

Screening Pelvic Examination in Nonpregnant Adult Women: Recommendations From the American College of Physicians

The full report is titled “Screening Pelvic Examination in Adult Women: A Clinical Practice Guideline From the American College of Physicians.” It is in the 1 July 2014 issue of *Annals of Internal Medicine* (volume 161, pages 67-72). The authors are A. Qaseem, L.L. Humphrey, R. Harris, M. Starkey, and T.D. Denberg, for the Clinical Guidelines Committee of the American College of Physicians.

Who developed these guidelines?

The American College of Physicians (ACP) developed these recommendations. Members of ACP are internists (specialists in the care of adults).

What is the problem and what is known about it so far?

Pelvic examination is often done to screen for disease in nonpregnant, adult women who do not have symptoms. Screening means looking for a disease in people who do not have any signs or symptoms of that disease. During a pelvic examination, the patient is positioned on an examination table with her feet in stirrups. The doctor examines the external genitalia and then inserts an instrument called a speculum into the vagina to examine the vagina and cervix (speculum examination). Next, the physician places 1 hand in the patient’s vagina and the other on her abdomen to feel for abnormalities in the ovaries, uterus, and other pelvic organs (bimanual examination). Sometimes, the examination includes insertion of a finger into the patient’s rectum to check for abnormalities in the rectum or the space between the rectum and vagina (rectal examination). The doctor may take samples from the cervix to look for cervical cancer (Papanicolaou [Pap] smear) during the pelvic examination. However, the value of pelvic examination in women who have no symptoms and do not need a Pap smear is unclear. The potential benefits of pelvic examination include finding cancer, noncancerous masses, or infection before symptoms develop. The potential harms include the patient discomfort and inconvenience, cost, and subjecting the patient to unnecessary follow-up and treatment if abnormalities are found that would never become an issue for the patient.

How did the ACP develop these recommendations?

The ACP reviewed published studies about the potential benefits and harms of screening pelvic examination. “Screening pelvic examination” means speculum and bimanual examination in women who have no pelvic symptoms.

What did the authors find?

Available studies show that the yield of pelvic examination for identifying cancer or other treatable disease in nonpregnant women without symptoms is low and is not associated with improved health outcomes. However, there are many false-positive findings on pelvic examination, and such findings subject patients to unnecessary worry and follow-up. Pelvic examination can cause anxiety, discomfort, pain, and embarrassment, especially in women who have a history of sexual abuse.

What does the ACP recommend that patients and doctors do?

Doctors should not do screening pelvic examinations on nonpregnant, adult women who do not have symptoms of possible pelvic disease.

What are the cautions related to these recommendations?

These recommendations apply only to nonpregnant women with no symptoms. Pelvic examination should be done if symptoms are present or the patient is pregnant.

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