Case: Abdominal pain and bloating

Candidate brief

You are a F1 in a GP practice.

Please take a focused history from Sheila Ward a 53-year-old female who has presented to her GP with a 6-week history of abdominal pain and bloating

20 mins	1. Please take a full history (10 mins) 2. Counsel her with an appropriate management plan (5 mins) 3. Viva with the examiner afterwards (5 mins)

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Patient Brief

(Do not volunteer information unless asked)

Name: Sheila Ward
DOB: 15/12/1967 (52 years old)
Job: Self-employed Pilates teacher
Opening statement: "*I'm here because I've not been right for the past 6 weeks.*"

HPC:

- **6 weeks of discomfort in lower left abdomen, feeling bloated and noticed some swelling**
- **Has been getting worse over the past 6 weeks**
- **SOCRATES:**
  - **S – lower left abdomen**
  - **O – 6 weeks ago**
  - **C – discomfort and ache**
  - **R – no radiation**
  - **A – swelling**
  - **T – is persistent throughout the day**
  - **E – nothing makes it better or worse**
  - **S – on a score I'd give it 6/10 right now**

Associated symptoms

- Had a couple of episodes of vaginal bleeding recently – not post-coital.
- Has been needing to urinate more frequently and feels more urgent than normal.
- Lost 1kg of weight this month – unintentionally
- No fever, nausea, vomiting or diarrhoea.
- No changes in bowel function.
- No dyspareunia or unusual vaginal discharge.
- No associated fatigue.

Obs Hx

- 0 pregnancies in the past
- 0 terminations or miscarriages

Gynae Hx

Period: Last menstrual period: can't remember as had menopause 3 years ago

- Bleeding was heavy, and on a 28 day cycle.
- Menarche: age 11

Smears: last smear was 5 years ago – all normal
STIs: no history of previous or active STIs
Contraception: Mirena coil for 6 years prior to menopause
Menopause: 50yrs (2 years ago)

PMHx –

- 18 years of endometriosis – diagnostic laparoscopy done in 2002. Not experienced pain for 10 years due to change in diet.
- Removal of benign lump from left breast

DHx –

- Nurofen – for the new abdominal pain
- HRT (Progynova) for 3 years – for symptoms of menopause (hot sweats, flushing, insomnia)
- Mirena coil
- Allergies: raw onion for which I get hives. No known drug allergies.

FHx –

- Mother had a full hysterectomy – not sure why
- Both parents alive

SHx –

- Self-employed Pilates teacher
- Lives alone at home
- Smoked: never
- Alcohol: occasionally – socially
- Recreational drugs: never

Other information:

- Other systems review - normal

Ideas: I do not think it's my endometriosis, worried that it could be something more sinister.

Concerns: Concerned about possible cancer diagnosis.

Expectations: To have some sort of imaging scan to see if there's anything there

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

INVESTIGATIONS:

BMI – 24kg/m^2

Speculum Examination – normal.

Bimanual Examination – palpable pelvic mass in lower left abdomen. Fixed and immobile.

TVUSS: solid mass on left ovary.

Examiner Brief

Candidate Brief:

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20 minutes	1. Please take a full history (10 mins) 2. Counsel her with an appropriate management plan (5 mins) 3. Viva with the examiner afterwards (5 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

The mark scheme will vary between universities to universities, but **please be clear** as to what should be covered in the history/counselling/examinations; and allocate marks as per necessary

Examiners will grade the performance across four domains: **(20 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
Pain: SOCRATES		2
Presence of **abnormal bleeding, unintentional weight loss and increased urinary frequency and urgency**		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
Enquire about **risk factors**: Establish endometriosis history		2
Past medical (surgical) history; drug history, family history, social history		2
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 Explain accurately, uses everyday language and check for understanding		1

Professional communication to examiner as colleague		1

Please include viva questions below in this format

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: Management of cervical cancer (Green-Top Guideline for The Management of Ovarian Cysts in Postmenopausal Women & Geeky Medics Ovarian Cancer)

1. Differential diagnosis	Ovarian pathology – cyst, benign tumour, ovarian cancer Tubal pathology – tubal malignancy, or tubo-ovarian abscess Uterine pathology – pregnancy, fibroids/benign tumour, cancer Urological – distended bladder GI pathology
2. What are the risk factors for ovarian cancer	• Increased ovulation state: early menarche, late menopause, delayed childbearing, null parity, use of HRT for >5 years • Previous ovarian disease • Pelvic radiotherapy • Previous breast cancer • Lifestyle factors e.g. smoking, obesity • Family history (BRCA1 especially)
3. How would you manage a patient with suspected ovarian cancer	Serum Ca125 (cancer biomarker) Pelvic ultrasound – TVUSS particularly preferable *RMI is a product of the serum CA125 level (iu/ml); the menopausal status (M); and an ultrasound score (U) as follows:* *RMI = U x M x CA125* If RMI > 200 CT scan of abdo and pelvis and refer to gynaecology oncology MDT review Laparotomy
4. How is ovarian cancer staged	FIGO system using imaging (CXR, CT +/- MRI, PET scan), laparoscopy and biopsy or formal surgical staging

Stage	Extent of disease	5-year survival
I	**Limited to ovaries**	**75-90%**
Ia	One ovary	
Ib	Both ovaries	
Ic	Ruptured capsule, surface tumour, or positive peritoneal washings/ascites	
II	**Limited to pelvis**	**45-60%**
IIa	Uterus, tubes	
IIb	Other pelvic structures	
IIc	The above plus positive peritoneal washings/ascites	
III	**Limited to abdomen**	**30-40%**
IIIa	Microscopic metastases	
IIIb	Macroscopic metastases <2cm	
IIIc	Macroscopic metastases >2cm, regional lymph nodes	
IV	**Distant metastases outside abdominal cavity**	**<20%**

You can insert diagrams/flowcharts relevant to the station below, please reference above