditions such as adhesions which pull the uterus). Why is it important to know the position of the uterus → minimizing the risk of causing a perforation when curetting a retroverted uterus.
- **Dilation of the cervix is done via Hegar dilators image-2** (available with different sizes to dilate the cervix gradually). Notice that excessive cervical dilation can result in cervical incompetence.
- **Blunt curette vs. sharp curette image-3 (notice that obtained tissue is sent to histopathology):**

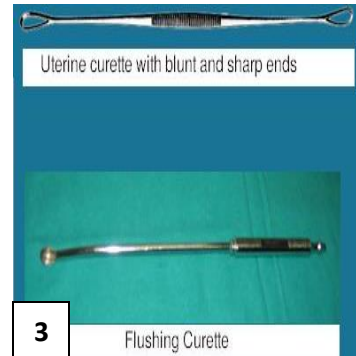
Blunt curette	Sharp curette
Used for a pregnant uterus which is very soft (e.g. molar pregnancy, missed abortion or incomplete abortion)	Used for a non-pregnant uterus



1



2



3

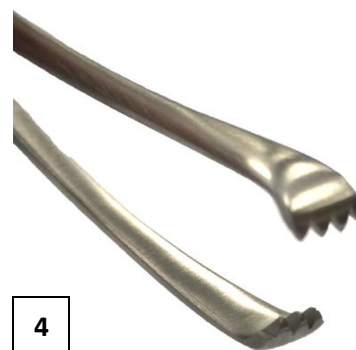
- **Vulsellum (image-4):**

- Used to hold the lips of the cervix and make it straight thus passage of any instruments through the cervix becomes easier.

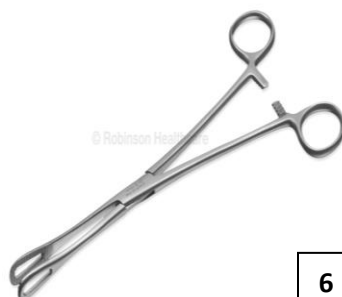
- **Taneculum (image-5):** it is a single-tooth vulsellum.

- **Sponge holder (image-6):**

- Used to hold the lips of the cervix in a pregnant woman. It is also used to clean the abdomen and holding uterine segments.



4



6



5

Sims speculum vs. cusco speculum (images 7 & 8):

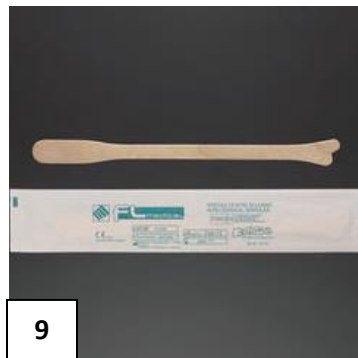


Sims speculum	Cusco speculum
Advantage: only retracting one vaginal wall at a time	Advantage: self-retaining speculum (no one has to hold it for you).
Disadvantage: another person has to hold it for you	Disadvantage: retracting both anterior and posterior vaginal walls thus limiting your ability to inspect for the presence of any bleeding, lesions... etc.



- Cytobrush:

- Used in pap-smear which is considered as a screening method for CIN (Cervical Intraepithelial Neoplasia).
- **Iris spatula was used before image-9 (conventional method)** but it has ↑false-positive results due to presence of debris or vaginal discharge in the specimen.
- **Cytobrush (image-10):** at least 5 rotations; liquid-based method; ↑sensitivity and specificity.



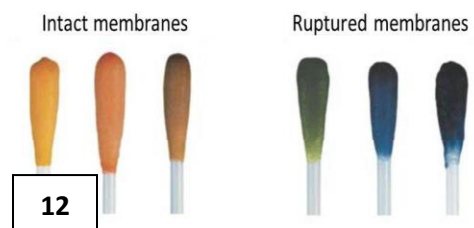
- Endometrial sampling using endometrial cannula (image-11):

- **Advantages:** outpatient office procedure; no anesthesia; done instead of (D&C).
- **Indications:** perimenopausal uterine bleeding; a case of infertility (in which you can't determine the cause).
- 90% true positive results (↑sensitivity and specificity).



- Amnicator (image-12):

- Placed high-up in the vagina → you ask the patient to cough → thus if there is liquor drainage → the color will change to blue.
- **Disadvantage:** ↑false-positive results due to presence of proteins in the vagina which aid in changing color to blue.





- **Amnihook (image-13):**

- Used for artificial rupture of membranes to accelerate the progress of labour (it becomes faster).
- Don't artificially rupture the membranes (unless indicated) because organisms which are present in the vagina can cause infection.

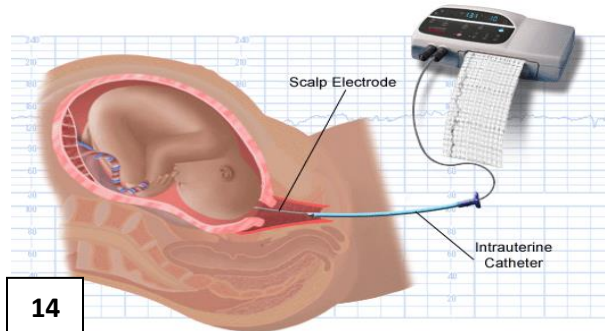


13

- **Fetal scalp electrode (image-14):**

- Once membranes are ruptured, fetal scalp electrode is placed on the fetal scalp (this is done especially when the patient is obese and external fetal monitoring is inaccurate).

Internal Fetal Heart Rate Monitoring



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- **Forceps and vacuum (image 15):**

- **They are used in prolonged 2nd stage of labour:**

- ✓ Primigravida: > 2 hours without epidural; > 3 hours with epidural.
- ✓ Multigravida: > 1 hour without epidural; > 2 hours with epidural.

- **Criteria to apply forceps:**

- ✓ Dilation (cervix is fully dilated).
- ✓ Position (OA).
- ✓ Station (+1 or +2 or +3).

- **How to apply forceps?**

- ✓ Left blade is applied first starting from the posterior vaginal wall and then rotated to the left lateral wall.
- ✓ Then, the right blade is directly applied to the right lateral wall.
- ✓ Therefore, forceps will be locked.

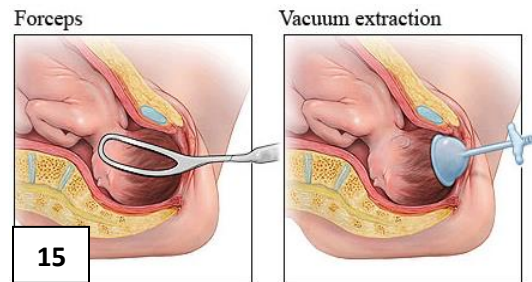
- **Complications of using forceps:**

- ✓ Hematomas.
- ✓ Shoulder dystocia.

- **How to apply vacuum?**

- ✓ Suction cup is applied 2cm in front of posterior fontanel and 3cm posterior to anterior fontanel along the sagittal suture.
- ✓ Attach the suction tube to the machine which will apply a pressure of 0.8 cmH₂O.
- ✓ Wait for 1-2 minutes and as the patient gets contractions start pulling (only pull during contractions).

- **Notice that vacuum is not applied with face presentation.**



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