



Case: Infertility

Candidate brief

You are an FY2 on your GP rotation.

Please take a focused history from Lucy Bridges, a 28-year-old female who has made an appointment to see the GP.

15 mins	<ol style="list-style-type: none">1. Please take a full history (7 mins)2. Counsel her with an appropriate management plan (4 mins)3. Viva with the examiner afterwards (4 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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Patient Brief

(Do not volunteer information unless asked)

Name: Lucy Bridges

DOB: 05/11/92 (28 years old)

Job: Teacher

Opening statement: "I've come to the GP as I've been struggling to get pregnant for over a year now."

HPC:

Infertility

- **13 months** of unprotected regular sex with partner.
- Partner has one child from a previous relationship.
- Tried ovulation kits, pregnancy vitamins etc.
- Since she came off the **combined pill** (13months ago) her periods have become really **painful and heavy** – soaking through onto the sheets at night and sometimes using multiple pads in an hour in the day.
- Some dark red **clots**.
- Dull, aching general **pelvic pain, bloating**.
- **Deep pain during sex**.
- Ibuprofen only takes the edge off, still very painful.
- No abnormal discharge, but light brown spotting between periods.

Associated symptoms

- Tired, low mood, pelvic bloating, pelvic pain.
- No weight loss or gain, no hirsutism.
- No urinary symptoms.
- Some constipation and pain on opening bowels.
- No temperature, nausea and vomiting, collapse or systemic upset.

Obs Hx

- No previous pregnancies.

Gynae Hx

Period: Last menstrual period: 2 weeks ago

- Long (7-8 days), painful, heavy periods.
- Spotting between periods, but no postcoital bleeding
- Some pain during sex
- Irregular cycle
- Started period when she was 12.

Smears: Up to date, last smear 1 year ago. HPV – ve. Received HPV vaccine in school.

STIs: Chlamydia 7 years ago, treated with medication. Recent STI check was clear

Contraception: Previously on the combined oral contraceptive pill (COCP) from the age of 16, stopped this 13 months ago when she started trying to conceive.

PMHx – IBS, no previous surgery.

DHx – Penicillin allergy, OTC pregnancy vitamins, Ibuprofen for period pain, Buscopan for IBS.



FHx – Mother has always had heavy periods – thought it was normal, and also struggled to conceive.

SHx – Lives at home with partner and dog. Works full time as a teacher. Non-smoker, hasn't drunk alcohol in last 6 months in effort to improve chances of conception. No recreational drugs.

Other information:

- Systems review
 - Some constipation and pain on opening bowels
 - Low mood
 - All other systems normal

Ideas: Wonders whether she has a genetic condition, is considering IVF.

Concerns: Is scared she is infertile and will never be able to have children.

Expectations: Wants to have testing to check if she's fertile and need to consider IVF.



Investigations findings (Provide it after history talking or to enquire candidate about differential diagnosis)

INVESTIGATIONS

BMI – 20kg/m²

Urine dip – Blood ++, Pregnancy test -ve

Bloods – Hb 105 g/l, TFTs normal, B12 and folate normal

Speculum Examination – Some active bleeding from a closed os, no ectropion, retroverted uterus.

Bimanual Examination – Fixed, retroverted uterus, general tenderness.

TVUSS –



Retroverted uterus, normal endometrial thickness, unilocular cyst on right ovary



Examiner Brief

Candidate Brief:

You are an FY2 in General Practice.

Please take a focused history from Lucy Bridges, a 28-year-old female who has come to see the GP.

15 mins	<ol style="list-style-type: none"> 1. Please take a full history (7 mins) 2. Counsel her with an appropriate management plan (4 mins) 3. Viva with the examiner afterwards (4 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)

- **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

Examiners will grade the performance across four domains: **(15 minute station)**

1. Clinical skills
2. Formulation of clinical issues
3. Discussion of management
4. Professional behaviours and patient centred approach

Positive descriptors	Marks
History/Clinical skills (18)	
Appropriate introduction, elicit patient details and invite consultation	2
Bleeding: Onset, Volume, Colour and Progression	2
Presence of clots, dysuria, dyspareunia or discharge	2
Pain – with SOCRATES as appropriate	2
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
Enquire about risk factors: Establish PCOS symptoms/history	2
Past medical (surgical) history; drug history, family history, social history	1
Formulation of clinical issue (5)	
Summary and interpretation of clinical findings accurately	2
Good range of differential diagnoses	1
Viva	2
Discussion of management (4)	
Build patient concerns into plan and Justify choice of investigations	2
Demonstrate MDT approach -	1
Viva (Management)	1
Professionalism and patient centered approach (3)	



Able to elicit patient ideas, concerns, expectations		1
Use empathic behaviour and language		1
Explain accurately, uses everyday language and check for understanding		
Professional communication to examiner as colleague		1

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.**

Resources:

Management of women with endometriosis, European Society of Human Reproduction and Endocrinology, September 2013

Oxford Handbook of Obstetrics & Gynaecology, Oxford University Press, 2013

1. Differential diagnosis	Endometriosis Pelvic Inflammatory Disease Fibroids IBS symptoms
2. What is endometriosis?	When endometrial tissue is located in sites other than the uterine cavity. This tissue is oestrogen sensitive so during the menstrual cycle it bleeds and becomes inflamed, leading to pain and distension from these ectopic sites.
3. Where are the common locations for endometriosis?	Pelvis – Pouch of Douglas, uterosacral ligaments, ovaries, bladder, peritoneum
4. What is the gold standard diagnostic test for endometriosis?	Laparoscopy
5. How would you manage a patient with endometriosis?	Conservative – Analgesia Medical – COCP, mirena, progestogens, GnRH analogues Surgical – Laparoscopy, laparotomy
6. What are some of the complications of endometriosis?	Endometrioma (chocolate cyst) Subfertility Chronic pain