MOST IMPORTANT

OSCE STATIONS

OBSTETRICS & GYNECOLOGY

By: Shahd Alahmad

Station	No. of repetitions كم مرة تكررت بالباست (مرتبات من الأعلى للاقل)	Year level	What repeatedly came up in the past papers لمحة بسيطة عن جزء من المطلوب (من المكتوب في ملف الباست)	Main variations *summary for the stations scenarios* سيناريو الحالة في الأوسكي (مو كثير مهم هذا العمود)	Appearances الدفعة إلي اجاها الستيشن	Priority
CTG	11	5Y + 6Y يعني = اجت لخامسة وسادسة	Interpretation; baseline; variability; accelerations; decelerations; contractions; reassuring features; fetal bradycardia; fetal distress management	Bradycardia; late deceleration; fetal distress; CTG + dilated cervix; post-term	2021, 2020, 2019, 2018	☆☆☆
Preeclampsia / PET	11	5Y + 6Y	Hx of symptoms (headache, visual disturbance), physical exam; obstetric exam; investigations; treatment; symptoms; risk factors; fetal complications	Severe PET; BP + proteinuria; PET + abruption; eclampsia-related case	2021, 2020, 2019, 2018	☆☆☆
PPH	10	5Y + 6Y	Primary vs secondary; causes/DDx; risk factors; detailed management; drugs; ABC; blood work; surgical escalation	Immediate postpartum bleeding; 14-h postpartum bleeding; secondary PPH	2021, 2020, 2019, 2018	☆☆☆
APH / Placental bleeding	10	5Y + 6Y	DDx; placenta previa; abruption; vasa previa; uterine rupture; risk factors; investigations; management according to stability	Placenta previa; abruption; 32–35 wk bleeding; stable vs unstable	2020, 2019, 2018	☆☆☆
Postmenopausal bleeding / Endometrial CA	10 اجت هذا الفصل لطلاب سادسة	5Y + 6Y	Hx; RFs; PEx; investigations; endometrial/cervical CA; biopsy/D&C; hysterectomy	60-y spotting; postmenopausal spotting + biopsy positive	2021, 2020, 2018	☆☆☆
Ectopic pregnancy	8	5Y + 6Y	Focused history; PEx; β-hCG; US; empty uterus/adnexal mass; MTX criteria; surgery; ruptured ectopic stabilization	Generic ectopic; RIF pain; ruptured ectopic; low β-hCG; ectopic vs abortion	2021, 2020, 2019, 2018	☆☆☆
PROM	7	5Y + 6Y	Hx; PEx; investigations; confirmation; management; DDx of watery discharge	3rd-trimester watery discharge; 33-wk PROM; PROM vs UI/vaginitis/semen/bloody show	2021, 2019, 2018	☆☆☆
Urinary incontinence	7	5Y + 6Y	Types; stress vs urge; risk factors; diagnosis; management; detailed urge history; investigations	General UI; urge incontinence; stress-vs-urge	2021, 2020, 2019	☆☆☆
Pelvic organ prolapse (POP)	7	5Y + 6Y	Focused history; risk factors; types; urinary/bowel/sexual symptoms; assessment; management; surgical complications	Pelvic heaviness; vaginal lump	2021, 2020, 2019, 2018	☆☆☆
Infertility	7	5Y + 6Y	Primary vs secondary; history; female RFs; male + female	Primary infertility; endometriosis-related infertility; abnormal SFA; IVF	2020, 2018	☆☆☆

			investigations; tubal factors; ovulation; management			
Abdominal pain	**7**	**5Y + 6Y**	Pain analysis; obstetric/gynecologic/GI/urinary DDx; physical examination; investigations; management	Abdominal pain in pregnancy; fibroid-related pain; acute abdomen; 39-wk pain	2020, 2019, 2018	★★★★
Fibroids / fibroid in pregnancy	**6**	**5Y + 6Y**	Pregnancy complications; red degeneration; pain; US findings; myomectomy indications; types; bleeding; treatment	Fibroid in pregnancy; acute pain; HMB; gross fibroid picture	2020, 2019, 2018	★★★
Miscarriage / early pregnancy bleeding	**5**	**5Y + 6Y**	Types; Hx/PEx/US/β-hCG/CBC/blood group; distinguishing types; management; complications; molar pregnancy	Threatened/incomplete/complete/missed/septic; molar + miscarriage	2020, 2019, 2018	★★★
Preterm labor	**5**	**5Y + 6Y**	Risk factors; symptoms/cervical changes; predictors; tocolytics; $MgSO_4$ toxicity; when not to prevent labor	33-wk contractions; full Hx/PEx/Invx/Mx	2020, 2019	★★
Labor	**5**	**5Y + 6Y**	Labor pain; cardinal movements; PV exam; placental separation; third stage; initial ER/labor orders	Labor in ER; delivery counselling; prolonged 2nd stage	2020, 2019, 2018	★★
Booking / Antenatal booking	**5**	**5Y + 6Y**	EDD; important history; routine investigations; O-negative → Indirect Coombs; GDM screening; anomaly scans	Standard booking; 32-wk booking; O-negative mother	2020, 2019, 2018	★★★
IUD	**4**	**5Y + 6Y**	History before insertion; types; complications; contraindications; lost strings; imaging; perforation	Counselling; lost IUD; perforated IUD; US/IUD picture	2019, 2018	★★
PCOS	**4**	**5Y + 6Y**	DDx; Hx/PEx; investigations; Rotterdam criteria; RFs; treatment	Amenorrhea/PCOS; classic US picture	2021, 2020, 2018	★★
Menorrhagia / Heavy menstrual bleeding	**3**	**5Y + 6Y**	DDx; PEx; investigations; medical/surgical treatment; D&C complications	38-y HMB; 40-y HMB + thick endometrium; general menorrhagia	2020, 2019, 2018	★★
Pap smear / Cervical screening	**4**	**5Y + 6Y**	Pap smear; screening; cytobrush; transformation zone; prevention/screening methods	Pap instrument; cervical screening; HPV screening	2019, 2018	★★
Polyhydramnios / Large-for-GA	**3**	**5Y + 6Y**	DDx; next investigation; US; important laboratory test; abdominal findings; complications	Polyhydramnios; increased fundal height; large-for-GA	2021, 2020, 2018	★★
Ovarian torsion / ovarian cyst acute pain	**4**	**5Y + 6Y**	DDx; investigations; US/Doppler; surgery; cystectomy vs oophorectomy	Ruptured ovarian cyst; torsion; 5×6 cm mass with absent flow	2021, 2020, 2019	★★
Vaginal discharge	**3**	**5Y + 6Y**	Hx; DDx; examination; investigations; treatment	Candidiasis; physiologic vs pathological; Candida/BV/Trichomonas	2019, 2018	★★

Menopause	**3**	**5Y + 6Y**	Symptoms; causes of early menopause; HRT indications; complications	Menopause + PMB; general menopause	2019, 2018	☆☆
Multiple pregnancy	**2**	**5Y + 6Y**	Increased fundal height; DDx; abdominal examination; maternal complications	Large-for-GA abdomen; primigravida with increased fundal height	2019, 2018	☆
Speculum / Bivalve speculum	**2**	**5Y + 6Y**	Steps; preparation; indications; Pap equipment	Standard speculum; bivalve speculum	2019, 2018	☆
D&C / Curettage	**2**	**6Y** اجت= لسادسة بس	Instrument identification; indications; complications; uterine-length measuring instrument	Curette + cytobrush; D&C station	2019	☆
Adenomyosis	**2**	**5Y + 6Y**	-	Often paired with PPH/menorrhagia	2020, 2018	☆
Eclampsia	**2**	**5Y + 6Y**	Management; timing/mode of delivery; follow-up	Separate eclampsia station	2020, 2019	☆☆
COCP	**2**	**5Y + 6Y**	History; examination; contraindications; anticonvulsant interaction; missed pills	COCP + anticonvulsant; missed 2 pills	2020, 2019	☆☆
Obstetric physical examination	**2+**	**5Y + 6Y**	Permission/exposure; inspection; palpation; fundal height; grips; fetal heart; detailed abdominal obstetric exam	33-wk exam; 38-wk labor exam; booking exam	2020, 2019, 2018	☆☆
Amenorrhea	**4**	**5Y + 6Y**	History; DDx; investigations	PCOS; Asherman; imperforate hymen; married woman with amenorrhea	2021, 2019, 2018	☆☆
Vacuum	**2**	**5Y + 6Y**	Types; prerequisites; indications; contraindications; complications	Delivery counselling + instrument station	2020, 2018	☆☆
Forceps	**1**	**6Y**	Identification; indications; prerequisites; complications	Instrument picture	2018	☆
Hysteroscopy	**1**	**6Y**	Identification; types; uses; contraindications	Picture station	2019	☆
Primary amenorrhea / Imperforate hymen	**1**	**6Y**	Cyclical pain/no bleeding; examination; investigations; hematocolpus; diagnosis; hymenectomy/drainage	16-y-old case	2019	☆
Secondary amenorrhea / Asherman	**1**	**6Y**	Secondary amenorrhea case	Named directly	2019	☆
OHS / OHSS	**1**	**6Y**	Risk factors; symptoms/signs; management	-	2018	☆
Postpartum blues / depression	**1**	**6Y**	Diagnosis; screening; risk factors; support/reassurance	Post-CS + NICU baby + irritability/crying	2020	☆

☆ **Final Study Priority**

Priority	Stations
☆☆☆ **Study First**	**CTG, PET, PPH, APH, Ectopic pregnancy, PROM, Urinary incontinence, POP, Infertility, Abdominal pain/acute abdomen, Fibroids, PMB, Miscarriage, Booking, PCOS** (حسيت انهم ركزوا ع موضوع تكيس المبايض هذا الفصل)
☆☆ **Study Next**	**Preterm labor, Labor , IUD, HMB, Pap smear/cervical screening, Polyhydramnios, Ovarian torsion/cyst, Vaginal discharge, Menopause, Eclampsia, COCP, Obstetric examination, Amenorrhea, Vacuum**
☆ **Lower Priority but still review**	**Multiple pregnancy, Speculum, D&C, Adenomyosis, Forceps, Hysteroscopy, Imperforate hymen, Asherman, OHS, Postpartum blues**

ملاحظـات:

* حطيت في هذا الملف الـ Checklists للمواضيع الي تكررت أكثر من 5 مرات (المكتوبات بالأحمر فوق بالجدول) ، لكن كله مهم وممكن ييجي

* ستيشن سرطان الرحم ما حطيته لانه اجا الفترة الماضية لسادسة، لكن برضو مهم.
* الملف حوالي 75 صفحة لكن ان شاء الله بمشي بسرعة لانه اسئلة الممتحِن لحالها بتستهلك صفحة

* هذا من كلام د.أمل -->

- "في موضوع Ovarian Cysts & tumors لازم تعرفوا Approach to a young lady with acute pelvic pain

ويكون واحد من Differential Diagnosis --> Complicated ovarian cyst .. ومنها ال Torsion"

* هاي روابط مصـادر كل اشي في هذا الملف:

رابط ملف تجميع باست الأوسكي (مصدر معلومات الجدول السـابق)

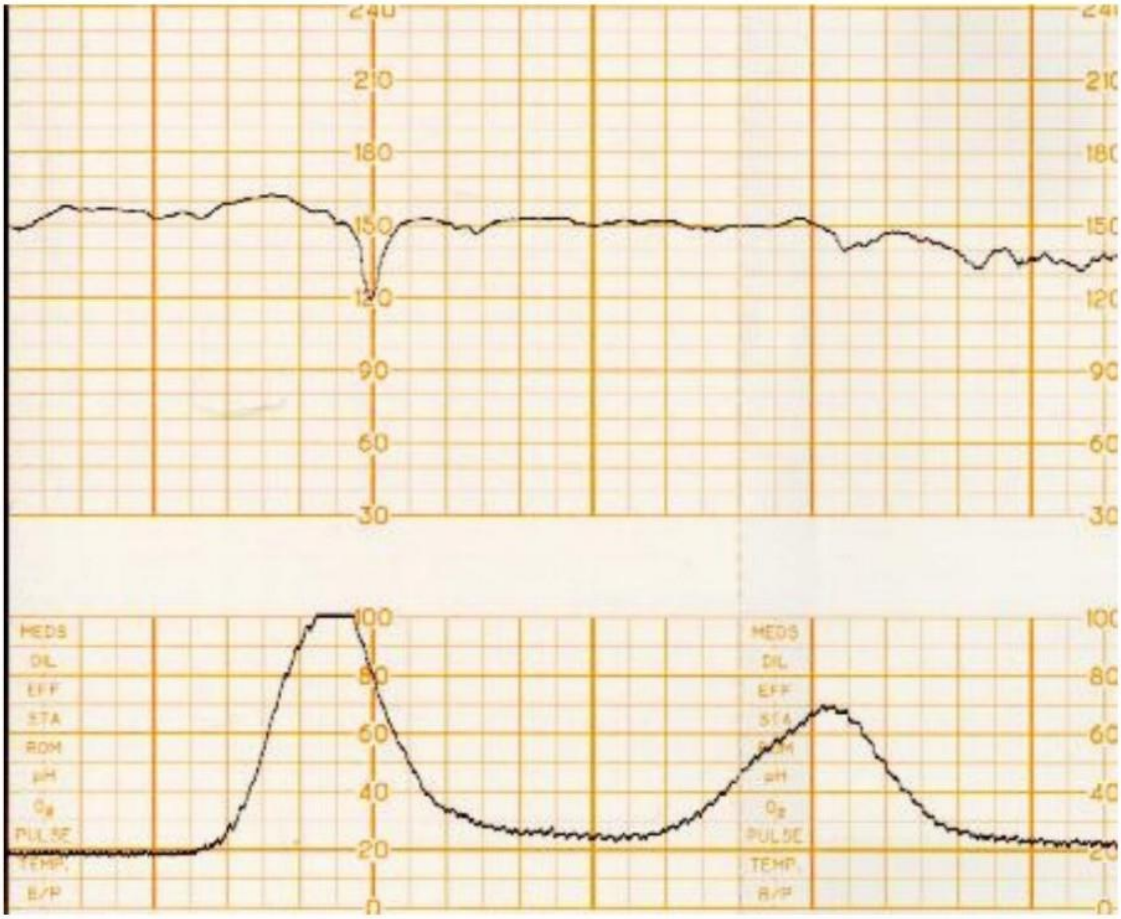
مصدر الستيشنات القادمة (دوسية آيات نبيل) ، وهي نفس ستيشنات عبدالله أبو حلاوة تماما (تم تدقيق كل الستيشنات)

CTG - 1

Student's information

Mrs X is a 31 year old primigravida at 41 weeks gestation. She was admitted for induction of labour and started on Syntocinon after artificial rupture of membranes. Her fetus is being monitored via Cardiotocograph (CTG). The attending obstetrician is called to assess the CTG.

1. Generally, tell the examiner what are the features you should interpret in any CTG?
2. The patient's CTG appears as follows
   a. What abnormal features do you notice?
   b. What is the likely cause for these features?



3. In this situation, what will be your next step in the management of this patient?

Station 2

Examiner sheet

Mrs X is a 31 year old primigravida at 41 weeks gestation. She was admitted for induction of labour and started on Syntocinon after artificial rupture of membranes. Her fetus is being monitored via Cardiotocograph (CTG). The attending obstetrician is called to assess the CTG.

1. What are the features important in interpreting the CTG? **(8 marks)**

    1. Patient ID
    2. Paper speed
    3. Date and time
    4. Baseline
    5. Variability
    6. Accelerations
    7. Decelerations
    8. Contractions

2. The patient's CTG appears as seen in your sheet;

    a. what abnormal features do you notice? **(4 marks)**

    1. Reduced variability
    2. Late decelerations

    b. What is the likely cause for these features? **(2 marks)**

    1. Placental insufficiency.

3. In this situation, what will be your next step in the management of this patient? **(4 marks)**

    1. Stopping syntocinon
    2. IV hydration
    3. Position correction of the patient
    4. Vaginal examination

4. Assume her vaginal examination findings was: 4 cm dilated and 60% effaced, vertex presentation at minus 2 station, what will be your next step?

    1. Urgent caesarean Section **(2 marks)**

Total mark...../20 **signature.....**

CTG - 2

STATION: 4

Student information

This is a non-stress test done for a 40 years old diabetic and hypertensive primigravida lady on treatment, pregnant 41 weeks during her routine antenatal visit today.

Please tell me what informative data can be elicited from this fetal monitoring.

This is a CTG for primigravida in labor at 38 weeks gestation of pregnancy, which was augmented 3 hours ago.

STATION: 4

Examiner Information

This is a non-stress test done for a 40 years old diabetic and hypertensive primigravida lady on treatment, pregnant 41 weeks during her routine antenatal visit today.
Please tell me what informative data can be elicited from this fetal monitoring.

a.	Base line: 110-160.	1 mark
b.	Beat to beat variability: 5-25 BPM.	1 mark
c.	Acceleration: each 15 BPM for .....during 20 minute period of observations.	1 mark
d.	No deceleration.	1 mark
e.	All in all, this is a reactive NST.	2 marks

Please, mention 4 possible indications to do NST for this lady at clinic during a routine visits. [any 4 of the list]. <u>One mark for each</u>.

a. Being high risk due to old maternal age.
b. Being high risk due to DM, and HT.
c. Post data.
d. Decrease fetal movements.
e. Decrease amniotic fluid.

This is a CTG for primigravida in labor at 38 weeks gestation of pregnancy, which was augmented 3 hours ago.

a. What is the abnormality seen on this CTG?
Variable decelerations. 2 marks

b. What is your action in the management plan?

1. Stop sytocinon drip. 1 mark
2. Left lateral position. 1 mark
3. Hydration. 1 mark
4. Vaginal Examination. 1 mark

c. What are the aims of the vaginal examination?

a. To rule out cord prolapse. 2 marks
b. To determine the method of delivery. 2 marks

Examiner signature

/20

PET - 1

Mrs. Nadera is 19 years old, primigravida, unbooked, pregnant 33 weeks, presented to the emergency room with severe headache, visual disturbances, and her initial blood pressure measurement was 165/110 mmHg.

The parameters of the "classic triad" of diagnosing Preeclampsia are:

New-onset hypertension,

Proteinuria,

Edema in the latter half of pregnancy

Other possible criteria for diagnosis of severe preeclampsia for this lady:

- Renal insufficiency (serum Cr >1.1 mg/dL or doubling of baseline values)
- Pulmonary edema
- Epigastric or right upper quadrant pain
- Elevated liver enzymes (AST or ALT at least two times normal level)
- Thrombocytopenia (platelet count <100,000/μL)

General classification of hypertensive disorders of pregnancy

- Preeclampsia/Eclampsia
- Chronic hypertension
- Chronic hypertension with superimposed pre-Eclampsia
- Gestational hypertension

Emergency parenteral therapy for the severe hypertensive status of this lady

Hydralazine: Direct vasodilator

Labetalol hydrochloride: Nonselective α1-blocker β1-blocker

Nifedipine: Calcium channel blocker

In this lady if she develops Eclampsia, if using magnesium sulfate as anticonvulsive drug, the possible toxicity symptoms of this medication:
*Therapeutic range: 4.8-9.6 mg/dL.

Loss of patellar reflex	8-12
Warmth and flushing	9-12
Somnolence	10-12
Slurred speech	10-12
Paralysis and respiratory difficulty	15-17
Cardiac arrest	30-35

PET - 2

Station #
Examiner Information

Mrs. X is a 24 year old. Presented at 34 weeks of gestation with a blood pressure of 170/120 and +3 proteinuria.

a. What signs and symptoms you want to elicit in this patient?

b. how would you measure her blood pressure?

c. What are the main aims of management?

A. What signs and symptoms you want to elicit in this patient? /10

1.Headache
2.blurring of vision
3.Dificulty in breathing
4.Epigastric pain
5.Papilledema
6.sudden generalized edema
7.Low urine output
8.Hyper-reflexia

B. How would you measure her blood pressure? /5

1. Positioning (30 degree from the horizontal + Right tilt)
2. Proper size cuff
3. Level of sphygmomanometer at the level of the heart
4. Diastol---disappearance of the sound

C. What are the main aims of management? /5

1. Control blood pressure
2. Prevent convulsions
3. Determine the time and mode of delivery

Mark /20 Signature

PET - 3

Station " 3 "
Student's Information

A 24 years old primigravida present complaining of headache, blood pressure of 170/120 with +3 proteinurea

The examiner will ask you a series of questions

1. What is the likely diagnosis

2. What type investigation you would order

3. Mention the principle lines of treatment

4. How would you monitor a patient on MGSO4

5. Mention five possible complications for her condition

Station " 3 "
Examiner Information

A 24 years old primigravida present complaining of headache, blood pressure of 170/120 with +3 proteinurea

1. What is the likely diagnosis: (3 Marks)

	0	3
- Sever preeclampsia		

2. **What type investigation you would order? (6 Marks)**

	0	1
1- CBC, Plat		
2- Urine analysis		
3- Fibrinogen PT,PTT		
4- Kidney function test and uric acid		
5- Liver function test		
6- Ultrasound		

3. **Mention the principle lines of treatment : (6 Marks) 2 for each**

	0	2
1- Stabilization of the patient by antihypertensive drug		
2- Start MGSO4		
3- Plan delivery of the patient		

4**. How would you monitor a patient on MGSO4?(4 Marks)**

	0	1
- Deep tendon reflex		
- Respiratory rate		
- Urine output		
- Serum level if clinical sign of toxicity		

5. **Mention five possible complications for her condition : (Any 6)**

	0	1
- Eclampsia		
- Intracranial hemorrhage		
- Pulmonary oedema		
- Renal failure		
- Respiratory failure		
- Maternal death		
- Fetal death		

Total mark: **/25** **Signature:**

PET - 4

31 year old G1P0, GA 35, week's uneventful pregnancy found at her routine antenatal visit to have a BP of 160/110 mmHg and +3 proteinuria on dipstick, she is also complaining of dull headache yesterday and felling unwell today. No history of visual changes and abdominal pain. Her fetus is active and her family history non-contributory.

1- Counsel this patient about her management Plan

2- Counsel this patient about all possible complications.

Examiner instruction:

بسم الله الرحمن الرحيم

﴿ قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ ﴾

[البقرة، 32]

31 year old G1P0, GA 35, week's uneventful pregnancy found at her routine antenatal visit to have a BP of 160/110 mmHg and +3 proteinuria on dipstick, she is also complaining of dull headache yesterday and felling unwell today. No history of visual changes and abdominal pain. Her fetus is active and her family history non-contributory.

1- Counsel this patient about her management plan

2- Counsel this patient about all possible complications.

1. Management Plan

Admit to hospital	__/2
Antihypertensive medication	__/2
Magnesium Sulfate	__/1
Fetal surveillance	__/1
Delivery	__/1
Postpartum MgSO4, meds	__/1

2. Complications

Maternal mortality	__/1
Central nervous system complications	__/1
Renal complications	__/1
HELLP	__/1
Hematologic complications (DIC)	__/1
Hepatic complications	__/1
Pulmonary Complications	__/1

Total mark: /15 [ ]

Signature:

PPH

Station # 2
Student information

Mrs X is a 30 year old lady, admitted to the delivery room in labour at 39 weeks of gestation. She had a vaginal delivery and transferred to the recovery room. One hour later you were called because she started to have heavy vaginal bleeding.

1. What important points in the history you want to ask that predispose to the development of this condition.
2. what are the important steps in the management you want to take.

Name:_____

Station # 2

Examiner information

Mrs X is a 30 year old lady, admitted to the delivery room in labour at 39 weeks of gestation. She had a vaginal delivery and transferred to the recovery room. One hour the student was called because she started to have heavy vaginal bleeding.

1. What important points in the history you want to ask that predispose to the development of this condition.
2. what are the important steps in the management you want to take.

First Question	0	1
1.Parity	( )	( )
2.multiple gestation/polyhydramnios	( )	( )
3. Pre-eclampsia	( )	( )
4. Previous history of PPH	( )	( )
5. Previous C/S	( )	( )
6. Prolonged labour	( )	( )
7. Prolonged third stage	( )	( )
8. Instrumental delivery	( )	( )
9. Augmentation of labour	( )	( )
10. If the placenta is complete	( )	( )
2nd Question		
11. Call for help	( )	( )
12. ABC	( )	( )
13. Two large-bore IV line	( )	( )
14. Cross matching	( )	( )
15. Palpate uterus/message	( )	( )
16. Perform vaginal examination	( )	( )
17. Oxytocics	( )	( )
18. Check for laceration	( )	( )
19. Consider transfusion	( )	( )
20. Surgical intervention	( )	( )

Total mark /20 **Examiner:**

APH
Placenta Previa

Student information

This patient is 32 wks pregnant, presented with painless vaginal bleeding. What, on focused history, would you like to elicit from the patient to detect why she is at risk for such condition?

Simulator Information:

You are **40** year old pregnant lady at 32 wks gestation, **G8 P6+1**, presented to E/R with painless vaginal bleeding. In your obstetric history you had two **previous CS** last one the indication was **placenta previa**, and history of one evacuation of product of conception after second trimester incomplete abortion,. Your gynecological surgical history is significant for abdominal **Myomectomy** which was done five years ago. This is a healthy spontaneous **twin pregnancy** with history of **threatened abortion** at 23 weeks of gestation which resolved spontaneously. In your last US scan your were told that the first twin is **transverse** and the second one is breech presentation, otherwise your medical, surgical, social, and drugs history were irrelevant apart from history of **smoking**.

Examiner information:

This patient is 32 wks pregnant, presented with painless vaginal bleeding. What, on focused history, would you like to elicit from the patient to detect why she is at risk for such condition?

History:

- Introduction
- Increasing Maternal age
- Grandmultiparirty
- Previous placenta previa
- Previous CS
- Previous uterine surgery
- Multiple gestation
- History of threatened abortion during this pregnancy
- Abnormal lie and presentation
- Smoking

Total mark: /10

Signature:

APH - 1

Station 1

Student Information

Mrs. Fatima is 35 years old, Gravida 8, Para 5 plus 2 abortions, and her last delivery was surgical due to bleeding, pregnant today at 38 weeks gestation, by twin pregnancy, working at a coffee shop, gave history of episodes of minimal bleeding during the current pregnancy. The last episode was this early morning about 150 ml. Please discuss her case with the examiner in sequence.

Station 1
Examiner information

1. **The possible main important causes/ its incidence; 2 marks for each**

No.	Cause	Incidence	Mark
1	Placental Abruption	One in 100 deliveries.	
2	Placenta Previa	Four in 1000 deliveries.	
3	Vasa Previa	One in 2500 delivery.	

2. **The important risk factors on this lady for Placental Abruption are: 5 marks**
   - Increasing parity.
   - Maternal age.
   - Cigarette smoking.
   - Multiple gestations.
   - Prior abruption.
   - Trauma.
3. **The important risk factors on this lady for Placenta Previa are: 5 marks**
   - Increasing parity.
   - Maternal age.
   - Cigarette smoking.
   - Multiple gestations.
   - Prior curettage.
   - Prior surgical delivery.
4. **The important risk factors on this lady for Vasa Previa are: 4 marks**
   - Low lying placenta.
   - Multiple gestations.
   - Bilobed/ succenturiate-lobed placenta.
   - History of vaginal bleeding
   - History of prior surgical delivery

APH - 2

Station 5

Student information

Mrs. XX is a 36 years old lady, Primigravida, unbooked, pregnant 36 weeks gestation, presented to the emergency room with vaginal bleeding. You are in charge to review her condition. Please discuss the following issues with the examiner in sequence?

a. What are other symptoms would you like to know?
b. What physical sigs should be looked for
c. What is the differential diagnosis of this condition?
d. What investigations should be requested?

Station 5/ Examiner sheet

a. What are other symptoms would you like to know? (4 marks)

1. Spontaneous bleeding or traumatic
2. Fetal movements
3. Abdominal pain
4. Amount of bleeding and duration

b. What physical sigs should be looked for? (4 marks)

1. Vital signs (blood pressure, pulse)
2. Abdominal tenderness
3. Fetal presentation
4. Fetal heart activity
5. Speculum examination to rule out local cause

c. What is the differential diagnosis of this condition? (4 marks)

1. Placenta previa
2. Abruption placenta
3. Local causes
4. Vasa previa
5. Bleeding disorders

d. What investigations should be requested? (4 marks)

1. CBC
2. Blood group, Cross match
3. Urinanalysis
4. KFT, LFT, Coagulation profile
5. Ultrasound scan

e. Why you should do an Ultrasound scan? (4 marks)

1. Placental localization,
2. Check viability
3. Gestational age
4. Amount of liquor

Total mark ----------/20 **Signature----------**

APH - 3

Station " "
Student's Information

A 27 years old, pregnant lady at 33 weeks of gestation presented to the emergency room with vaginal bleeding

Examiner: How would you analyze her compliant?

Station " "
Examiner Information

A 27 years old, pregnant lady at 33 weeks of gestation presented to the emergency room with vaginal bleeding

Examiner: How would you analyze her compliant?

1. How would you analyze her compliant? **(2 Marks)**

	0	1
1- Analysis of bleeding	☐	☐
2- Amount	☐	☐
3- Color	☐	☐
4- Clots	☐	☐
5- Severity of symptoms (shock, oligourea)	☐	☐
6- Associated symptoms (pain, labor contractions)	☐	☐

2. **What are the important points to look for during physical examination? (1/2 Mark for each (3 marks)**

	0	1/2
1- General (signs of shock) & Vital signs (pulse is more important than BP)	☐	☐
2- Obstetric examination	☐	☐
3- Abdominal tenderness	☐	☐
4- Fundal height	☐	☐
5- Presentation, lie & engagement	☐	☐
6- Presence of contractions	☐	☐

3. **At this point, what is your differential diagnosis?(5 Marks)**

	0	1/2
A-Obstetric causes	☐	☐
1- Abruptio placenta	☐	☐
2- Placenta previa	☐	☐
3- Ruptured vasa previa	☐	☐
B- Non obstetric causes	☐	☐
1- Truma	☐	☐
2- Infection	☐	☐

APH - 4

OSCE STATION

Mrs. A is a 32 year old G4P3+0, her last baby was delivered by caesarean section due to breech presentation. She is brought to the ER by her husband at 30 weeks gestation after suffering a sudden severe vaginal hemorrhage at home. She is feeling lightheaded. Her pulse rate is 110 and BP is 100/60.

- What are the initial management steps for this patient? (8marks)
- What are the possible causes for her condition? (6 Marks)
- Ultrasound scan reveals a low lying placenta, mention 4 risk factors for this condition. (4 marks)
- The patient has ongoing bleeding after admission associated with passage of clots, what is your management plan? (2 marks)

ANSWER SHEET

Mrs. A is a 32 year old G4P3+0, her last baby was delivered by caesarean section due to breech presentation. She is brought to the ER by her husband at 30 weeks gestation after suffering a sudden severe vaginal hemorrhage at home. She is feeling lightheaded. Her pulse rate is 110 and BP is 100/60.

- What are the initial management steps for this patient? (8 marks)
  - airway-breathing-circulation
  - assess amount of bleeding
  - 2 large bore canulae
  - Bloods (CBC, crossmatch, clotting profile)
  - IV fluids
  - Consider transfusion
  - Catheterize and monitor urine output
  - Investigate for cause of bleeding
  - Assess fetal viability and well-being

- What are the possible causes for her condition? (6 marks)
  - Placenta Praevia
  - Placental abruption
  - Vasa praevia
  - Uterine rupture
  - Cervical pathology (tumor, polyp)
  - Lower genital tract trauma
  - Genital tract infection

- Ultrasound scan reveals a low lying placenta, mention 4 risk factors for this condition. (4 marks)
  - Increasing maternal age
  - Previous caesarean section
  - Previous uterine surgery e.g. curettage, myomectomy
  - Smoking
  - Multiparity
  - Previous placenta praevia
  - Multiple pregnancy

- The patient has ongoing bleeding after admission associated with passage of large clots, the estimated blood loss is 1.5L. What is your management plan? (2 marks)
  - Deliver patient by caesarean section

APH - 5

ANTEPARTUM HAEMORRHAGE STATION

A 39 years old lady, Gravida 10, Para 6+ 3, with previous 2 surgical deliveries, pregnant by IVF for sex selection at 34 weeks gestation with twins, presented to the emergency department with history of abdominal pain and tenderness, vaginal bleeding, and changes in the pattern of fetal movements. Please, discuss her situation with the examiner in sequence.

A. Mention the most common causes for this bleeding?
B. What are the factors in her history in favor of having bleeding due to placenta previa?
C. What are the risk factors in her history in favor of having bleeding due to abruption placenta?
D. How you will approach to treat this patient?

A. The most common causes for this bleeding are: **(5 marks)**
   1. Placenta previa. [ ]
   2. Abruption placenta. [ ]
   3. Uterine dehiscence, rupture. [ ]
   4. Vasa previa. [ ]
   5. Congenital bleeding disorder. [ ]

B. Risk factors in her history in favor of having placenta previa are: **(5 marks)**
   1. Multiparity. [ ]
   2. Increased maternal age. [ ]
   3. Prior placenta previa. [ ]
   4. Multiple gestations. [ ]
   5. Previous surgical deliveries. [ ]

C. Risk factors in her history in favor of having abruption placenta are: **(5 marks)**
   1. Placental abruption in prior pregnancies. [ ]
   2. Pregnancy after in vitro fertilization. [ ]
   3. Multiple gestations. [ ]
   4. Advanced maternal age. [ ]
   5. Previous abortions. [ ]

D. My approach to treat this patient is: **(10 marks)**

1. Admission, stabilization. [ ]
2. Large sized IV canula for intra venous fluid and blood if needed. [ ]
3. Ultra sound sonography; **Why?** [ ]
   - 4- Check viability of fetuses. [ ]
   - 5- Localization of the placenta. [ ]
   - 6- Amount of liquor. [ ]
   - 7- Site of scar. [ ]
   - 8- Chorionicity. [ ]
9. Order blood for CBC, KFT. [ ]
10. Coagulation work up. [ ]
11. Cross match and prepare blood. [ ]
12. Arrange for surgical delivery in due time. [ ]

TOTAL MARK: ……../25 **EXAMINER NAME& SIGNATURE**

APH - 6

Station 3
Student Information

A 38-year-old lady, working in a coffee shop, gravida 6, para 3, with a history of 2 first trimester abortions, and one surgical delivery in her last pregnancy, presented to the emergency room at 35 weeks gestation with twins pregnancy after successful trial of IVF, complaining of vaginal bleeding of 2 hours duration with abdominal discomfort together with changes in the pattern of fetal movements. Please discuss her situation with the examiner.

1. What are the main possible causes for this vaginal bleeding in this lady?
2. What are the risk factors in this lady for having placenta previa?
3. What are the risk factors in this lady for having placental abruption?
4. In both condition, what are the main steps in the management of this lady‘

Station 3

Examiner information

A 38-year-old lady, working in a coffee shop, gravida 6, para 3, with a history of 2 first trimester abortions, and one surgical delivery in her last pregnancy, presented to the emergency room at 35 weeks gestation with twins pregnancy after successful trial of IVF, complaining of vaginal bleeding of 2 hours duration with abdominal discomfort together with changes in the pattern of fetal movements. Please discuss her situation with the examiner.

1.What are the main possible causes for this vaginal bleeding in this lady?(4 marks) any 4

- Placenta previa. [ ]
- Placental abruption. [ ]
- Uterine rupture. [ ]
- Fetal vessel rupture; Vasa previa. [ ]
- Local lesions [ ]

2.What are the risk factors in this lady for having placenta previa? (4 marks) any 4

- Multiparity. [ ]
- Increased maternal age. [ ]
- Multiple gestations. [ ]
- Previous surgical delivery. [ ]
  - Prior curettage. [ ]

3.What are the risk factors in this lady for having placental abruption? (4 marks) any 4

- Multiparity. [ ]
- Increased maternal age. [ ]
- Pregnancy after IVF. [ ]
- Multiple gestations. [ ]
  - Smoking. [ ]

4.In both condition, what are the main steps in the management of this lady? 5 marks any 5

- Admission to labor room. [ ]
- Check and insure the vital signs for stabilization. [ ]
- Intra venous cannula for fluid replacement. [ ]
- Do blood work up; CBC, Blood group, KFT, Coagulation factors. [ ]
- Cross match (prepare blood) [ ]
- Do proper physical and obstetrical examination. [ ]
- **Ultrasound for proper evaluation; to check viability, placental localization. Amount of liquor. [ ] 3 marks**

TOTAL MARK: (----/20)

APH

Mrs. Rudaina is 38 years, G7P6 with 8 living children, pregnant 38 weeks, presented to the emergency room at 10 PM with tense abdominal pain and minimal vaginal bleeding for the last 2 hours. She claimed to notice changes in the fetal activity. The examiner will ask you some related questions to manage this lady.

What is the most likely diagnosis?

Mention 6 risk factors that may lead to this condition?

Mention 4 signs and symptoms that may be elicited in this condition?

What are the steps of evaluation and management?

Mrs. Rudaina is 38 years, G7P6 with 8 living children, pregnant 38 weeks, presented to the emergency room at 10 PM with tense abdominal pain and minimal vaginal bleeding for the last 2 hours. She claimed to notice changes in the fetal activity. The examiner will ask you some related questions to manage this lady.

* **What is the most likely diagnosis?**	√	×	**2 marks**
1. Placental Abruption.	☐	☐	

* **Six risk factors that may lead to this condition;** (Any 6 factors of the list)			**6 marks**
2. Pregnancy induced hypertension.	☐	☐	
3. Trauma to the abdomen.	☐	☐	
4. Previous abruption.	☐	☐	
5. Smoking.	☐	☐	
6. Multiparity.	☐	☐	
7. Increased maternal age.	☐	☐	
8. Multiple gestations.	☐	☐	
9. Polyhydramnios.	☐	☐	

* **Four signs and symptoms;** (Any 4 of the list)			**6 marks**
10. Vaginal bleeding.	☐	☐	
11. Abdominal and/ or uterine pain.	☐	☐	
12. Fetal bradycardia or decelerations.	☐	☐	
13. Maternal hypotension.	☐	☐	
14. Maternal tachycardia.	☐	☐	

* **Steps of evaluation and management;** (Any 6 of the list)			**6 marks**
15. Ultra sound evaluation.	☐	☐	
16. Admission to delivery room.	☐	☐	
17. Monitoring of the mother and the fetus.	☐	☐	
18. Complete blood count.	☐	☐	
19. Assessment of clotting function.	☐	☐	
20. Prepare blood.	☐	☐	
21. Plan for vaginal delivery.	☐	☐	

TOTAL [...../20] Signature: .....

Ectopic Pregnancy - 1

Student Information

Mrs. Nabila is 32 years old married for the last 10 years, Gravida 3, Para 0 + 2 ectopic, her LMP was on 15/7/2016. She is working at coffee shop, known to have regular cycles every 28 days, presented to emergency room with nausea, abdominal pain, vaginal spotting. Her ultrasound evaluation revealed thick endometrium, left adnexal mass, with B-hCG of 871 IU/ml. please discuss her condition with the examiner in sequence.

1. What are the most likely diagnosis and its incidence?

2. Mention 6 risk factors in this lady to develop ectopic pregnancy?

3. Mention the signs that may suggest ruptured fallopian tube ectopic.

4. Mention the lines of therapy with its indications.

Station 5
Examiner information

1. **The most likely diagnosis is ectopic pregnancy: 1 mark**

   its incidence is 2%. : 1 mark

2. **6 risk factors in this lady to develop ectopic pregnancy: 6 marks**

   - Damaged fallopian tubes.
   - History of pelvic inflammatory disease.
   - Sexually-transmitted diseases.
   - History of pelvic surgery.
   - History of ectopic pregnancy.
   - Use of fertility drugs.
   - Smoking.

3. **Signs that may suggest ruptured fallopian tube ectopic. 4 marks**

   - Sudden, severe, sharp pain,
   - Feeling faint and dizzy,
   - Hemorrhagic shock,
   - Diarrhea.
   - Shoulder tip pain

4. **Mention the treatment options and their applications: 8 marks**

   - Observation; Stable vital signs, acceptable pain levels, β-hCG titers below 1000 mIU/mL
   - Laparoscopy; for diagnosis and management;salpingictomy versus salpingistomy.
   - Laparotomy; urgent surgery due to life-threatening bleeding.
   - Medication; no fetal cardiac activity, β-hCG level less than 5000 mIU/mL, The size of the GS should not exceed 4cm.

Ectopic Pregnancy - 2

Station # 4

Examiner information

The emergency department calls you to assess a 32 year old woman who presents with left lower quadrant pain, some vaginal spotting and a positive pregnancy test.

1. You agree to come and evaluate the patient. What question would you ask before coming?

2. The patient is in no apparent distress and you proceed with a history and physical exam. What questions you want to ask and what relevant physical examination you want to perform.

Name:_____

Station # 4
Examiner information

The emergency department calls you to assess a 32 year old woman who presents with left lower quadrant pain, some vaginal spotting and a positive pregnancy test.

1. You agree to come and evaluate the patient. What question would you ask before coming?

Is the patient hemodynamically stable? /1

2. The patient is in no apparent distress and you proceed with a history and physical exam.

History:

G? P? A? 1

LNMP 1

Pain 4

- onset
- quality
- duration
- relieving/aggravating factors
- associated back/ shoulder tip pain

Bleeding 2

– quantity
- passed tissue

Past history 4

menstrual hx
PMHx
PSurgHx
Meds
Allergies
Past Gyne Hx
Past OB Hx

Risk Factors 4

- IUD
- tubal OR
- abdominal OR
- STDs/PID
- previous ectopic

What relevant Physical Exam you want to perform 3

Vital Signs
Abdo exam
Pelvic exam

Total mark /20 Examiner:

Ectopic Pregnancy - 3

Student Information

Mrs. XX is 33 years working at night club, G7P2+4, two of them were ectopic pregnancies, and her both deliveries were surgical with an intra uterine contraceptive device for the last 2 years. She is known to have regular menstrual cycles, underwent a successful trial of In Vitro fertilization. She presented to the emergency department with pain, dizziness, heavy creamy vaginal discharge and vaginal spotting for the last few hours. Vaginal ultrasound evaluation revealed marked endometrial thickness with no definite intra uterine gestational sac. The pregnancy hormone e is 647 m IU/ml.

The examiner will ask you sequent related questions about this lady:

- What is the most likely diagnosis?
- Assume she diagnosed to have ectopic pregnancy. Mention the risk factors in this lady to develop such condition.
- Mention the pathophysiology for this ectopic pregnancy condition.
- What are the main differential diagnosis?
- Mention the main lines of management for this lady and their applications.

Station 1 Examiner information

What is the most likely diagnosis?

Ectopic Pregnancy: **1 marks** [ ]

Assume she diagnosed to have ectopic pregnancy. Mention the risk factors in this lady to develop such condition. **5 marks** **(ANY 5)**

- Damaged fallopian tube. [ ]
- Smoking [ ]
- History of pelvic surgery. [ ]
- History of ectopic pregnancy. [ ]
- Infertility treatments such as IVF, Use of fertility drugs. [ ]
- Having intra uterine contraceptive device. [ ]

Mention the pathophysiology for this ectopic pregnancy condition. **4 marks**

- Damage of the tubal cilia by infection, →egg transport becomes disrupted. [ ]
- Formation of pocket like pools that engulf the fertilized eggs. [ ]
- Infection-related scarring and partial blockage of the Fallopian tubes. [ ]
- Bleeding-related scarring and partial blockage of the Fallopian tubes. [ ]

What are the main differential diagnosis? **6 marks**

- Appendicitis. [ ]
- Salpingitis. [ ]
- Ruptured corpus luteum cyst or ovarian follicle. [ ]
- Spontaneous abortion or threatened abortion. [ ]
- Ovarian torsion. [ ]
- Urinary tract disease. [ ]

Mention the main lines of management for this lady and their applications. **4 marks**

- **Observation**; resolve on their own without the need for any intervention. [ ]
- **Laparoscopy**; for diagnosis and management. [ ]
- **Laparotomy**; urgent surgery if life-threatening bleeding happened. [ ]
- **Medication (methotrexate)**; low hormonal level, stable condition. [ ]

TOTAL MARK: ……. EXAMINER NAME/SIGNATURE ……

PROM - 1

Station (6)

You are the doctor in charge of the antenatal ward. One of your patients is 25 years old, pregnant 30 weeks now. She was admitted to the antenatal floor 6 weeks ago at 24 weeks of gestation with prolonged premature rupture of membranes (PROM).
During your routine daily round

1. **What important symptoms you will ask the patient about?**

2. **What important physical signs and investigations you will look for?**

3. **Your patient is worried about the complications that may occur to the fetus due to prolonged PROM. Mention possible complications?**

4. **What are the indications of delivery?**

Station (6)

1. What important symptoms you will ask the patient about? (5 Marks)

	0	1
1. Feeling of hotness (fever)		
2. Abdominal pain		
3. Fetal movements		
4. Change of vaginal leak(colour and smell)		
5. Vaginal bleeding		

2. What important physical signs and investigations you will look for? (6 Marks) (Student should mention 6 of the followings)

	0	1
1. Maternal pulse		
2. Temperature		
3. Abdominal tenderness		
4. WBCs and differential		
5. CRP		
6. Ultrasound (biophysical profile)		
7. NST		

3. Your patient is worried about the complications that may occur to the fetus due to prolonged PROM. Mention three possible complications? (3 Marks)

	0	1
1. Lung hypoplasia may lead to neonatal death		
2. Orthopaedic abnormalities		
3. Prematurity complication(RDS, intraventricular hemorrhage)		

4. What are the indications for delivery of this patient? (6 Marks)

	0	2
1. Chorioamniotis		
2. Fetal compromise(fetal distress)		
3. Complete 34 – 36 Wks		

Signature: **Total Mark: / 20**

PROM - 2

Student Information

A 22-year-old primigravida, presented at 31 weeks with a history of gush of clear fluid from the vagina. Fetal movements were normal.

Q1. How would you confirm the diagnosis of premature rupture of membranes (PROM)?

Q2. What is the differential diagnosis?

Q3. What investigations would you perform?

Q4. What drug treatment might you consider and why?

Examiner Information

A 22-year-old primigravida present at 31 weeks with a history of gush of clear fluid from the vagina. Fetal movements were normal.

Q1. How would you confirm the diagnosis of premature rupture of membranes (PROM)?
Q2. What is the differential diagnosis?
Q3. What investigations would you perform?
Q4. What drug treatment might you consider and why?

1. •Speculum examination under complete aseptic technique and see pooling of liquor in the vagina	/2
• Ferrning test	/1
•Nitrazine paper test	/1
•Decrease amniotic fluid by ultrasound	/2
2. Urinary incontinence	/1
Vaginal discharge	/1
3. Endocervical swab	/1
White blood count	/1
Ultrasound scan	/1
C- reactive protein	/1
Mid-stream urine	/1
4. Tocolytics if contracting	/2
Steroid for lung maturation	/2
Antibiotics for prophylaxis	/2

Examiner **signature**

/20

PROM - 3

Student Information

This patient is 27 wks pregnant, PG presented with 7 days history of passage of watery vaginal discharge. In the delivery room she had a detailed examination. What would you like to elicit from the patient regarding her history and the examination she had to reach a diagnosis and to detect possible complications of such diagnosis?

This patient is 27 wks pregnant, PG, presented with 7 days history of passage of watery heavy odorless vaginal discharge especially in the morning and upon standing. In the D/R and speculum examination showed passage of watery fluid through the cervix and on ultrasound examination there was decreased amniotic fluid. You are in good health with no fever, chills, rigors, abdominal pain, or any vaginal bleeding and good fetal movement.

Examiner Information

This patient is 27 wks pregnant, PG, presented with 7 days history of passage of watery heavy odorless vaginal discharge especially in the morning and upon standing. In the D/R and speculum examination showed passage of watery fluid through the cervix and on ultrasound examination there was decreased amniotic fluid. You are in good health with no fever, chills, rigors, abdominal pain, or any vaginal bleeding and good fetal movement.

History:

	0	1
• Proper introduction		
• Characteristics of the discharge (amount, colour, smell)		
• Sitting of fluid passage (early morning, standing, coughing, straining)		
• Speculum examination (nitrazine blue)		
• Ultrasound examination		
• Presence of offensive discharge		
• Fever, chills, and rigors		
• Continuous abdominal pain or labour pain		
• Vaginal bleeding		
• Presence of fetal movement		

TOTAL MARK: ...../10 **EXAMINAR SIGNATURE**

PROM - 4

A 27 years lady pregnant 32 wks presented with history of intermitant clear watery vaginal discharge for the last 10 days.

Fetal movement is normal, No history of vaginal bleeding or abdominal pain, you are suspecting premature rapture of manbranes (PROM). No history is required.

1- **What examinations you would like to perform and what you are looking for.**
2- **Out line what investigations you would like to order for her**
3- **Discuss the management plan, timing of delivery and indication for delivery**

Examiner Information

1- What examinations you would like to perform and what you are looking for?

(10 Marks)

	0	1
a. Vital signs (fever, tachycardia)	☐	☐
b. Abdominal examination	☐	☐
- Tenderness	☐	☐
- Fundal height < date	☐	☐
- Lie and presentation	☐	☐
- Fetal heart	☐	☐
c. Speculum:	☐	☐
- Pooling of fluid	☐	☐
- Cough sign	☐	☐
- Look for vaginal bleeding	☐	☐
- Exclude stress in continence	☐	☐
- Exclude vaginal infection	☐	☐

2- Outline what investigations you would like to order? (8 Marks)

	0	1
a. CBC , WBCS (T+D)	☐	☐
b. CRP	☐	☐
c. Urine Ananlysis	☐	☐
d. Fernning test	☐	☐
e. Nitrazine blue test	☐	☐
f. Amniosure	☐	☐
	0	2
g. Ultrasound	☐	☐

3- Discuss the management plan & timing of delivery? (12 Marks)

	0	1	-
a. Hospital Admission	☐	☐	
b. Daily NST	☐	☐	
c. Consider Dexamethasone	☐	☐	
d. Antibiotics (Erythromycin)	☐	☐	
e. Daily monitoring of vital sign vaginal bleeding, abdominal pain and characteristic of Vaginal discharge	☐	☐	
f. Weekly or twice weekly WBCs, CRP	☐	☐	
g. Timing and indication for delivery	☐	☐	
- If stable deliver at 35-36 wks	☐	☐	
- Delivery for: - Chorioamniotis	☐	☐	
- Established labour	☐	☐	
- Fetal compromise	☐	☐	
- Modorate to severe abruption	☐	☐	
- Fetal major malformation	☐	☐	

TOTAL MARK:...../30

Examiner Signature

Pelvic Organ Prolapse - 1

Station 1

Student information

A 53 year old lady is suffering from a mass protruding from the vagina for the last one year and she was told to have uterovaginal prolapse. Please:

* Take history from the patient regarding this symptom and related symptoms
* Try to find out the risk factors in her case.

Station 1
Examiner sheet

a. General symptoms: 4 marks

1. The size of the mass.

2. The consistency of the mass,

3. Is it out all the time?

4. In and out, increasing with size during the day,

5. Itching, vaginal bleeding, low back pain.

b. Bladder symptoms: 7 marks

1. Frequency,

2. Nocturia,

3. Urgency,

4. Urge incontinence, stress incontinence, hesitancy,

5. Difficulty in initiation of urination,

6. Recurrent UTI, slow stream,

7. Feeling of incomplete emptying of the bladder.

8. Need to push the prolapse during voiding.

c. Bowel symptoms. 3 marks

1. Constipation,

2. Fecal incontinence,

3. obstructed defecation.

d. Sexual symptoms. 2 marks

1. Sexual unsatisfaction,

2. Dyspareunia,

3. Coital incontinence.

e. Risk factors. 4 marks

1. Menopause,

2. High parity, forceps, large size baby,

3. Work (heavy lifting),

4. Pelvic surgery,

5. Constipation, chronic cough.

Total mark...../20 **Signature.....**

Pelvic Organ Prolapse - 2

Station "3"

Student information

55 years old lady, presented with a feeling of a mass protruding from the vagina for the last 3 months. She was told by her doctor that this is a pelvic organ prolapse. What relevant points in history you will ask about?
Mention the risk factors?

Examiner information

The student should cover the following subjects in his history.

a. General symptoms related to prolapse: 2 marks

	0	2
Vaginal heaviness, dragging sensation	☐	☐
Low back pain, and vaginal dryness and itching	☐	☐

b. Urinary tract symptoms: 3 marks

	0	1
Frequency, nocturia	☐	☐
Urgency, urge incontinence, stress urinary incontinence,	☐	☐
Feeling of incomplete bladder emptying, recurrent UTI, hesitancy	☐	☐

c. Bowel symptoms: 3 marks

	0	1
Constipation	☐	☐
Feeling of incomplete bowel emptying	☐	☐
Fecal incontinence	☐	☐

d. Sexual symptoms 2 marks

	0	2
Lack of sensation	☐	☐
embarrassment	☐	☐

e. Risk factors of prolapse: 10 marks

	0	1
Parity	☐	☐
Birth weight	☐	☐
Instrument use.	☐	☐
Menopause and HRT	☐	☐
Constipation and sraining	☐	☐
Heavy lifting	☐	☐
Obesity	☐	☐
Chronic cough and smoking	☐	☐
Pelvic surgery and previous vaginal repair.	☐	☐
Family history	☐	☐

Total /20 Examiner: Signature:

Infertility
Asherman Symdrome

Student's Information

Mrs. Fatima is a 26 year old lady, G1P1. She breastfed her baby for 8 months. Now her child age is 16 months. She is seeking pregnancy. She wants your advice about her chances to become pregnant?

YOUR TASK IS TO:

- Take a focused history(examination was normal)
- Order appropriate investigations
- What is the diagnosis and Advise the patient regarding your management

Simulater Information

HOPC: You are 26 year, got married 3 years ago and she became pregnant. The pregnancy was uncomplicated but you had a secondary postpartum haemorrhage due to a retained placental fragment which had to be removed by a curettage and the recovery was uneventful.

You successfully breastfed your baby for about 8 months and during that time your periods were initially regular but very light. Also you had some lower abdominal pains with lighter periods and on and off since then. However, recently (last 4 months) the menstrual flow has stopped completely. You thought that this was probably related to breastfeeding.

You are seeking pregnancy and you wants advice about your chances to become pregnant?

PHx,FHx, and SHx: unremarkable

EXAMINATION: normal

Station " 5 "
Examiner Information

History (9 Marks)

	0	1
- Cycle details		
- Galactorrhea		
- Hirsutism		
- Previous obstetric history		
- PPH		
- Puerperal pyrexia		
- History of Curettage		
- Contraception		
- PMH, PSH, FH		

Investigations: (3 Marks)

	0	1
- Serum progesterone level in mid luteal phase		
- HSG or hysteroscopy		
- Ultrasound		

Diagnosis(6 Marks)

	0	3
- Asherman's Syndrome		
- Hysteroscopic removal of adhesions and oestrogens to promote growth of endometrium		

Total mark: **/18** **Signature:**

Station 4
Student Information

Ahmad is a 34 years old working as car mechanic, heavy smoker, engaged to Sarah, 28 years old, are preparing themselves for marriage next month. They are worried about the pregnancy. Please address their questions and explain the issues in proper way.

Station 4
Examiner information

Answer Sheet/ One mark each point

1. The chance of their pregnancy in the first 2 years:

- 50% will conceive in 3 months.
- 75% will conceive in 6 months.
- 90% will conceive by one year.
- 96% will conceive by 2 years.

2. The most common causes for this failure of pregnancy:

- Ovulatory disorders: 27%
- Male factor: 25%
- Tubal disorders: 22%
- Unexplained: 17% which can rise to 20%; (10-20%)
- Endometriosis: 5%
- Others: 4%

3. The necessary investigations to be done for Ahmad are:

- Semen analysis
- Blood test for hormonal profile
- Ultrasound test for the testes.
- Chlamydia test
- Karyotyping

4. The necessary investigations to be done for Sarah are:

- Blood test for hormonal profile
- Ultrasound test for the uterus and ovaries.
- Hysterosalpingogram.
- Chlamydia test
- Karyotyping

Infertility - 2

Student Information

M.N. is a 36 year old and her husband is 40 year old. They are concerned that they have not been successful to have a baby and they seek your advice.

Your tasks are to:

1. What points in her medical history you want to ask about

2. What investigation you want to order for them

3. Discuss the best management with the couple

Examiner Information

History: (10 Marks)

	0	1
1. Age for both		
2. Duration of infertility		
3. Past Obs hx(1ry vs 2ry)		
4. Cycle details: Duration, regularity, dysmenorrhea		
5. Midcyclic pain &/or spotting		
6. Galactorrhea, hirsutism		
7. Previous surgeries for both		
8. Previous investigations		
9. Previous treatment		
10. Sign + symptom of thyroid disease		

Investigation: (7 Marks)

	0	1
1. Progesterone		
2. TSH, Prolactin		
3. FSH,LH, E2, AMH		
4. Transvaginal US		
5. HSG		
6. Seminal fluid analysis		
7. Lapascopy, Hystorscopy		

Management: (3 Marks)

	0	1
1. Induction of ovulation and time intercourse		
2. IUI		
3. IVF		

Total / 20

Infertility - 3

Students Information

Mrs. XX is 27 years old lady married for the last 5 years with history of primary infertility. At some point you told her the necessity to do diagnostic laparoscopy, hysteroscopy, and D&C. Please speak to her about the procedure arrangements, advantages, and possible complications of the procedure. (ie prior to operation. Operation details) and immediate postoperative recovery period

Station "5"

Examiner's Sheath

Q1 : Procedure arrangements

	0	1
1. Admission to the hospital	☐	☐
2. Consent signature	☐	☐
3. The time of the procedure to be in the second half of the cycle	☐	☐
4. Do blood sensitive pregnancy test- R/O pregnancy	☐	☐
5. The procedure will be under general anesthesia	☐	☐
6. The procedure will take place via two holes in the abdomen	☐	☐
7. The procedure can stwin hysteroscope followed by laparascopy	☐	☐
8. Diagnostics D&C	☐	☐
9. Expect some pain at the shoulders that relieved by simple pain killers	☐	☐

Q2 : Advantages

1. Visualization any uterine abnormality	☐	☐
2. Visualization any tubal abnormality	☐	☐
3. Visualization any ovarian abnormality	☐	☐
4. Check patency of the tube by methylen blue dye test	☐	☐
5. Diagnosis of endometriosis or infection	☐	☐

Q3 : Complications

1. Laceration of vessels	☐	☐
2. Perforation of the uterus	☐	☐
3. Injury to the bowel	☐	☐
4. Cardio-respiratory problems from the pneumoperitoneum	☐	☐
5. Injury to the bladder	☐	☐

Total = / 20 Signature:

Infertility - 4

Student Information

A lovely couple, both of them in mid-thirties, get married before 2 years with no chance of pregnancy. They are worried and presented to your office seeking your advice regarding this issue. Please address their concern and answer their questions.

1. What are the possible causes of failure of conception?
2. What are the necessary steps needed for the husband evaluation?
3. How can you confirm the ovulation?
4. How do you test for the tubal factors?
5. What additional necessary steps needed for the wife evaluation?
6. Mention two important hormones you need to know for each partner?

Station 5 Examiner information

A lovely couple, both of them in mid-thirties, get married before 2 years with no chance of pregnancy. They are worried and presented to your office seeking your advice regarding this issue. Please address their concern and answer their questions.

1.What are the possible causes of failure of conception? (4 marks) any 4

- Ovulatory disorders: 27% [ ]
- Male factor: 25% [ ]
- Tubal disorders: 22% [ ]
- Endometriosis: 5% [ ]
- Unexplained: 17% which can rise to 20%; (10- 20%) [ ]
-

2.What are the necessary steps needed for the husband evaluation? (4marks) any 4

- General physical examination. [ ]
- Seminal fluid analysis. [ ]
- Hormonal blood test profile. [ ]
- Ultrasound test to the testes. [ ]
- Chlamydia test. [ ]
- Karyotyping if needed. [ ]

3.How can you confirm the ovulation? (4 marks) any 4

- Serum progesterone level on day 21 of the cycle. [ ]
- Basal body temperature. [ ]
- Transparent vaginal discharge. [ ]
- Abdominal pain. [ ]
- Breast discomfort. [ ]

4.How you test for the tubal factors? (2 marks)

- Hysterosalpingogram. [ ]
- Diagnostic laparoscopy, methylene blue dye test. [ ]
- Hysteroscopy, salpingiscopy. [ ]

5.What additional necessary steps needed for the wife evaluation? (4 marks) any 4

- General physical examination. [ ]
- Hormonal blood test profile. [ ]
- Vaginal ultrasound. [ ]
- Chlamydia test. [ ]
- Karyotyping if needed. [ ]

6. Mention two important hormones you need to know for each partner?(2 marks)

- For the lady: AMH, FSH. [ ]
- For the man: Testosterone, FSH. [ ]

43 TOTAL MARK(……/20) EXAMINER NAME/SIGNATURE ……..

Infertility - 5

INFERTILITY STATION

A gentle man 36 years old working as a pilot, smoker for the last 12 years, got married to a lady whom is 32 years old, and requesting your advice for their failure of conception since 3 years. Please, discuss their problem with the examiner and address the important relative points in management.

A. Mention the important points in the history.
B. Mention the main possible female causes of failure of conception.
C. Mention the main possible male causes of failure of conception
D. Mention the main work up and investigations for the husband.
E. Mention the main work up and investigations for the wife.

A. Important points in the history are: (6 marks)
   1. Are they living together? [ ]
   2. History of frequency of sexual intercourse. [ ]
   3. Proper timing intercourse; ovulation time. [ ]
   4. Any medical disorders in both couples. [ ]
   5. History of surgery for both. [ ]
   6. Any regular medications, allergy. [ ]
   7. Any previous attempts for assisted reproduction. [ ]
B. Main possible female causes of failure of conception are; (4 marks)
   1. Ovulatory disorders. [ ]
   2. Tubal disorders. [ ]
   3. Endometriosis, PCOS. [ ]
   4. Cervical, uterine disorders. [ ]
C. Main possible male causes of failure of conception are; (4 marks)
   1. Smoking. [ ]
   2. Tight underwear. [ ]
   3. Exposure to environmental hazards and toxins. [ ]
   4. Excessive stress. [ ]
D. The main work up and investigations for the husband are: (4 marks)
   1. Physical examination. [ ]
   2. Seminal fluid analysis. [ ]
   3. Hormonal profile. [ ]

4. Testicular ultrasound. [ ]
5. Karyotyping. [ ]

E. The main work up and investigations for the wife are: (7 marks)
1. Physical examination. [ ]
2. Gynecological examination. [ ]
3. Ultra sound sonography. [ ]
4. Hormonal profile: FSH, LH, AMH, E2. [ ]
5. Hysterosalpingogram. [ ]
6. Karyotyping. [ ]
7. Hysteroscopy, laparoscopy, dye test, dilatation and curettage. [ ]

TOTAL MARK: ……../25 **EXAMINER NAME& SIGNATURE**

Abdominal Pain - 1

Student information:

36 years old lady, Primigravida, 28 weeks pregnant, presented to the emergency room complaining of abdominal pain. Take a detailed history to find out the diagnosis and suggest plan of management.

Simulator information

You are 36 year old primigravida, 28 weeks pregnant, suffering from dull aching abdominal pain, localized to the supra umbilical area. The pain started gradually for the last few days, no aggravating or relieving factors.
No fever or gastrointestinal symptoms except some nausea.
No labor pains. No passage of fluid per vagina, no vaginal bleeding.
No urinary symptoms.
You don't have high blood pressure or protein in urine. No epigastric pain or blurring in vision or headache.
No trauma.
Your doctor told you that you have singleton pregnancy, posteriorly implanted placenta and there is a fundal fibroid 6/6 cm.

Examiner information

The student should ask about the followings:

1. Introduce himself.	(0) (1)
2. Analysis of the pain,	
a- Site radiation	(0) (1)
b- Severity	(0) (1)
c- Aggravating or relieving factor	(0) (1)
4. Fever.	(0) (1)
5. Gastrointestinal symptoms.	(0) (1)
6. Urinary symptoms.	(0) (1)
7. Labor pains	(0) (1)
8. Rupture membranes.	(0) (1)
9. Vaginal bleeding.	(0) (1)
10. History of high BP and protein in urine	(0) (1)
11. History of epigastric pain, blurring of vision, headache	(0) (1) (2)
12. History of trauma.	(0) (1)
13. Fetal movements.	(0) (1)
14. Ultrasound findings	(0) (1) (2)
Plan of Management:	
15. Admission and observation and conservative Tx	(0) (1) (2)
16. Analgesia	(0) (1)

Total /20

Examiner: **Signature:**

Abdominal Pain - 2

25 year old lady ,unbooked , G3P2, pregnant with 19 weeks gestation, came to emergency room with right sided abdominal pain,

What is your differential diagnosis after taking detailed history?.

1. UTI.

2. Biliary colic.

3. Cholecyctitis.

4. Intestinal colics.

5. Appendicities

6. Ovarian disease, (Cyst, tortion, tumour).

7. Degenerated fibroid.

8. Placental abruption.

What is your next step:

8. Physical examination.

What you will examine:

9. V/S.

10. General examination.

11. abdominal examination

In your abdominal examination , what you will look for:

12. Fundal height and fetal heart.

13. Tenderness.

14. Masses.

What investigation you will ask:

15. CBC and Rh blood group.

16. Urine routine.

17. Abdominal ultrasound to look for non-obstetrical causes.

18. Uterine ultrasound to check the fetal heart , fibroid and ovarian pathology.

Abdominal Pain - 3

Mrs. Andiron is 26 years, primigravida, pregnant 38 weeks presented to the emergency department at 12 midnight due to sudden feeling of abdominal pain.

What is the proper approach to evaluate this lady? [6]

1. Booked or unbooked.
2. Last menstrual period.
3. Calculate the gestational age.
4. Ask for fetal movements.
5. Ask for any medications.
6. Any associated symptoms like show, passage of liquor.

Mention the criteria of this abdominal pain to consider it as labor pain. [6]

1. Regular and painful.
2. Sudden and rhythmic.
3. Gradual increase in intensity.
4. Gradual increase in duration.
5. Not relieved by analgesia.
6. Associated with cervical changes.

Mention the steps of evaluation to assess the lady condition. [4]

1. Vital signs.
2. General physical examination.
3. Abdominal obstetrical examination.
4. Ultra sound sonography and vaginal evaluation.
5. Blood group and Hb

What is the most important information of the ultra sound sonography review for this lady? [4]

1. Confirm viability.
2. Check the measurement and weight.
3. Amount of liquor.
4. Placental status and localization.
5. Number of fetuses.
6. presentation

TOTAL MARK:……/**20**

Students Information

A 19 year old college student, married few months ago, presented to the emergency department complaining of left iliac fossa pain, colicky in nature over the last few hours associated with nausea. No vomiting, constipation, vaginal bleeding or fever. Please, answer the examiner the rest of the scenario questions regarding this lady.

Examiner sheet

1. **From the history, what other information would you like to know?**
   (any 5 marks)
   a. LMP
   b. Any urinary symptoms
   c. Any contraceptives
   d. Any past abdominal/pelvic surgery
   e. Obstetric/gynaecological history
   f. Previous history of PID

2. **Name the main 5 differential diagnoses.** **(5 marks)**
   a. Renal colic
   b. Torted ovarian/adnexal cyst/mass
   c. Acute pyelonephritis
   d. Ectopic pregnancy
   e. Bowel obstruction

3. **What are the essential investigations in her case.** **(5 marks)**
   a. Urinalysis
   b. CBC
   c. Pelvic/abdominal U/S scan
   d. Abdominal supine/erect X-ray images
   e. Pregnancy test

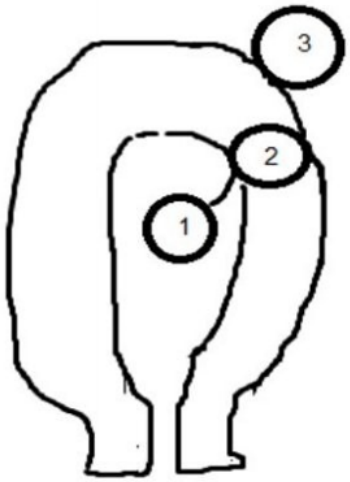
4. **If a simple 6x5 cm adnexal cystic lesion was seen on U/S scan, what further management options you should consider?**
   (5 marks)
   a. Serum CA 125 level
   b. Colour flow Doppler assessment of the correspondent ovary.
   c. Laparoscopic ovarian cystectomy
   d. Laparotomy/ovarian cystectomy
   e. If no torsion→ conservative and re-evaluation.

---------- **Total mark (-------/20 marks)**

Fibroids

Student information

A- For each type of fibroid in this diagram mention the following



For each type of fibroid in the diagram answer the following questions?

1.Name----------

2.One symptom----------

3. Surgical treatment----------

B. Mention another two treatment modalities of fibroids

c. Write six complications of pregnancies in patients with uterine fibroid

TOTAL MARK: ……/20

EXAMINER SIGNATURE……

STATION: 5

Examiner Information

A- For each type of fibroid in this diagram mention the following

1. Name
2. Commonest symptom of each
3. What is its surgical treatment

Fibroid 1

1. Name submucosal fibroid----------(two marks)

2. One symptom intermestrual bleeding----------(one mark)

3. Surgical treatment hysteroscopic resection----------(one mark)

Fibroid 2

1. Name intramural fibroid (two marks)

2. One symptom menorrhagia (one mark)

3. Surgical treatment myomectomy(one mark)

Fibroid 3

1.Name: Serosal fibroid (two marks)

2.One symptom: Pelvic pain (one mark)

3.Surgical treatment: laparoscopic myomectomy (one mark)

B. Mention another two treatments modalities of fibroid

1. GnRH analougue Decapeptyl

2. Uterine artery embolization (two marks)

c. Write six complications of pregnancies in patients with uterine fibroid

1. Pain (red degeneration)

2. Miscarriage

3. Malpresentation

4. Classical ceasarean section

5. Postpartum hemorrhage

6. Preterm labor (6 marks)

Examiner signature

/20

URINARY INCONTINENCE - تفريغ لملف عبدالله أبو حلاوة

Definition

Urinary incontinence is the **involuntary loss of urine that constitutes a social or hygienic problem**.

Risk Factors

Risk factors are broadly similar to those for **pelvic organ prolapse (POP)**:

- Previous history or family history of pelvic organ prolapse - Previous pelvic surgery or vaginal repair - **Multiple vaginal deliveries – the strongest risk factor** - Macrosomia - Forceps delivery - Weakening or injury of connective tissue - Increasing age - Menopause and estrogen deficiency - Hysterectomy - Increased intra-abdominal pressure: obesity, chronic smoking/coughing, constipation, heavy lifting

---

TYPES OF URINARY INCONTINENCE

A. Stress Urinary Incontinence (SUI)

Features

- **Most common type of urinary incontinence**
- Strong association with **cystocele**
- Involuntary leakage of urine in response to **increased intra-abdominal pressure**, such as:
    - Coughing
    - Sneezing
    - Physical exertion

Diagnosis: Cough Stress Test

- Examine the patient with a **full bladder** in the **lithotomy position**.
- Ask the patient to cough.
- Observe the **urethral meatus** for visible urine leakage.

Treatment?

Conservative

- Pelvic floor muscle training (**Kegel exercises**)
- Weight loss, particularly in mild-to-moderate disease

Surgical

- **TVT (Tension-free Vaginal Tape)** using synthetic mesh

Mechanisms of Stress Incontinence?

1. Urethral Hypermobility

- Accounts for approximately **85–90%** of cases.
- Usually causes leakage of **small amounts of urine**.
- Typically **no night symptoms**.
- Associated with a **defect in the pubocervical fascia**.

2. Intrinsic Sphincter Deficiency

- Accounts for approximately **10–15%**.
- More commonly associated with **older age and estrogen deficiency**.
- Symptoms are generally more severe.
- Leakage may occur **even at rest**.
- Larger amounts of urine may be lost.

B. Overactive Bladder / Urge Urinary Incontinence (UUI)

Features

- One of the most common types of urinary incontinence.
- Characterized by **involuntary leakage of urine immediately preceded by urgency**.
- Approximately **90%** of cases are idiopathic, while around **10%** have an underlying neurological cause.

Diagnosis

Urodynamic testing may demonstrate:

- **Unstable bladder**
- **Uninhibited detrusor contractions**
- Decreased bladder capacity
- Strong urinary flow

The underlying mechanism is **detrusor overactivity**, which produces the characteristic **sensation of urgency**.

Treatment

1. Behavioral / Conservative Treatment – First Line

- Reduce fluid intake + Avoid excessive fluid intake during the evening
- Reduce caffeine intake
- Pelvic floor muscle exercises (**Kegel exercises**)
- Weight loss

2. Pharmacological Treatment

- **Antimuscarinic drugs** are commonly used and are considered the traditional first-line pharmacological treatment.
- **β3-agonists** are an alternative option and promote bladder relaxation.

Important Adverse Effects of Antimuscarinics

- Dry mouth
- Constipation
- Blurred vision
- Somnolence

C. Overflow Urinary Incontinence

Concept

Overflow incontinence occurs when the **bladder becomes excessively distended and overfills**, resulting in involuntary urine leakage.

Clinical Features

- **Nocturia is common**
- Usually occurs because of:
    - **Hypotonic/underactive bladder**
    - **Outflow obstruction**

Major Causes

- Diabetes mellitus
- Neurological disease

Important Causes by Sex

In <u>males</u>:

- **Benign prostatic hyperplasia (BPH)** is the most common cause.

In <u>females</u>:

- Large pelvic organ prolapse, particularly **advanced prolapse after pelvic surgery**
- Large cystocele
- Severe urethral stenosis

Management

- Treat the **underlying cause**, whenever possible.
- **Intermittent self-catheterization**

- **Continuous bladder drainage**, e.g. suprapubic catheterization, when required.

D. Bypass Incontinence (Fistula)

- An **uncommon** cause of urinary incontinence.
- Caused by an abnormal urinary fistula producing leakage that bypasses normal bladder emptying.
- **Requires surgical correction.**

E. Mixed Urinary Incontinence

Mixed urinary incontinence is the coexistence of: **Stress Urinary Incontinence + Urge Urinary Incontinence**

OSCE HIGH-YIELD DIFFERENTIATION

Type	Typical Leakage	Main Mechanism	Clue
Stress incontinence	With coughing, sneezing, exertion	Urethral hypermobility / intrinsic sphincter deficiency	Leakage with increased intra-abdominal pressure
Urge incontinence	Immediately preceded by urgency	Detrusor overactivity	Strong urgency + urinary leakage
Overflow incontinence	From an overfilled bladder	Retention due to obstruction or detrusor underactivity	Distended bladder + incomplete emptying
Bypass incontinence	Continuous abnormal leakage	Urinary fistula	Requires surgical correction
Mixed incontinence	Stress + urgency	SUI + UUI	Features of both