

# ALTERNATIVE POSITIONS FOR PELVIC EXAM OF WOMEN WITH DISABILITIES

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**Abstract:** The purpose of the article is to present alternative examination positions for the gynecological examination of women with disabilities. This article is an integral part of the PhD Thesis: Health Care Quality Assurance for Women with Disabilities in Obstetrics, Gynecology Services.

**Keywords:** Women with disabilities, gynecological examination.

**Rezumat:** Scopul acestui articol este de a prezenta poziții alternative pentru consultația ginecologică la femeile cu dizabilități. Articolul prezentat este parte integrantă a lucrării de doctorat: Asigurarea calității îngrijirilor medicale la paciențele cu handicap în serviciile de obstetrică-ginecologie staționar.

**Cuvinte cheie:** Femei cu dizabilități, consultație ginecologică.

## INTRODUCTION

Anytime it is necessary to perform a pelvic examination to women with disabilities, the decision regarding the position adopted should be taken together with the patient, in order to meet the special needs of the patient. Many patients cannot practice the traditional position for the pelvic exam in a comfortable way. Because of this, doctors resort to alternative positions which allow easier the pelvic exam of the women with different disabilities, such as: arthritis, multiple sclerosis, cerebral vascular attack, backbone affections, psychical or sensorial disorders. The conditions which require the need for alternative positions include: inflammations, paralyses, lack of muscular control, stiffness, hyperalgia through antalgic positions, muscle weakness, spasms, lack of equilibrium, hyperkinetic movement disorders, orientation impossibilities. In any of the alternative positions, it is important that the patient should be provided with a safe and intimate climate, reducing at minimum or totally eliminating the discomfort elements.

## RESULTS AND DISCUSSIONS

### Genupectoral Position.

This position is useful mainly for the patients who feel more conformable when they find themselves in

lateral decubitus. The patient lays in lateral decubitus, kneels on bed with hips in air and chest on table.

Alternatively, the lower limb of the plane level of the consultation table may be lightly extended while the upper limb is flected and brought close to the thoracoabdominal wall. The speculum may be introduced with its handle oriented ventrally or backwards. When the speculum is removed, the woman will turn in dorsal decubitus position. The medical personnel will help the patient to make the necessary movements for the examination and to go back in the normal position for the transportation means. More, if the mobility is relatively normal, the medical staff will help the patient by supporting the different segments during their change.

Fig. 1: Genupectoral position:



### Diamond-shape Position.

In order to use this position, the patient should be able to lay in dorsal decubitus. The woman being in dorsal decubitus with both knees flected and her hips in abduction, so that the heels should be met in median position. The speculum is assembled with its ventral handle and the bimanual examination can be easily made. The medical staff will help the patient by supporting the contact of plantar regions alinged with the backbone. For the patient's comfort it is recommended to use the soft padded material or other pneumatic facilities.

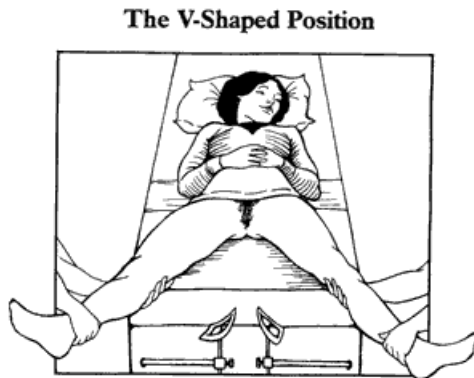
**Fig. 2: Diamond-shaped Position.**



**The V-Shaped Position.**

The patient should be able to lay comfortably in dorsal decubitus in order to perform the exam in this position. The patient lays in dorsal decubitus with the lower limbs in extension and abduction. The speculum may be assembled with its ventral handle and the bimanual examination can be easily performed.

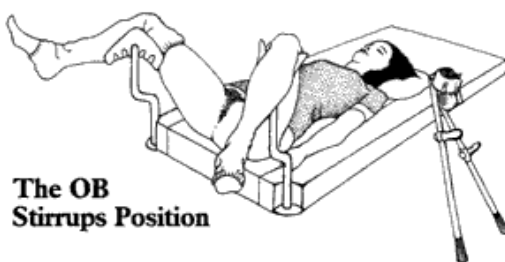
**Fig. 3: The V-Shaped Position.**



**Position using the sustaining systems of the obstetrical table for the lower limbs.**

The sustaining systems of the obstetrical table offer an ideal solution in comparison with the hang up traditional systems. This position allows the patients with difficulties in using the plantar supports to use the traditional position for the pelvis examination. The patient lays in dorsal decubitus at the edge of the examination table with her lower limbs at the level of the popliteal space or of the sustaining system of the obstetrical table having its handle dorsally oriented. The bimanual examination can be easily made. It is possible that the patient should need the help of the nurse in order to position her limbs into the support.

**Fig. 4: The OB Position.**



**The OB Stirrups Position**

**The M-Shaped Position.**

This position does not require the use of sustaining systems. This position allows the patient to stay with her entire body at the level of the examination plane. The patient should lay in lateral decubitus with the knees flexed, hips in abduction and the plantar face of the foot remaining in direct contact with the plane of the examination plane. The speculum should be assembled with its ventral handle, this way the bimanual examination will be easy. If the patient presents signs of muscular instability, the medical staff should sustain the position of the lower limbs. If the patient have both legs amputated, the medical staff will participate in positioning the blunt of the lower limbs and in their sustaining.

**Fig. 5: The M-Shaped Position**

**The M-Shaped Position**



**CONCLUSIONS**

With a view to assure the quality of the specialized services according to the norms provided by the rights of the handicapped persons, it is necessary to:

- Train the personnel with a view to support the patients for the manoeuvres during the consultations and interventions.
- Providing the medical services with materials, equipment and furniture which can be adapted to the needs of the people with disabilities according to their needs.
- Providing the spaces necessary for the medical manoeuvres and patients' movement.
- Providing microclimate conditions, the corresponding safety and intimacy.

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