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AMERICAN COLLEGE OF PHYSICIANS (ACP)

ACP guideline recommends against routine pelvic examination

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A new evidence-based clinical practice guideline from the American College of Physicians recommends against performing a screening pelvic examination (speculum and bimanual examination) in adult women who are asymptomatic and not pregnant.

The guideline also states that clinicians do not need to perform a pelvic examination before prescribing oral contraceptives or when screening for sexually transmitted diseases.

The guideline recommendation is based on a systematic evidence review of English-language articles published from 1946 to January 2014, conducted by the Minneapolis Veterans Affairs Health Care System’s Evidence-based Synthesis Program Center.

The recommendation against performing screening pelvic examinations in asymptomatic, nonpregnant, adult women was given a strong rating based on moderate-quality evidence.

The literature review identified no studies addressing the diagnostic accuracy of the pelvic examination for asymptomatic pelvic inflammatory disease, gynecologic cancer other than cervical or ovarian cancer, or benign conditions.

Available evidence indicated that routine pelvic examination has low diagnostic accuracy for detecting ovarian cancer or bacterial vaginosis, and according to indirect evidence, routine pelvic examination does not reduce ovarian cancer-related morbidity or mortality.

The recommendation against routine screening also took into account the potential harms of the examination itself and the potential for false-positive findings and related harms.

"ACP found no evidence that routine pelvic examination in asymptomatic, nonpregnant, adult women provides any benefit," the guideline reads. "With the current evidence, we conclude that performing pelvic examination exposes women to unnecessary and avoidable harms with no benefit. In addition, these examinations add unnecessary costs to the healthcare system. These costs may be compounded by expenses incurred by additional follow-up tests, including follow-up tests as a result of false-positive screening results, increased medical visits, and costs of keeping or obtaining health insurance."

The guideline notes that full pelvic examination with bimanual examinations is indicated in some nonscreening clinical situations, such as for women with vaginal discharge, abnormal bleeding, pain, urinary problems, and sexual dysfunction.

The guideline does not address the benefits and harms of routine cervical cancer screening, but notes that the examination should be limited to visual inspection of the cervix and cervical swab for cancer and human papillomavirus.

The guideline was published in the July issue of the Annals of Internal Medicine, and can be accessed online at http://bit.ly/1ltlmNC.

Clinical considerations from ACP guidelines against routine pelvic examination:

- Clinicians do not need to perform pelvic exams before prescribing oral contraceptives.
- Screening for sexually transmitted disease can be performed with urine testing or vaginal swabs and does not require pelvic examinations.
- Evaluation is often indicated in women with vaginal discharge, abnormal bleeding, pain, urinary problems, and sexual dysfunction.
- When screening for cervical cancer, examination should be limited to visual inspection of the cervix and cervical swab for cancer and human papillomavirus.

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