

Practice Tips

No stirrups?

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Pelvic examinations are frequently performed in family practice. Ontario guidelines recommend that Pap smears be done yearly for all sexually active women, then every 2 years after three normal smears.¹ The procedure, however, can be uncomfortable for our patients.

To try to lessen the discomfort, I decided 2 years ago to stop using stirrups. I now ask my patients to bring their heels together and let their knees fall apart in a "frog-leg" position. They no longer have to move themselves to the bottom of the examining table, which helps to cut down on the intrusiveness of the procedure.

This change has met with what seems like universal relief; none of the patients I have asked prefer stirrups, and when offered a choice, not one patient has opted to go back to the old method. Occasionally, I have to rotate the handle of the speculum to 7 or 8 o'clock to avoid hitting the examination table. If a patient has a retroverted uterus and the cervix cannot be seen, it might be helpful to ask her to slide her fists under her ischial tuberosities, as this will tilt the pelvis.²

I have adopted some other measures as well to try to decrease my patients' discomfort. There is a picture tacked on the ceiling for them to look at, and I talk during the examination.

I have not seen any change in terms of the quality of my Pap smear samples, although I have not done a formal audit. Newer forms of cervical cancer screening are emerging, such as the test for human papillomavirus (HPV) DNA. Polymerase chain reaction analysis might be able to detect HPV DNA even in vaginal scrapings,³ so obtaining endocervical cells might not be as important in the future as it has been.

A MEDLINE search revealed no controlled trials or surveys on the use of stirrups for routine pelvic examinations. One paper mentioned use of the frog-leg position to examine very young patients, as a way of lessening anxiety.⁴ Considering how common pelvic examinations are in primary care practice, some research into patient and physician preferences as well as into the adequacy of Pap smears without stirrups would be welcome. ❖

Acknowledgment

I thank Deirdre Green, the Canadian Medical Association's OSLER support librarian, for her help with the MEDLINE search.

References

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