GU Exams for Prepubertal Girls: Techniques and Comfort Measures

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Speaker Introduction

• Shenoa Williams is a PNP with the Child Advocacy Center at UPMC Children’s Hospital of Pittsburgh. She is a nationally certified pediatric sexual assault nurse examiner (SANE-P) since 2017 and she completed the adult SANE curriculum in 2018. In her position at Children’s, she splits her time between sexual abuse evaluations and providing primary care for children who are CYF active or living in transitional housing.

Disclosures

None.

Learning Objectives

● Identify normal prepubertal female anatomy and estrogen changes across childhood.
● Recognize common variants, including septate hymen and labial adhesions, and common GU diagnoses, such as genital warts, lichen sclerosus and genital lesions.
● Describe comfort measures that can be implemented during prepubertal gynecological examinations.
● Participate in case study discussions to increase knowledge.

Prepubertal Female Anatomy

What Makes a Difference?

● Knowing normal anatomy
● Estrogen effect on hymen
● Positioning of child
● Traction vs separation
● Relaxation and cooperation
● Understanding developmental stages
Use Clock Face for Noting Locations

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Infancy to Toddlers

Water used for visualization

Preschool to Prepubertal

Waning estrogen effect, hymen more thin and translucent, less anteriorly, vestibule and inner labia easily irritated and red, tendency towards “mucositis”
**Estrogen Effect Fades**

Hymen edges smooth and sharp

[crescentic annular]

**Early Puberty SMR 2**

Progressive estrogen effect, tissues thicken, pallor, bumpy, often asymmetric

**Pubertal SMR 3**

Hymen often scalloped, redundant, common “lateral flaps”

**Estrogenized SMR 4-5**

Redundant, scalloped, multiple folds, labia minora enlarged, thickened mucosa, less tender

**Common Hymenal Variants**

- Hymenal bumps or mounds
- Notches and asymmetries anteriorly; between 9-3 o’clock
- Shallow/superficial notch or cleft in inferior rim of hymen; between 3-9 o’clock
- Septate hymens and tags/remnants
- Vestibular or periurethral bands
- Labial adhesions
- Intravaginal ridges or columns
- Congenital variants

**Normal Hymenal Findings**
Genital Warts

Lichen Sclerosus
White atrophic plaques “Keyhole” or “Figure

Hemorrhagic lesions

Herpes Simplex Virus

Straddle Injury

Comfort Measures
with Grace and Nellie
Comfort measures can be included in every aspect of this challenging, but necessary, medical evaluation.

Emotional Comfort Measures - Discussions

- Helping caregivers and children understand the general process from start to finish reduces the stress of the unknown.
- Allowing time for questions, review, and reassurance is an important part of the visit.
- Obtaining the caregiver’s consent and the child’s assent is key to the empowerment for the patient and family.
- Even if the examination is not fully completed due to lack of child’s willingness to participate, the key takeaway message is successfully conveyed, "Nobody should do something to your body that you do not agree to."
Emotional Comfort Measures - Wording

- Using the terms the child/family have adopted instead of the medical terminology.
- Metaphors can be useful in helping with understanding of positioning, such as “butterfly wings” for supine frog-leg position.
- Simplification of medical terminology, like referring to the colposcope as a “special light.”
- Placing the GU exam in the context of a typical head-to-toe physical.
Emotional Comfort Measures - Distractions

- Distractions can be as simple as a support person blowing bubbles above the young patient during her exam or a handheld screen, such as a smartphone or tablet.
- Small toys, such as a pinwheel, slinky, or party blower, can also serve as effective distractions.
- Music, television, or videos can provide a focus outside of the exam experience; even having the patient sing a favorite song can get her mind focused on a happy thought.

Emotional Comfort Measures - Sensory Input

- Sensory input might be provided by:
  ○ a small push-button fan
  ○ a light-up toy
  ○ modelling clay/play dough
  ○ music
  ○ koosh ball
  ○ aromatherapy tab (sticker)
- These items provide both distraction and sensory experiences.
Emotional Comfort Measures - Advocacy

- Advocacy can provide patient or caregiver comfort through a caring presence.
- The advocate’s role is to focus on what the patient or caregiver is identifying as their need and provide the best available options to meet that need.
- Canine advocates can also be part of a team effort to add both a reassuring presence during an exam and a wonderful distraction.

Trauma-Informed Care

- Trauma-informed care recognizes the pervasive effects of traumatic experiences on an individual’s perceptions of themselves and their bodies, on their life and behavior, and on their relationships with others.

- Understanding the child’s developmental level and providing patient-centered and non-judgmental care will support the child’s lifelong physical, psychological, and emotional wellbeing.
Development and GU Exams

- **Infants**: Cannot understand the nature of the exam; more used to people looking in their diaper area.
- **Toddlers**: Do not like to be pinned down; difficult to explain reason for exam; struggling for independence.
- **Preschoolers**: Understand the first-then approach; want to maintain control but can also understand that sometimes the “doctor” needs to check them.
- **School-age children**: Increased fearfulness of invasion of privacy; follow directions and cooperate when they understand reason for exam.

Physical Comfort Measures

- Physical comfort measures can help reduce stress and anxiety.
  - The layout of the exam room
  - How the equipment is positioned
- Keeping the patient draped and covered during the examination can help reduce the feeling of being exposed.
- A privacy curtain around the exam table can create a feeling of greater privacy and security.
Physical Comfort Measures - Caregiver Role

- For the young child having their caregiver straddle the exam table so that the child’s head is in the caregiver’s lap during the physical exam can be reassuring.
- For a school-age child the patient may want their caregiver to sit right next to the head of the exam table to hold their hand and talk to them during the evaluation.
- Conversely, an adolescent might feel reassured by their caregiver being asked to wait in another area during the exam so the teenager has more privacy and control.

Exam Positions

Frog-leg Position

Works well for young child
Thank you to Grace and Nellie!

And Grace’s generous mom Carmen, Nellie’s human mom Vanessa, and my two fabulous SAME photographers, Deb and Jordan.