In Defense of the Pelvic Exam

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Editor's Note: *The American College of Physicians (ACP) has released a new guideline[2] recommending against performing routine pelvic examinations as part of well-woman visits. Medscape spoke with Barbara S. Levy, MD, ACOG's Vice President for Health Policy, about the implications of this recommendation for clinicians and patients.*

No Evidence for Benefits of Routine Pelvic Exam?

Medscape: The ACP recommendation finds that other than limited data that pelvic exams are not beneficial for detecting ovarian cancer, no studies report benefits of pelvic examination for pelvic inflammatory disease, bacterial vaginosis, or "other conditions." Does "no research" mean that there is no benefit?

Dr. Levy: No. As you read through their study, where they sifted through the world's literature, they were very specifically looking for studies on pelvic exams and ovarian cancer screening, and outcomes related to mortality or morbidity. They weren't looking at quality of life or any of the other benefits that women might derive from pelvic exams. It would be very difficult to design and perform a study to analyze the benefits of a pelvic exam that looked at all of these things.

However, I would ask the authors of the ACP practice guideline to review the evidence that supports a routine heart and lung exam. There is no evidence in the literature to support many of the things that we do every day, because inherently they make sense.

We know that the pelvic exam is an imprecise exam, and just like any other physical exam, its value will depend on the skill set of the person doing it, the cooperation of the patient, and the body of the patient. I would not argue with their conclusion that the pelvic exam is a terrible screening test for ovarian cancer. There is no question that it isn't good for that, but a tremendous number of other things can be picked up on a pelvic exam. The kind of evidence that they were looking for in evidence-based medicine is difficult to provide for us as we make clinical decisions.

When the ACP guideline came out, the public heard about it and thought, "Oh my goodness, there is no evidence to support the pelvic exam." But that's not really true. Lack of evidence does not mean lack of benefit.

There was a wonderful article in the *British Medical Journal,* "Parachute Use to Prevent Death and Major Trauma Related to Gravitational Challenge: Systematic Review of Randomised Controlled Trials."[3] They found that there are no randomized controlled trials to support parachute use. So according to the evidence, we should jump out of airplanes without parachutes. It's tongue-in-cheek, of course, but it points out that we don't always do randomized controlled trials to demonstrate something that we intuitively know is true.

Medscape: What is ACOG's position on this issue? What are ACOG's current recommendations on routine pelvic exams?

Dr. Levy: We continue to recommend that women receive annual pelvic exams, but we also clarify that the final decision should be made by a woman in consultation with her doctor, on the basis of her own needs and priorities. We do recognize the significant clinical value of the pelvic exam. I certainly hope that conversations between gynecologist and patient are open and include that value as well as an acknowledgement that the pelvic exam isn't for everyone.

Medscape: The ACP guideline says that asymptomatic women don't require a routine pelvic exam. However, they didn't elaborate on what "asymptomatic" means, or what kind of screening should be done to rule out the presence of symptoms that a woman might not report or might not recognize as important.

Dr. Levy: The assumption is that women coming in for a well-woman visit are asymptomatic. We typically do a review of systems that asks general questions of patients. Women often keep a list of things to talk with the physician about at the time of the visit. Our experience as obstetrician/gynecologists of the "asymptomatic" or "well-woman" visit is different from that of general internists and family practitioners.

Problems Detected on a Routine Pelvic Exam

Medscape: A key point in the debate is that by not doing routine pelvic exams, many other problems might not be picked up, especially in women who don't report symptoms. In your experience, what types of problems can be detected with the pelvic exam?

Dr. Levy: The pelvic exam provides information that is almost impossible to obtain any other way about a woman's anatomy. I'll go through the exam systematically and give you some examples.

In the vulva, we might see lesions, such as vulvar melanoma, which wouldn't be symptomatic. The early stages of lichen sclerosus is another vulvar condition that can lead to cancer of the vulva if not treated. It isn't always symptomatic, but it is clearly seen on exam. Genital warts can be seen, and if they are small, women don't always complain about them, or don't even

know what they are. That is a sexually transmitted disease that can be spread to their partners. Those are the kinds of things that we can see externally.

You can certainly see large hemorrhoids. Seeing hemorrhoids might prompt to ask about constipation, which might lead you to find risk factors for colon cancer. The ACP guideline talked only about the pelvic exam. It didn't mention the fact that rectal exams are also important, and it's hard to do a rectal exam if you're not doing a pelvic exam.

When we look in the vagina, we are looking at the tone of the muscles; if they are too lax, we might ask the patient about leakage of urine or stool. If the pelvic floor muscles are very tight, that can cause long-standing pelvic pain or sexual dysfunction, something we often find in a woman who has been sexually molested or abused. This was a subtle finding for me when I started my practice, but after 30 years, it is a consistent finding among women who might not disclose their history of sexual abuse, but who have definitely experienced it. A lot of data show that many women who are survivors of sexual abuse have a multitude of medical problems that they suffer lifelong thereafter, and for the caregiver not to know that part of her history is problematic. Without the exam, it might never come up.

Continuing the exam, we look at the position of the urethra; if it's rotated, that would prompt me to ask a woman about leakage of urine. That is a very sensitive subject -- it's something that women don't like to talk about. They are really embarrassed about it, yet they would like help. They often don't bring it up, so seeing that on exam would prompt the examiner to ask a question that might truly improve the woman's quality of life.

We also look at the quality of the tissues. In any age group of women, I have found flaming red tissues, and upon inquiring, I learn that they were using antibacterial soaps or douches that are very harsh on these tissues. They think they are doing themselves a favor, and again, it's something I might not know about unless I looked at the tissue.

We can also see hormonal imbalances by looking at the tissue; it might be too red or too pale, or insufficiently stretchy. These are subtle findings that would prompt us to ask the patient about pain during sex and allow us to improve that patient's quality of life.

The ACP guideline mentions that testing for sexually transmitted diseases can be done without a pelvic exam, and that is true. But the flip side is that if the patient is not in the age group where you would routinely test (up to age 25 years for chlamydia), an infection might be entirely missed.

The last part of the exam is the bimanual exam: 2 fingers in the vagina and the other hand on the abdomen. We can pick up such things as ovarian cysts or uterine fibroids, but also fixation of the tissues (they just don't move very well), which could be a sign of endometriosis.

The Implications of Eliminating Routine Pelvic Exams

Medscape: You began by emphasizing the external part of the examination. If clinicians are no longer doing the pelvic exam, will they still be performing that part of the examination?

Dr. Levy: I don't think so. If you read through the guideline, it makes the point that eliminating pelvic exams will make your practice more efficient. Patients won't have to get undressed, and you don't need a chaperone in the room.

Medscape: Are there any other benefits of having a routine pelvic exam?

Dr. Levy: Yes. The exam is an opportunity for education. Educating young women about what is normal is very important, and this benefit was not considered in the guideline. We know there are Websites out there now showing pictures of the vulva and what women are "supposed" to look like, but many of those are put online by surgeons who want to do plastic surgery on the vulva to make women all look the same, and that is very misleading. The pelvic exam is a great opportunity to educate women and reassure them that everything is normal and as it should be.

Medscape: When clinicians aren't doing thousands of pelvic exams anymore and seeing "normal" 20 or 30 times a day, will they still be able to detect the subtle findings that you have talked about? Will the pelvic exam become a lost art?

Dr. Levy: There is that risk. To be very honest, I think obstetrician/gynecologists are much better at performing pelvic exams than our colleagues in internal medicine because we do so many of them. Experience is important. I'm sure they are much better than I am at listening to the heart and the lungs. I think that it is important to see a lot of normal so that you recognize abnormal when it's there.

Medscape: If a woman is not having any symptoms or obvious problems, does she need an annual visit to the gynecologist? Do you think women might put off the annual visit?

Dr. Levy: We all have a tendency to put off things that we don't absolutely have to do. However, we believe that an annual encounter to talk about counseling, nutrition, exercise, depression screening, immunization, screening labs if they're needed, and the every 3- to 5-year Pap smear (depending on age and other factors) is still important. The annual clinical breast exam is supported by evidence, and most women are concerned enough about breast cancer that they will probably continue to schedule an annual visit.