



Case: Fibroids

Candidate brief

You are an F2 in Obstetrics & Gynaecology.

Please take a focused history from Mimi Soton, a 46-year-old female who has presented with heavy menstrual bleeding.

10 mins	<ol style="list-style-type: none">1. Please take a full history (5 mins)2. Counsel her with an appropriate management plan (5 mins)
10 mins	<ol style="list-style-type: none">1. Please take a full history (7 mins)2. Viva with the examiner afterwards (3 mins)

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& Jenny Maclachlan, Year 5, University of Aberdeen



Patient Brief

(Do not volunteer information unless asked)

Name: Mimi Soton

DOB: 06/03/1974 (46 years old)

Job: Works in digital marketing

Opening statement: *"My GP has referred me here because I've been having some problems with my periods"*

HPC:

- Periods been gradually getting **heavier** over **5-6 years** but significantly worsened in last **8 months**.
- **Flooding** and **clots**, need to change pads every **1-1 ½ hours**, at nights wear large padded pants with two tampons, tend to last 7-9 days
- Periods recently become **less regular** (pt attributes this to getting closer to menopause)

Associated symptoms

- Constipation - pass stool less frequently (every 3-4 days vs every day a couple of years ago) and it is harder, no blood in the stool
- Some bloating - thinks due to weight gain over last 5 years
- Back pain - thinks due to sitting all day at work and weight gain
- Pelvic pain - last 6 months
- No urinary symptoms, no fertility problems, no previous miscarriages, no dyspareunia

Obs Hx

- 1 pregnancy in the past, normal vaginal delivery at 38 weeks, no issues in pregnancy

Gynae Hx

Period: Last menstrual period: 13d ago

- Started age 9, been regular for most of life, never been particularly painful

Smears: up to date

STIs: never diagnosed, been in a monogamous relationship for 20 years

Contraception: nil (husband had vasectomy 7 years ago)

PMHx – asthma as a child, appendicectomy when she was 17

DHx - NKDA, inhalers (use very rarely), OTC vitamin D supplements (GP said she was deficient)

FHx – mother had ovarian cyst removed and was told she had 'lumps in her womb'



SHx – lives with husband and 12 year old daughter, fully independent, never smoked, drinks around a bottle of wine a week

Other information:

- Other systems review - normal

Ideas: thinks it's all to do with weight gain (more weight = more blood) but her husband has read abnormal bleeding can mean cancer

Concerns: she's more concerned about being embarrassed (she had an incident in which she bled through her trousers in public and she's afraid of it happening again so doesn't go out when she's on her period)

Expectations: hoping she can have surgery as her family is complete and she wants her normal life back



Investigations findings (Provide after history talking)

INVESTIGATIONS:

BMI – 34kg/m²

TVUSS: - multiple fibroids ranging from 4-12cm, endometrial thickness 7mm



Examiner Brief

Candidate Brief:

You are an FY2 in Gynaecology Outpatient Department (GOPD).

Please take a focused history from Mimi Soton, a 46-year-old female who has presented with heavy menstrual bleeding

15 mins	<ol style="list-style-type: none"> Please take a full history (5 mins) Counsel her with an appropriate management plan (5 mins)
10 mins	<ol style="list-style-type: none"> Please take a full history (7 mins) Viva with the examiner afterwards (3 mins)

- **Please do not provide any verbal or non-verbal feedback** for the candidate. This includes nodding to correct answers and shaking head to wrong answers - particularly during the viva.
- **Please provide positive and negative feedback** (both verbal and written) at the end of the session once the examination is complete.
- The questions below are provided as a guide for discussion only. For viva, please ask questions surrounding the case and challenge the candidate where appropriate

Positive descriptors	Marks
History/Clinical skills (20)	
Appropriate introduction, patient details and invite consultation	2
Heavy bleeding: onset, volume (changing pads), progression, flooding, clots, regularity	4
Associated symptoms - constipation, pain (with SOCRATES as appropriate), bloating, asks about negative symptoms (constitutional symptoms: weight loss, night sweats, loss of appetite)	4
Menstrual history – age at time of menarche, LMP, regularity of periods and characteristics	2
Gynaecological history – contraception , menopause, STIs, cervical screening	2
Obstetric history – Gravity, Parity, outcome of pregnancies	2
Past medical (surgical) history; drug history, family history, social history	2
Asks about patient's ideas, concerns and expectations and explores appropriately	2
Discussion of management (5)	
Able to give appropriate medical and surgical management options	3
Considers patient's situation in the plan	1
Engages patient in the discussion and asks their opinion	1
Viva (8)	
Succinct summary of patient case with appropriate information included/excluded	2
Good list of differentials and able to explain why each could be ruled in/out	2
Suggests appropriate investigations and can justify each	2
Able to give management options suitable for this patient	2

Global rating scale

Disclaimer: All contents are contributed by medical students and/or junior doctors on behalf of BUSOG, although every effort has been made to ensure the information is correct and robust; however, authors accept no liability for errors.



Excellent
Well-structured focused history, begins with open questions, asks questions pertinent to the presenting complaint showing a clear thought process, relevant systems review, no omissions
Explains management options well, considers patient's individual situation, includes them fully in the discussion and addresses their concerns
Empathetic, non-judgement approach, gives patient time to speak and explores their concerns fully
Good
Well-structured history, mostly focused with a good approach, asks appropriate questions, includes a systems review, elucidates most of the information with few omissions
Explains management options, some relation to patient's situation, asks patient's opinion
Shows empathy, explores patient's concerns but may not do so fully
Pass
Some structure and focus to the history, some omissions and not a full systems review
Can give some appropriate management options and explain a bit about them, tries to include patient
Some empathy, an attempt to explore patient's concerns
Borderline
Not a clear structure to the history, some omissions but gets enough information, incomplete systems review if done at all
Can list some management options but unable to go into detail, no attempt to include patient in discussion
Little empathy shown, little attempt to explore patient's concerns
Fail
Messy history with many omissions, very unfocused, fails to obtain much information, no attempt at a systems review
Unable to give appropriate management options
Not patient focused, no attempt to explore what is important to them

Viva Questions: (Please ask questions surrounding the case and challenge the candidate where appropriate); **The questions below are provided as a guide for discussion only.**

Resource: [NICE guidelines Menorrhagia](#)

<ul style="list-style-type: none"> Summarise patient case 	
<ul style="list-style-type: none"> What are some of the differentials that you would consider in this patient? What is your top differential and why? (with reasons for and against) 	<ul style="list-style-type: none"> Fibroids (correct diagnosis) Endometriosis (Reasons against: periods not particularly painful, no dyspareunia or associated pain during urination or defecation) Dysfunctional uterine bleeding (usually presents in younger women) Endometrial polyp Hypothyroid
<ul style="list-style-type: none"> What investigations would you order in this patient? 	<ul style="list-style-type: none"> FBC (assess anaemia) Clotting screen (rule out coagulation disorders) TFTs (check for hypothyroidism)

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	<ul style="list-style-type: none">○ TVUSS (assess number, size and position of fibroids if present, also look for other uterine pathologies)
<ul style="list-style-type: none">● Management of this patient	<p><u>Medical management:</u></p> <ul style="list-style-type: none">○ <u>Tranexamic Acid</u>- antifibrinolytic agent which can be used in the acute setting and when the woman is on her period○ <u>Hormonal contraceptives</u>: useful in controlling menorrhagia, e.g. COCP, POP, Mirena IUS○ <u>GnRH analogues</u> - Zolidex, Induces temporary menopausal state by suppressing ovulation, can be used pre-op to reduce size of fibroid, length of treatment <6 months as risk of osteoporosis <p><u>Surgical management:</u></p> <ul style="list-style-type: none">○ Hysteroscopy + Transcervical resection of fibroids - useful for submucosal fibroids which can be accessed from the uterine cavity○ Options for women who wish to preserve their fertility: Myomectomy, Uterine artery embolisation○ Options for women who have completed their family: Hysterectomy