



Obs / gyne Assessment 020

Done by : Alaa Mutaz

د. ايمن قطاونة

يوم الاربعاء بالليل المقيمة وزعت المرضى على الطلاب (كل طالب وطالبة على مريضة)،
ناخذ هستوري وفيزيكال يوم الخميس الصبح (بصراحة خدو هستوري يوم الاربعاء عشان
تلحقو تحضرو الحالة وتدرسو الموضوع). يوم الخميس تجمعنا عند القاعة، وبلش الدكتور
يدخل كل زميلين اخدو هستوري مع بعض. داخل القاعة، الدكتور والمقيمة كانو قاعدين
كل واحد على جهة والطالبين ينفصلو، طالب بيقد عند الدكتور والثاني عند المقيمة،
بيسالوكم اسئلة ثم بتبدلو. بس تخلصو بتضلو قاعدين جوا القاعة وبيدخل الطالبين اللي
وراهاهم.. وهكذا لحتى الكل يخلص

اسئلة المقيمة:

- 1. Name the grip hold maneuvers:** (fundal, lateral, inferior, pelvic)
- 2. What other obstetric examination do we do? (Fundal height)**
describe it: (we feel for the fundus starting from the xyphoid process in the sternum, place your hand vertically and move downward till you feel the fundus. Start placing the tape from the symphysis pubis and extend the measuring tape till the determined fundal point. The number of cm = GA)
- 3. What are the pre-requisites for Gynecological examination?**
(Consent, explain procedure, hygiene and were gloves, position (lithotomy), privacy, chaperone, good lighting)

اسئلة المقيمة:

4. How do you do the bimanual exam (hand placement, and fingers inserted), **what do you feel for?** (index and middle finger of the dominant hand are placed in the vagina, non-dominant hand placed on lower abdomen to feel the uterus. **Feel for size, position, and consistency of uterus** (smooth/irregular or hard) **as well as tenderness and cervical length and dilation**) **what does irregular finding indicate?** (fibroid, cyst)

5. What is the bishop score? (cervix score) **Name the 5 criteria of the score:** (dilation, consistency, effacement/length, position, station)

6. Define:

-Position: orientation of the presenting part in relation to the maternal pubic symphysis, e.g. occipito-anterior, occipito-posterior, occipito-transverse.

-Attitude: degree of fetal head flexion determining the diameter

-Lie: relationship between the longitudinal axis of the baby with respect to the longitudinal axis of the mother

-Presentation: that part of the fetus entering the pelvis first, e.g. vertex of head, face, brow or breech

-Engagement: when the widest part of the presenting part has passed successfully through the inlet.

الدكتور بالاول بيطلب تحكو الهستوري تبعكم وبعدين بيلش يسال اسئلة الدكتور :

Case of placenta brevis post CS:

1. **What was the indication for CS?** (placenta brevis)
2. **name the investigations for pre-eclampsia:** (CBC- platelets / coagulation profile / LFT- AST and ALT/ KFT)
3. **what do you examine in patients with preeclampsia?** (general look □ face □ eyes □ papilledema with fundoscopy / abdominal examination (liver and organs / tenderness) / Obs)
4. **name the investigations for molar pregnancy:** (US/ B-HCG / CBC/ coagulation profile / LFT- AST and ALT/ KFT + CXR for mets)
5. **name requirements for consent in CS:** (complications / anesthesia)
6. **complications of CS:** (PPH / infection / bowel and bladder injury / fetal injury / DVT / anesthesia complications)

Case of PROM (premature rupture of membrane):

1. **investigations to confirm liquor:** (Amnisure)
2. **Most important vital sign to check?** (pulse □ chorioamnionitis)
3. **ddx and investigations to rule out?** (infection □ culture / urine □ smell / seminal fluid)
4. **calculate expected delivery date from LMP on paper** (+ 9m +7d)
5. **what do you examine?** (fundal height / presentation...)
6. **characteristic of true labor:** (regular contractions / cervix dilation and effacement..)
7. **indication for admission?** (term / infection / fetal distress / signs of labor)

اسئلة الدكتور :

Case of pre-eclampsia:

- 1. name drugs indicated in G Htn:** (methyldopa / labetalol (alpha 1 and beta 1 blocker)/ hydralazine / nifedipine)
- 2. state the management for pre-eclampsia:** (admission, 2 large bore IV canula, Foley's cath, MgSO₄)
- 3. how do you follow up a patient on MgSo₄ to check for toxicity?** (urine output □ oliguria / RR □ depression / reflexes □ hypo / serum level (normal 5-8))
- 4. Investigations:** (LFT / KFT / renal artery stenosis / Cr / urine analysis / uterine artery doppler (US done at 20wks) / thrombocytopenia (low platelets) / coagulation profile)
- 5. complications of GDM:** (preterm labor / preeclampsia / hypo Mg / polyhydramnios / macrosomia / congenital anomalies)

Case of ovarian cyst:

- 1. Ddx for severe abdominal pain in patient with cyst + how to differentiate in hx of each pain:** (ovarian torsion (colicky pain) / rupture □ intraperitoneal bleeding (sudden severe pain) / hemorrhagic cyst)
- 2. most common type of cyst:** (benign functional cyst)
- 3. pregnant pt with cyst?** (theca?)
- 4. name types of fibroid and classification:** (according to site (seroidal / intramural / endometrial / cervical / round ligament))
- 5. what is endometriosis?**
- 6. what to ask in gynecological hx?** (mass / infection / urinary symptoms / pap smear / contraception / STI / dysmenorrhea / dyspareunia)

د. كميل فرام

الدكتور كان يعمل السنة الماضية بس ما عملنا assessment
(ثاني مجموعة + صيفي (كان متوعد يعمل بس صار معو ظرف ولغاه)

د. ناصر الحسينان

الدكتور كان يعمل السنة الماضية بس ما عملنا assessment
(ثاني مجموعة + صيفي)

د. فداء ذكر الله

د. اسماء الباشا

د. عقبة القرعان

د. شوقي صالح

د. نادية المهيدات