



GYNECOLOGICAL EMERGENCIES

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Thanks Justin. Welcome to the last lesson of this chapter, where we will be talking about the different gynecological emergencies, and the right care for each. Good Studying

Pathophysiology | Obstetrics

- Ovarian Cyst Rupture (Corpus Luteal Cyst)
- Infection at attempted abortion
- Acute retention of urine due to cervical fibroid cyst
- Round ligament pain – cramp like stabbing
- Appendicitis
- Ectopic Pregnancy
- Miscarriage

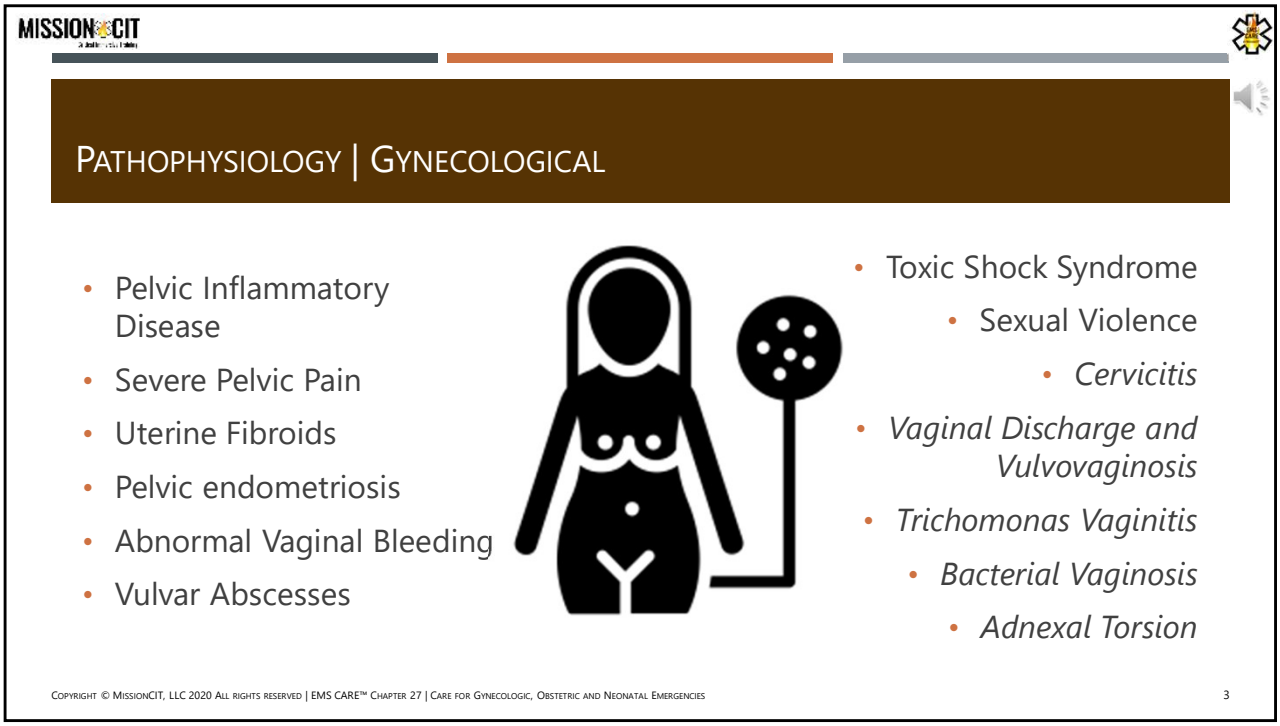


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The pathophysiology or the causes of gynecological emergencies vary greatly from sexually transmitted diseases to trauma, and everything in between.

Due to this wide range of issues, this field is divided into two streams, one called obstetric, and the other gynecology. Obstetrics is a field of study that is concentrated on pregnancy, childbirth, and postpartum recovery. This field handles all the problems that come up in these areas.

Some of the possible emergencies handled by an obstetrician include ovarian cyst rupture, infections due to abortion, acute retention of urine due to cervical fibroid cysts, round ligament pain, appendicitis, ectopic pregnancy, miscarriage, and other emergencies in pregnancy.



Besides the pregnancy-related emergencies handled by obstetricians, we also have other gynecological emergencies that are handled by a gynecologist. In reality though, most doctors specialize in both, and are often called OBGYN, as they can handle both obstetrics and gynecological problems.

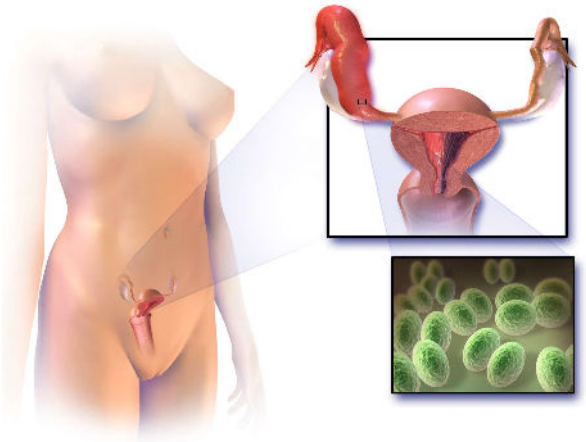
But from a pathophysiological perspective, some of the emergencies handled by a gynecologist include, pelvic inflammatory disease, severe pelvic pain, uterine fibroids, pelvic endometriosis, abnormal vaginal bleeding, vulvar abscesses, toxic shock

syndrome, sexual violence, cervicitis, vaginal discharge, vulvavaginoisis, trichomonas vaginitis, bacterial vaginosis, and adnexal torsion.

We will take a detailed look at these different emergencies.

Pelvic Inflammatory Disease (PID)

- Infection of upper organs of reproduction
- Uterus, ovaries, fallopian tubes
- Sexually active women
- Increased risk of ectopic pregnancy or sterility
- Lower abdominal pain



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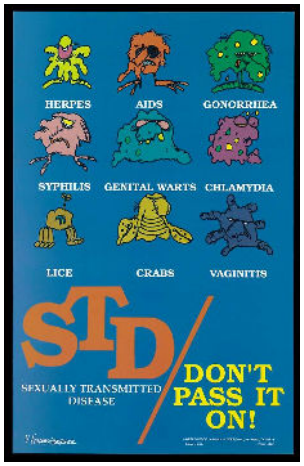
Pelvic Inflammatory Disease, or PID in short, is an infection of the upper organs of the female reproductive system. It occurs only in sexually active women, and impacts the uterus, fallopian tubes, and ovaries. Typically, sexually transmitted bacteria spreads from the vagina to the upper parts of the reproductive system, and cause this condition.

The symptoms are mild to moderate, and most women will not notice it until they have severe pain in the lower abdomen and pelvis. It can also be accompanied by abnormal or heavy vaginal

discharge with an unpleasant odor, pain during intercourse, and sometimes even urination. Occasionally, the woman may experience fever with chills.

Sexually Transmitted Diseases (STDs)

- STDs can lead to more serious conditions, such as PID
- Chlamydia
  - ✓ Most common STD
  - ✓ Usually mild or absent symptoms
  - ✓ Can spread to rectum and progress to PID



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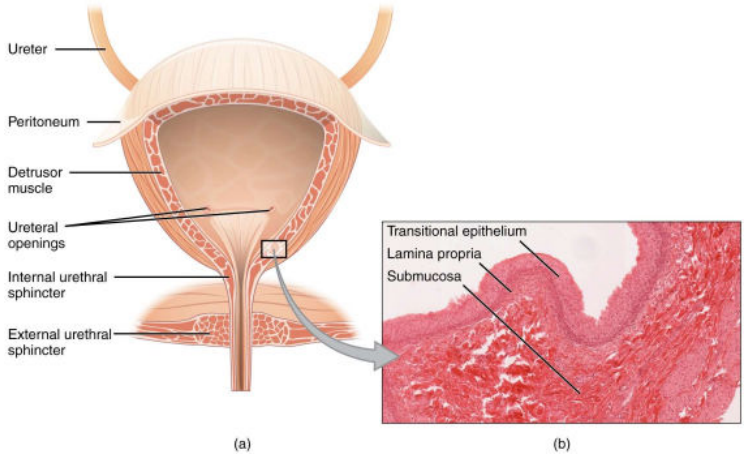
Sexually Transmitted Diseases, or STD in short, is a condition where an infection occurs due to sexual contact. It occurs most likely through bacteria, fungi, or viruses that are passed when a woman has unprotected vaginal, anal, or oral sex with someone who has STD.

There are many types of STDs. Out of these, Chlamydia is a commonly reported condition, and it is characterized by pain in the lower abdomen, green or yellow discharge from the vagina, and pain during intercourse or urination. If this condition is not treated immediately, it

can lead to infertility, and more serious disorders like the pelvic inflammatory disease.

STDs | Bacterial Vaginosis

- Common vaginal infection
- Can lead to premature birth or low birth weight in pregnancy, and PID



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Bacterial Vaginosis is the most common vaginal infection that occurs in women between the ages of 15 and 44. The most prominent symptom of this condition is itching, followed by a gray and watery discharge that smells like fish. It is best treated with antibiotics, including, cream, gel, or medication.

If this condition is left untreated, it can lead to more serious complications such as premature birth, low birth weight, and PID.

STDs | Gonorrhea

- Warm, moist areas of reproductive tract
- Affects men and women
- Cramping and abdominal pain
- Nausea, vomiting, and bleeding between periods



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Gonorrhea is a STD that affects both men and women, and it is caused by a sexually transmitted bacterium that enters the woman's body, and rapidly grows and multiples in the warm and moist reproductive tract.

Usually, it affects the urethra, rectum, and throat, and sometimes, even the cervix. The most common symptoms are painful urination and abnormal discharge from the vagina, accompanied by intense pain in the lower stomach. Nausea, vomiting, and bleeding between periods are other possible symptoms.

This condition can be treated with antibiotics.

Vaginal Bleeding

- Treat as potentially life-threatening
- Check for associated abdominal pain
- Monitor for hypovolemic shock



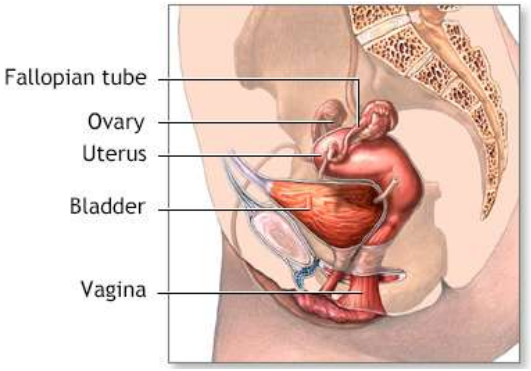
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Vaginal bleeding that is not associated with a period, can be dangerous, and may need medical attention. Some possible causes of vaginal bleeding includes abnormal menstruation, vaginal trauma, ectopic pregnancy, spontaneous abortion, cervical polyps, and cancer.

It is a good idea to treat all vaginal bleeding as life threatening, and start by checking for the associated abdominal pain. Also, monitor for hypovolemic shock, which is a condition in which a woman loses more than 20 percent of the body's fluids.

Trauma to External Genitalia

- When sizing up the scene, observe for mechanisms of injury
- During primary assessment, look for signs of severe blood loss and shock
- Consider additional internal injuries



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Genital trauma includes injury to the labia, vulva, vagina, and also to the anogenital and urogenital structures. While examining these injuries, look for the mechanisms of injury, and size up the situation. Also, look for signs of blood loss and shock, and if you note any, be prepared for additional internal injuries. Make sure you know the reporting protocols if you suspect an assault.

Sexual Assault

- Treat immediate life threats
- Do not disturb potential criminal evidence
- Examine genitals only if severe bleeding is present
- Discourage bathing, voiding, or cleansing wounds
- Fulfill mandated reporting requirements

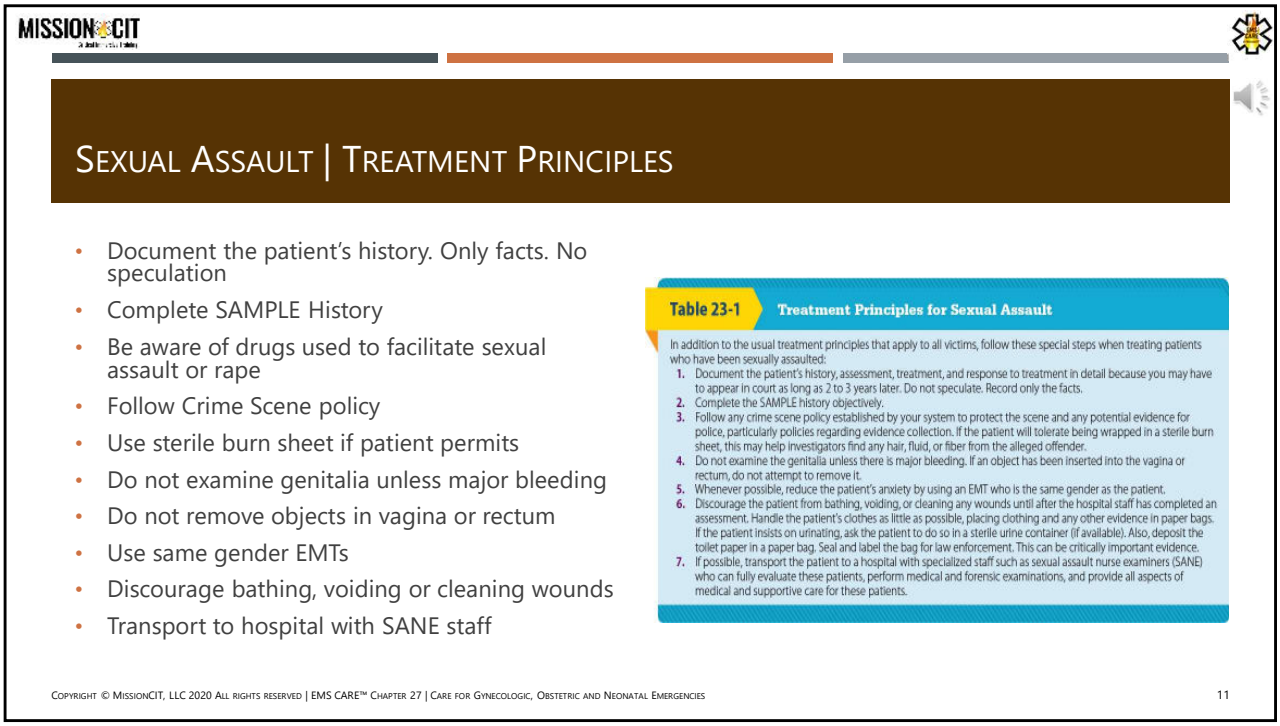


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Sexual assault is a serious issue, and unfortunately, could be more common than expected. As a first step, treat the immediate threat to life. At the same time, ensure that you don't disturb the potential crime evidence that may be required by law enforcement authorities. So, how do you balance between providing treatment and not disturbing the evidence? The ground rule is, examine the genitals only if there is bleeding. Never bathe or cleanse the wounds, and discourage voiding.

Make sure you know the reporting requirements and

fulfill the same.



Sexual assault and rape are unfortunately common in the United States. To give you an idea, the Rape Abuse and Incest National Network states that an American is sexually assaulted every 73 seconds. So, be ready to handle such situations.

As a first step, document the patient's history where you note down only the facts said by the patient and the environment where she was found. Remember, no speculation here, just state the facts. Complete the SAMPLE history. Here, SAMPLE is an acronym for Symptoms, Allergies, Medications, Past Medical

History, last Oral Intake, and Events.

Many times, EMTs will be called to handle immediate medical to psychological and legal needs, so you may be the first person to contact the victim after the encounter. Be aware of the drugs that have been used to facilitate the rape or assault.

Once you meet the victim, follow the crime policy regulations. After comforting the patient, use a sterile burn sheet, if the patient permits you to use it. Never examine the patient's genitals unless it is bleeding and requires immediate intervention. Avoid removing objects from the vagina, discourage bathing, voiding, or cleaning the wounds, and be ready to transport the patient to the hospital.

Now, it is always a good idea if the EMT is of the same gender as the victim, as this can help to establish a better degree of comfort for the patient.

Cultural Considerations

- Cultural sensitivity is important
- Different value system
- Pregnancy and childbirth
- Gender differences



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Women who come from a different cultural background may have a value system that is different from the American culture.

This cultural difference can determine the way they would want to be cared during pregnancy, childbirth, and even during injuries and assualts. Specifically, male EMTs may not be allowed to examine or assess a female patient. So, check with the patient before examining her.

Scene Size-up

- Scene safety
- Large amounts of blood
- Involve police
- Get details from the dispatch information

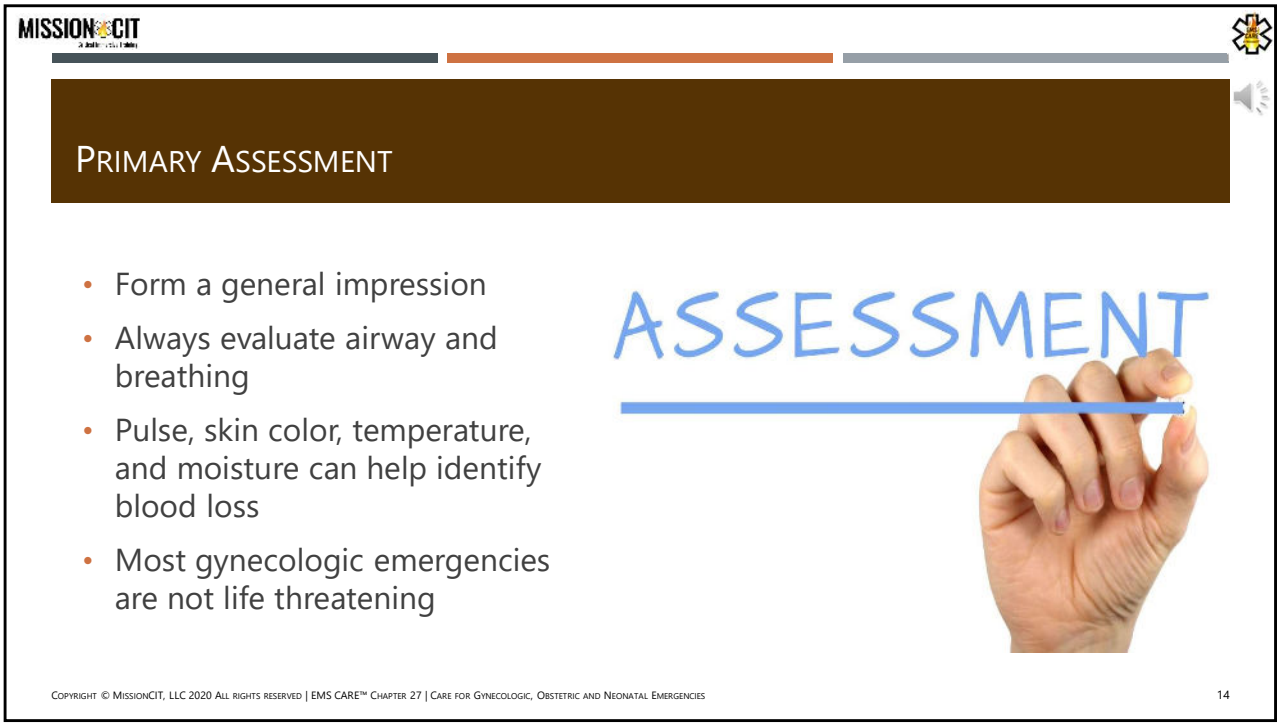


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Regardless of the underlying condition of the patient, you must size up the scene first, to determine the situation. Ensure the safety of the patient as the first step, and do everything you can for it. Remember, gynecological emergencies may involve large amounts of blood.

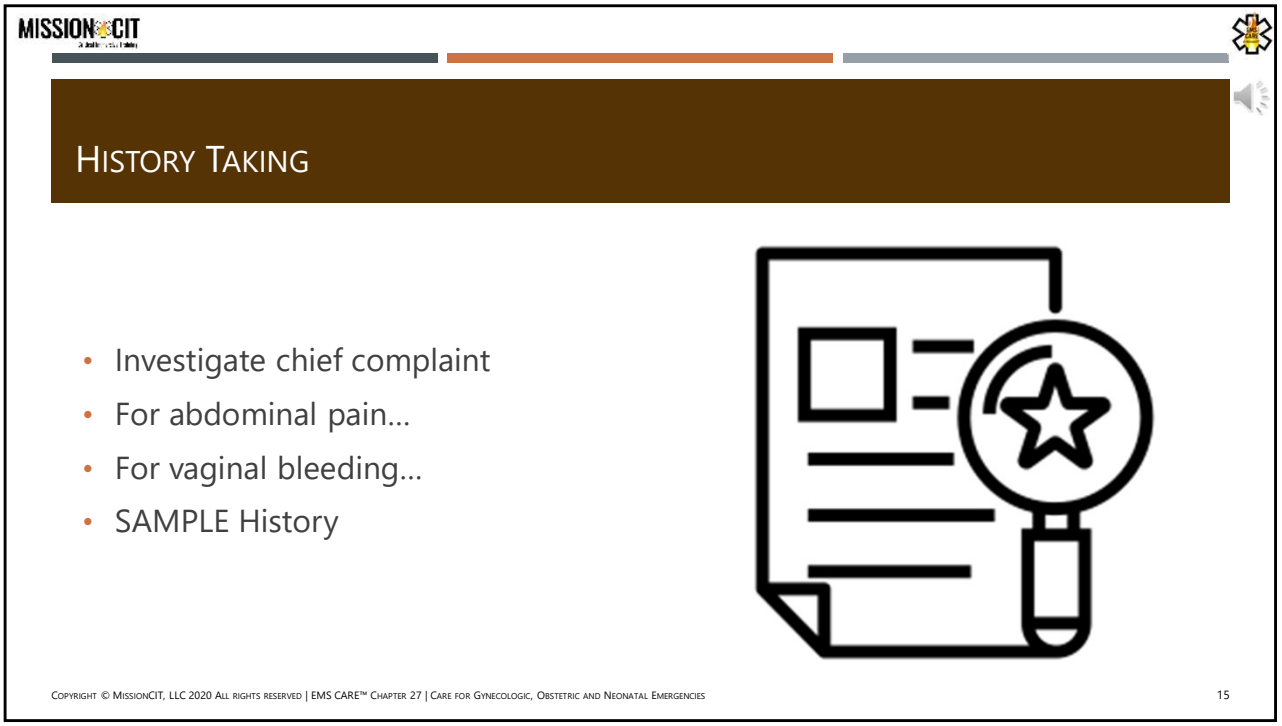
Likewise, make a note of the Mechanism of Injury, if you suspect a sexual assault. Document extensively, and you can glean a lot of details from the dispatch information.

If you think there was an assault, involve the police immediately.



Based on the examination and facts, do a primary assessment. First off, check if the patient is stable. To do that, evaluate the breathing and airway to ensure that the patient is able to breathe comfortably. Next, look at the pulse, skin color, temperature, and moisture to identify if there has been a major blood loss.

A consoling aspect is that most gynecological emergencies are not life threatening. But there is a possibility that the patient can be in a state of shock or may have a weak pulse or cool skin. In such cases, a rapid transportation of the patient may be required.



Taking the history of the patient is an important prerequisite for providing excellent care. Investigate the complaint or problem. For this, you may have to talk to the patient to understand what is going on. Remember, some answers given by the patient can be extremely personal, so ensure the patient's privacy and dignity are protected.

If the patient has been suffering from abdominal pain, ask about the onset, duration, quality, and radiation of the pain. Assess the provoking or reliving factors, and the associated symptoms to identify the root cause of the

problem.

In the case of vaginal bleeding, ask about the onset, duration, and quantity of blood discharge. Check the number of sanitary pads that were used. Also, make a note of the associated symptoms such as syncope and light-headedness.

It also merits to note the birth control pills and devices that the patient may be using, any other medical condition, and the last menstrual period.

Secondary Assessment

- Pertinent secondary assessment findings
- Physical Examinations
- Vaginal Bleeding
- Observe for vaginal discharge
- Syncope, fever, nausea, and vomiting are significant in gynecologic emergencies



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Once the primary assessment is done and the immediate care is provided, the secondary assessment is started to get a detailed background about the patient's health.

This assessment starts with the physical assessment where the vital signs are checked. Specifically, blood pressure, skin color, pulse, and orthostatic vital signs are checked. Next, look for vaginal bleeding and look at any other discharge from the vagina. Examine the abdomen for tenderness and distention, and at the same time, make a note of syncope, fever, nausea, and vomiting, as these can signify serious gynecological complications. At the

same time, assess the mental status of the patient as well.

While examining, keep it limited and professional.

REASSESSMENT

- Repeat the primary assessment
- There are very few interventions with a gynecologic emergency
- Communicate all relevant information to staff at receiving hospital, including possibility of pregnancy



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After completing all the assessment, reassess your facts and check if you have got it all right. Make sure you communicate all the information to the staff at the receiving hospital, including the possibility of pregnancy.

Emergency Medical Care

- Maintain patient's privacy as much as possible
- Use sanitary pads to control bleeding
- Document the number of pads
- External genitals have a rich nerve supply
- Makes injuries very painful
- Treat external lacerations with moist, sterile compresses
- Do not pack or place dressings in the vagina



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While providing emergency medical care, maintain the patient's privacy as much as possible. It is best to involve a female EMT to provide care for the patient, and also, try to move her to an ambulance quickly, if she is in a public place.

A high possibility during a gynecological emergency is vaginal bleeding. To counter this, keep sanitary pads on the external genitalia, and make a note of the number of soaked pads. Keep in mind that the external genitalia have a rich nerve supply, so any injury to this part can be quite painful. This is why it is a good idea to treat any

external laceration, abrasion, or tears with moist, and sterile compresses. Also, never pack or put any dressing in the vaginal area.

Assessment and Management

- Pelvic inflammatory disease (PID)
- Primary complaint is abdominal pain
- Prehospital treatment is limited
- Nonemergency transport is usually recommended



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While handling specific conditions like the Pelvic Inflammation Disorder, check if the patient has abdominal pain, and ask if it starts during or after menstruation. Also, see if the patient has a specific gait while walking. Many times, this gait will look like a shuffle, and the patient may find it painful to walk.

Remember, the prehospital treatment is usually limited in such cases, and nonemergency transport is recommended for such patients.

With this, we come to the end of this lesson.

Next, Justin will do a recap of the chapter summaries.