Chapter 32
Gynecological Emergencies

Chapter Goal
- Apply & utilize assessment findings to formulate & implement treatment plan for a patient experiencing a gynecological emergency

Learning Objectives
- Review anatomical structures & physiology of reproductive system
- Describe how to assess patients with gynecological complaint
- Explain how to recognize gynecological emergencies
- Describe general care for patients experiencing gynecological emergencies
Learning Objectives

- Describe pathophysiology, assessment, & management of PID, ruptured ovarian cyst, ectopic pregnancy, & vaginal bleeding
- Describe general findings & management of patient who experienced a sexual assault

Introduction

- Internal organs related to fertility/childbearing associated with significant emergencies
  - Infection
    - Chronic
    - Acute
  - Hemorrhage
    - Uterus
    - Fallopian tubes
    - Ovaries
  - Ectopic pregnancy—particular risk

Anatomy & Physiology Review

Female reproductive system
Anatomy & Physiology

- Levels of hormones rise & fall
  - Stimulate development of eggs
  - Thicken inner lining of uterus

- If egg fertilized & implanted:
  - Pregnancy begins
  - No further menses

- If no egg fertilized:
  - Inner lining of endometrium sheds
  - Menses ensues

Anatomy & Physiology

- Menses occurs
  - Approx. every 28 days
  - 1st day of menstruation = 1st day of cycle
  - Lasts 3-7 days

- Approx. 14th day of menstrual cycle
  - Hormonal stimulation
  - Egg released from ovary → fallopian tube → uterus

- Menarche—1st menstrual cycle
  - Typically age 12
  - Can occur between ages 8-14

Anatomy & Physiology

- Menopause—ages 35-60
  - No further menstrual bleeding
  - Menstrual cycles different from normal
Assessment

- Start with ABCs
- Acute emergencies—can cause shock
  - Significant hemorrhage
  - Overwhelming infection
- Acute abdominal pain/other abdominal emergency—may have gynecological problem

Assessment

- History of present illness
  - Same signs & symptoms as abdominal emergencies
  - Questions should be broad—current function, dysfunction
  - Specific questions
    - Pain/discomfort
    - Bleeding/discharge
    - Past medical history
    - Past pregnancies

Assessment

- Special concerns
  - Only examine genital area of victim of sexual assault if serious injury suspected
  - Professional behavior
  - Privacy/modesty
  - Pain
Assessment

- General examination
  - Identify immediate life threats
  - Vital signs

- Other initial assessment
  - Skin
  - Genitourinary examination
  - Abdomen

General Management

- Consider potential for life threats

- Initial assessment
  - Evaluate/manage ABCs

- Circulation
  - Consider IV line
  - Obtain serial vital signs
  - Place patient in position of comfort

General Management

- Medications
  - Analgesics
    - Not recommended until thorough ED evaluation performed
    - Risk of ↓ BP
Specific Gynecological Emergencies

- Pelvic inflammatory disease (PID)
  - Infection involving pelvic structures can progress
  - Patient commonly complains of:
    - Fever
    - Lower abdominal pain
    - Vaginal discharge
    - Pain with intercourse

- PID
  - Typically intense pain with:
    - Minimal palpation
    - Abdominal guarding
    - Difficulty lying supine
  - Complications
    - Overwhelming sepsis
    - Damage to pelvic structures
    - Infertility
    - ↑ Risk of future ectopic pregnancy

Specific Gynecological Emergencies

- Ruptured ovarian cyst
  - Hormonal stimulation—follicles on ovaries enlarge
  - Presence may cause pain
  - Rupture—severe, intense low abdominal pain
  - Significant hemorrhage into pelvis
Specific Gynecological Emergencies

- Ectopic pregnancy
  - Pregnancy located outside uterus
  - Most common site—fallopian tube

Factors that ↑ risk of ectopic pregnancy
- Previous abdominal surgery—lesions
- Pelvic infections
- Tubal ligation
- Use of IUDs

Patient may present with:
- Shock
- Pelvic pain
- Vaginal bleeding

Specific Gynecological Emergencies

- Vaginal bleeding
  - Spontaneous abortion (miscarriage)
    - Threatened abortions/spontaneous abortions
    - Bleeding—early phases of miscarriage
    - Historical information
    - Medical conditions predispose miscarriage
    - Collect/transport large clots/tissue to hospital
    - Recognize need for emotional support
  - Placenta previa & abruptio placentae
    - Significant bleeding—3rd trimester
    - Significant complications—acute obstetrical emergencies
    - Rapid transport
Specific Gynecological Emergencies

- Vaginal bleeding
  - Other causes
    - Range in intensity
      - Light spotting to heavier bleeding
    - Associated with:
      - Onset of labor
      - Infectious processes within vagina/uterus
      - Localized trauma to vaginal wall
      - Traumatic processes

Specific Gynecological Emergencies

- Vaginal bleeding
  - Assessment
    - Specific history
      - Start of bleeding
      - Volume
      - Previous history
      - Determine ability to compensate
      - Obtain orthostatic vital signs
      - Ongoing evaluations

Specific Gynecological Emergencies

- Vaginal bleeding
  - Management
    - Observation only
      - Determine volume/rate
      - Count number of sanitary pads used
      - Identify towels/clothing soaked in blood
      - Do not tamponade or slow bleeding
      - Treat for shock—establish 2nd IV line
      - Place patient in position of comfort
### Specific Gynecological Emergencies

**Abdominal/perineal trauma**
- Injuries that may cause vaginal bleeding:
  - Straddle injuries
  - Blunt trauma to lower abdomen
  - Foreign bodies
- Assessment
  - HR
  - BP
  - Orthostatic vital signs
  - General neurological responsiveness
- Management
  - Supportive care
  - Continuous monitoring

**Sexual assault**
- Crime that involves genitalia
- Requires professionalism, respect, empathy
- Avoid questions about previous sexual history
- Assessment
  - Request patient’s permission
  - Brief initial assessment
  - Vital signs
  - General neurological state
  - Genitalia examined only if serious injury suspected
- Management
  - Ensure safe, quiet environment
  - Ask permission to question, examine
  - Empower patient to make decisions
  - Crime committed
    - Place clothing in paper bag
    - Wear gloves when handling clothing
    - Ask patient not to change clothes; bring change of clothes to receiving facility
    - Ask patient not to bathe, urinate
    - Do not cleanse traumatic injuries until properly documented, if possible
    - Preserve crime scene
    - Wait for law enforcement before transport
Summary

- Acute gynecological emergencies range from:
  - Benign
  - Life threatening
- Abdominal pain can result from:
  - PID
  - Ruptured ovarian cysts
  - Ectopic pregnancies
- Acute gynecological emergencies represent spectrum of diseases

Summary

- Abdominal pain can result from variety of causes
- Vaginal bleeding can be seen in ectopic pregnancies, bleeding disorders, spontaneous abortions, placenta previa, & abruptio placentae
- Be prepared to interact with patient who is victim of sexual assault

Questions?