RIFAO
RAWALPINDI MEDICAL UNIVERSITY

The Stud Mate M.B.B.S TSM

Gynae & Obs OSPE

All this data is obtained from this post by Ahmad Hassan Bhai.
https://web.facebook.com/wardmate/posts/471404829901455?__tn__=K-R

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Some Important Viva Tips regarding Final Year[1]

- Always greet the examiner , jb ap salamti bhejte hu aur examiner apko jawab deta hi , i believe adha viva tu apka udr hi pass hu jaata hi
- Dress appropriately
- Watch pehn k jaani hi

1. Dont make up stories in final year viva (this is something really important in final year viva , i used to always answer what i didn' even know about in the first 4 years but in final year things are different) , DONOT answer what you do not know about or have no idea about because you may end up upsetting the examiner due to a BLUNDER
2. Always Answer to the point , Dont just keep on talking =p unless the teacher is friendly and you know he wont get irritated
3. Your answer should be short and concise
4. Take Pauses in your viva

FOR EXAMPLE if your viva is about lets say Diabetes
How i would approach it

- History puri sunaon ga
- Diagnosis btaon ga aur chup hu jaon ga and wait for the examiner to ask the next question that would most probably be how will u diagnose it lets say
- Main sirf naam bta k chup kar jaon ga diagnostic techniques k aur baki details nahin btaon ga and then his question will certainly be k kia values hun gi glucose ki
- glucose ki values bta k chup hu jao and then wait for him to ask complications

what i mean by this is dictate your own viva , dont vomit out your knowledge , aik hi question min sab mat bol do , examiner ko ye feeling du k you have answered more of his questions and make him feel as if he is extracting things out of you though yes you know this

ye cheez zara farak hai final year ki

5. Never be oversmart , EXAMINER always knows what you are upto aur kahin na kahin ja k wo apko trap kar hi le ga so be modest and humble , answer to the point and aik baat tu pakki hai apka viva atleast 7-10 minutes tu chalay ga hi so answer sensibly in short bursts
6. cancers are always at the end and always answer with common things first

People might differ but that is how i would suggest to approach things, How my teachers taught me to approach things.

All the Best

[1] https://www.facebook.com/wardmate/posts/539515873090350?__tn__=K-R&__rdc=1&__rdr

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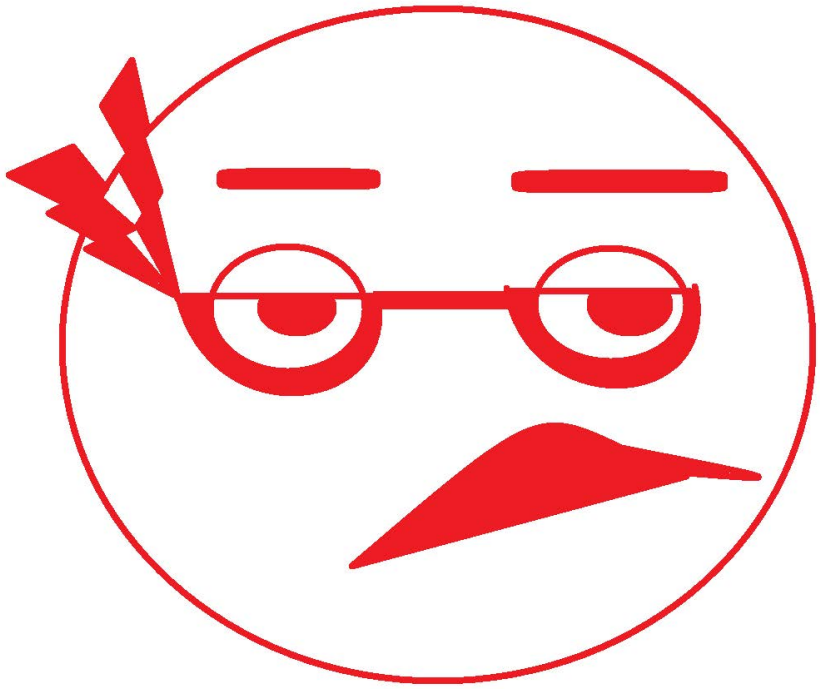
OSPE Guidelines

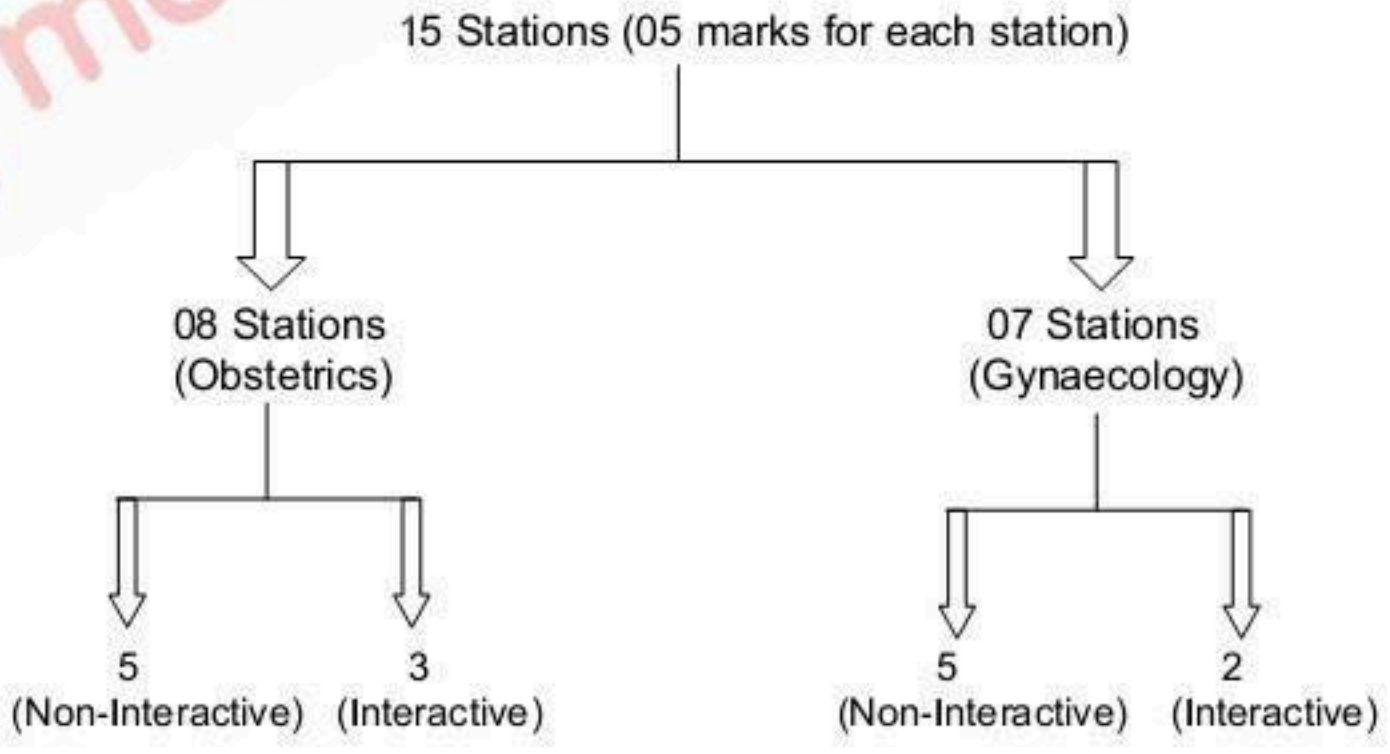


Format of OSPE

MBBS Final Professional

OBSTETRICS AND GYNAECOLOGY

OSPE	**Total Marks 75** **Total Stations 20 (05 Rest Stations)** **05 Minutes at Each Station** **05 Marks at Each Station** Out of 15, 08 stations will be of Obstetrics and 07 stations will be of Gynaecology. In these 15 stations, 05 stations will have to be interactive stations.
Long Case x 2	60 (30 Internal + 30 External) One Long case of Obstetrics and One of Gynaecology (Compulsory Requirement)
Internal Assessment	15
Total Marks	**150**



Must go through *Ten Teachers* complete and you must buy the book *Alia Basheer* in which there are questions of OSPE that you should go through.

HFH

Gynae Obs Procedures/Examinations/OSPE stuff[1]

- Normal Delivery
  https://www.youtube.com/watch?v=pR1cShzmSY&list=PLDSLDBQfYkINArYpeRujTbLPGHfk_XRE&index=1

- Forceps Delivery
  Part 1:
  https://www.youtube.com/watch?v=EamqEOMLjo&list=PLDSLDBQfYkINArYpeRujTbLPGHfk_XRE&index=4
  Part 2:
  https://www.youtube.com/watch?v=A3nGsFJECTE&list=PLDSLDBQfYkINArYpeRujTbLPGHfk_XRE&index=5
  Part 3:
  https://www.youtube.com/watch?v=nHrvL6wZfMk&list=PLDSLDBQfYkINArYpeRujTbLPGHfk_XRE&index=6

- Vaccum Delivery
  Part 1:
  https://www.youtube.com/watch?v=2h4zU3S5sQ&list=PLDSLDBQfYkINArYpeRujTbLPGHfk_XRE&index=2
  Part 2:
  https://www.youtube.com/watch?v=q7Qdw9lBJU&list=PLDSLDBQfYkINArYpeRujTbLPGHfk_XRE&index=3

- Breach Delivery
  Part 1:
  https://www.youtube.com/watch?v=d1NtqL6PSuI&list=PLDSLDBQfYkINArYpeRujTbLPGHfk_XRE&index=9
  Part 2:
  https://www.youtube.com/watch?v=dRwUiV_4BaU&list=PLDSLDBQfYkINArYpeRujTbLPGHfk_XRE&index=10

- Shoulder Dystocia:
  https://www.youtube.com/watch?v=HsLBianXHX0&list=PLDSLDBQfYkINArYpeRujTbLPGHfk_XRE&index=7

- Cusco's Speculum:
  https://www.youtube.com/watch?v=MWCW3xy9C6o&list=PLDSLDBQfYkINArYpeRujTbLPGHfk_XRE&index=8

[1] https://www.facebook.com/notes/wardmate-examination-guide-plus-ospe-related-suff-for-mbbs/gynae-obs-proceduresexaminationsospe-stuff-holyfamily-hospital-as-explained-by-m/472110013164270/

BBH

Gynae Obs Procedures/Examinations/OSPE stuff[2]

Playlist one click access to all videos in this note
https://www.youtube.com/playlist?list=PLDSLDBQfYkINedMUOAV-hGtnGpRWLMYq9

- Ventouse delivery
  Part 1:
  https://www.youtube.com/watch?v=pDSj7LWoM4Q&list=PLDSLDBQfYkINedMUOAVhGtnGpRWLMYq9&index=1
  Part 2:
  https://www.youtube.com/watch?v=tRGHapo5Bpc&list=PLDSLDBQfYkINedMUOAVhGtnGpRWLMYq9&index=2

- Shoulder Dystocia
  https://www.youtube.com/watch?v=3laayCWqOPw&list=PLDSLDBQfYkINedMUOAVhGtnGpRWLMYq9&index=3

- Instruments in Video Form
  https://www.youtube.com/watch?v=sgLGC1k6KmU&list=PLDSLDBQfYkINedMUOAVhGtnGpRWLMYq9&index=4

- Forceps Delivery
  https://www.youtube.com/watch?v=5UjjNpwmFl0&list=PLDSLDBQfYkINedMUOAVhGtnGpRWLMYq9&index=5

- ECV and Hands off breach delivery
  https://www.youtube.com/watch?v=FcNHfbwjgxA&list=PLDSLDBQfYkINedMUOAVhGtnGpRWLMYq9&index=6

- Assisted breach delivery
  https://www.youtube.com/watch?v=exuucpE3KVc&list=PLDSLDBQfYkINedMUOAVhGtnGpRWLMYq9&index=7

[2] https://web.facebook.com/notes/the-study-mate-mbbs-links-to-wardmate-videos-drahmad-hassan/gynae-obs-proceduresexaminationsospe-stuff-benazir-bhutto-hospital-bbh/472120169829921/?fref=mentions&__xts__%5B0%5D=68.ARCXSDCjOWkf4TzLZ_GPWWePLkcmUbH0Zqz7DdWpjE9g8DfIV9qn-K7ykSzHMsxzcx-GO1q12dQfaJigruRER6qq39UoslXp39xcZLvi4y_owXLYrha1XEGDSWjKzVuVO3gwlGDT8urCUXpZ8Mc4f4wFF8fcsFTRF3rR0rAQdV2sm9IdV8S9&__tn__=K-R

GYNAE OBS OSPE MOST COMMON OBSERVED STATIONS LIST (COURTESY MARYAM BAJI)[3]

OBSERVED

- CTG interpretation
- Partogram plotting
- demonstration of normal labour
- demonstration of breech delivery
- demonstration of shoulder dystocia maneuvers
- demonstration of forcep/ vacuum delivery
- identification & uses of vantose, forceps, speculum (kusko, sims), pap smear spatula, clamps
- how to insert IUCD, councell about it
- councel about types of contraception
- councel about infertility
- demonstration of abdominal examination in pregnant lady
- demonstration of vaginal examinations (speculum, bimanual)
- councel toparents of anencephalic/ down syndrome baby
- pre-natal diagnosis councelling
- councelling of endometrial/ ovarian/ cervical Ca
- councelling about epilepsy /anemia/ hypertension/diabetes in pregnancy
- councell about hep B.C.HIV in pregnancy
- management of emergencies (placental abruption, cord prolapse, eclempsia etc)
- procedures (D&C, c-section, ECV)

[3] https://web.facebook.com/notes/the-study-mate-mbbs-links-to-wardmate-videos-drahmad-hassan/gynae-obs-ospe-most-common-observed-stations-list-courtesy-maryam-baji/536352650073339/?fref=mentions&__tn__=K-R

MOST COMMON CASES IN GYNAE OBS WARD FOR LONG CASE[4]

REMEMBER there will be 2 cases you need to tackle one of Gynae and one of Obs.

GYNAE

- uterovaginal prolapse
- miscarraige
- ectopic pregnancy
- ovarian mass
- Fibroid
- GTD
- endometrial ca
- cervical CA
- bartholin cyst
- PCOS
- wound infections (sec to C/S)

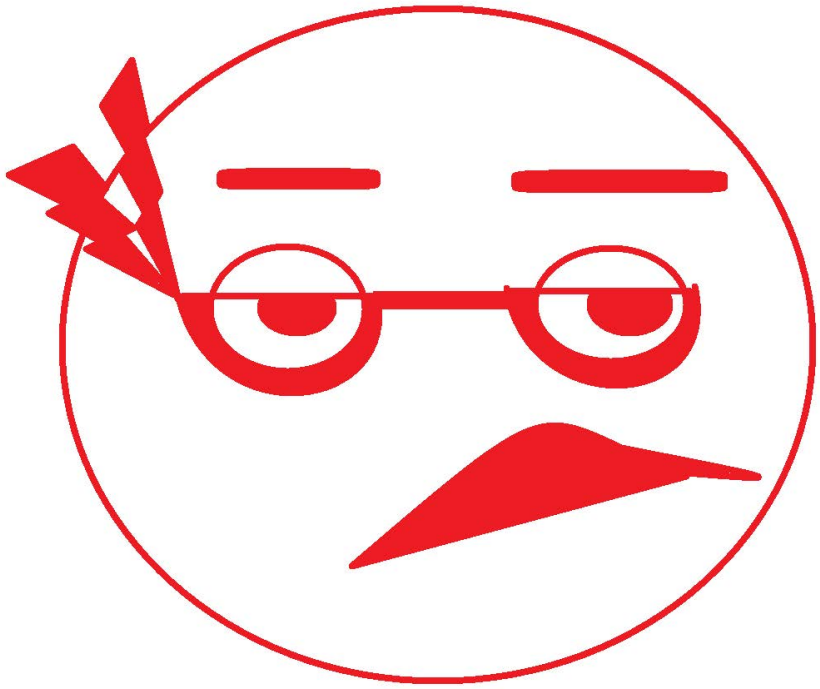
OBSTRETICS

- placenta previa
- abruptio placenta
- PPROM
- preterm labour
- anemia in pregnancy
- diabetes in pregnancy
- normal delivery
- twin pregnancy
- oligo/polyhydramnios
- IUGR

[4] https://web.facebook.com/notes/the-study-mate-mbbs-links-to-wardmate-videos-drahmad-hassan/most-common-cases-in-gynae-obs-ward-for-long-case/536354060073198/?fref=mentions&__tn__=K-R

All this data is obtained from this post by Rabeea Sa'adat.
https://web.facebook.com/groups/487763498003432/permalink/1633417356771368/

Long Cases



THE MANAGRMENT WRITTEN IS A COMBINATION OF WHAT WAS TAUGHT IN WARD CLASSES AND TXT BOOK.

ANEMIA IN PREGNANCY

Risk Factors
Preterm delivery.. Steroids
IUGR
Delayed milestones
Infections.. Vaginal discharge

Hx
**Dietary hx Imp
Meat intake
**Socioeconomic
Contraceptive hx
Medical hx imp (DM, HTN, Malignancies, multiple pregnancy)

O/E
Pallor
Nails
CVS findings
Blood group
Blood CP
Platelets

MANAGEMENT:
<20 wks. Oral iron tablets
20-28wks. Parenteral iron
>36wks. Blood transfusion

Oral:	***PARENTERAL IRON:***	***BLOOD TRANSFUSION:***
ferrous sulphate Ferrous fumarate Ferrous gluconate With water NOT milk At day 8-10: rets count inc. At day 21: Hb starts rising *Hazards:* Chelation due to milk Compliance Gi distress Phytate intake	2 ampules in 100cc normal saline syringe Contain 200mg iron, will raise 0.8g Hb.	***when*** Near term Hb<6g/dl Placenta previa

OLIGOHYDRAMNIOS:

A vertical pocket of<2cm or AFI of <5cm

Qs IN Hx:
Rule out:

- Congenital anomalies detected on USG:
  (renal agenesis, polycystic kidneys, urinary tract obstruction)
- Uteroplacental insufficiency(HTN,DM)
- Maternal drugs(NSAIDs)
- Clear fluid leakage 4m vagina

O/E:
Fetal poles hard n obviously palpable
Small for date uterus

Ix:
USG
CBC and URE (to rule out infection)

MANAGEMENT:
Treat the cause
Rule out cong. anomalies
Supplements to increase liquor vol.
Maternal hydration
Intra amniotic amnioeffusion
Examine the leaked liquor for colour,
Consistency & tender abdomen
If no signs of infection:
Keep under observation + labs twice wkly.

POLYHYDRAMNIOS:

Deepest vertical pocket>8cm r AFI>95th percentile i-e 24cm

Hx Qs:
Rule out
Maternal DM
Any placental tumour detected on USG
Multiple gestation
Fetal anomalies like TEF,Duodenal atresia,anencephaly n mention whether negative r positive)

O/E:
Stretched abdomen,fluid thrill,baby parts hardly palpable

MANAGEMENT:
Optimize maternal glycemic control
Amniodrainage
Removal by laser of placental vascular connections in case of twin to twin transfusion syndrome
Make arrangements for complications like
PPROM
Cord prolapse
Placental abruption
APH
Amniotic embolus
Regularly check fetal heart sounds.

ECTOPIC PREGNANCY:

P/C:

Acute abdomen
Scanty vaginal bleed
Hypovolemic shock
Shoulder tip pain

Ix:

1) TVUSS(empty uterus,adnexal mass,excessive free fluid in pouch of douglas in ruptured ectopic,gestational sac with cardiac flicker oitside the uterus in intact tubal pregnancy)
2) BhCG levels: consecutive levels 48hrs apart show insignificant rise
3) Laproscopy

MANAGEMENT:

1) **MEDICAL MX IF:**	2) **SURGICAL MANAGEMENT:**
• Pt is hemodynamically stable • Willing for follow up • Tubal diameter <3cm • B hCG <3000IU/l • Absence of cardiac activity in conceptus • LFTs r normal. Rx: *day 0:* Methotrexate 50mg/m2 I/M *Next day:* folinic acid *Follow up:* day4, 7 and 11 then weekly until levels undetectable • Give anti D immunoglobulin at a dose of 50ug within 72hrs of surgery to rhesus negative women PLUS • Tell the pt to avoid conception for 3 months after Rx • Avoid alcohol • Avoid prolong exposure to sunlight during Rx CIs to medical mx: • CLD, CRF, Hematological disorder • Active infection • Immunodeficiency • Breastfeeding	1) IF pt is hemodynamically unstable/hb <6g/dl 2) Immediately shift to OT 3) Pass 2wide bore cannulas 4) Open the abdomen lift the uterus, see which adnexa is bleeding, clamp it, suck the blood from peritoneum 5) Do salpingectomy 6) If tube is intact & vaginal bleeding is due to abortion in intact tube, then do salpingostomy by giving a linear incision in the tube, remove the conceptus, & stitch the incision. 7) Give anti D immunoglobulin at a dose of 50ug within 72hrs of surgery to rhesus negative women

PLACENTAL ABRUPTION/PREVIA

ABRUPTION:

Painful vaginal bleed

R/Fs:
HTN
Smoking
Trauma
Cocaine
Polyhydramnios
Multiple pregnancy
FGR

PREVIA:

Painless vaginal bleed

R/Fs:
Multilple gestation
Previous csection
Uterinr structural anomaly
Assisted conception

MANAGEMENT:
Rx of shock (ABC,blood sampling,cross match,prepare blood)
Anti D immunoglobulin in rhesus -ve
Take CTG If fetal distress n immediate delivery imminent then administer corticosteroids

PRETERM LABOUR/ PPROM:

Onset of labour before 37 wks of gestation

Qs IN Hx:

Rule out

1) Cervical weakness by:

Hx of painless 2nd trimester pregnancy losses

Hx of previous cervical surgery

2) Infection by:

Abnormal vaginal discharge

Intake of antibiotics

(chorioamnionitis particularly causes pprom in <32wks)

3) multiple pregnancy
4) polyhydramnios
5) any congenital uterine anomaly
6) any acute bleeding
7) stressful sociodemographic conditions(loss of employment,partner,housing etc)

MANAGEMENT:

CONSERVATIVE Mx:

If PPROM < 34 wks gestation and cervicovaginal fluid is negative for FETAL FREE FIBRONECTIN**

a) Tocolytics(in order of increasing side effects)

Oxytocin receptor antagonist..atisoban

Ca channel blockers...nifedipine

Beta sympathomimetics. Ritodrine,salbutamol,terbutalune

b) Corticosteroids..due to risk of preterm delivery

Must be free of sulphite preservatives to prevent fetal neurotoxicity

c) Mg So4 ..optional to reduce the riskof cerebral palsy in neonate
d) close surveillance for signs of chorioamnionitis including regular recording of maternal temperature,HR,CTG,maternal biochemistry with rising wbc count and CRP indicative of chorioamnionitis.

IMMEDIATE INDUCTION OF LABOUR IF:

a) chorioamnionitis
b) ROM at >37wks

PREVENTION IN SUBSEQUENT PREGNANCIES:

If there is past hx of PPOM:

1) Give progesterone early in pregnancy to maintain uterine quiescence
2) DO serial measurement of cervical length throughout 2nd and 3rd trimester through USG
3) Do transvaginl cervical cerclage if:

Multiple midtrimester painless pregnancy losses

Hx of preterm deliveries

Short cervix <25mm

Types of cerclage done:

a) Mccdonald transvaginal...most common..suture inserted at cervicovaginal junction without bladder mobilization
b) Shirodkar. with bladder mobilization..insertion above the cardinal ligament
c) Transabdominal

PRE ECLAMPSIA

HX Qs:

1) when did the symptoms 1st appear(must be after 20wks of gestation for dx of pre eclampsia)
2) ass. S/S like frontal headache,periorbital pain,visualdisturbances
3) epigastric pain(HELLP)
4) bleeding from mucosal membranes(Thrombocytopenia)

O/E:

epigastric tenderness
Edema of face and hands
Neurological examination..hyperreflexia and clonus

MANAGEMENT

Ix:

CBC..falling platelets n increasing hematocrit
PT,APTT..if thrombocytopenia found
RFTs...specifically look for serum urea conc.
Urine protein/cr ratio**(>300mg/24 hr diagnostic)
LFTs

Monitir fetal complications by:

USG assesment of
Fetal size
AFI
CTG
Maternal and fetal doppler

TREATMENT PLAN:

1) Admit the pt
2) Give oral labetalol with goal of keeping systolic<150 n diastolic b/w 80-100mm Hg
3) measure BP at least 4x a day ..(for severe >4x)
4) Repeat blood tests(twice weekly for mild,thrice for moderate and severe)
5) Other antihypertensives that can be given are:
    - Methyldopa
    - Nifedipine
    - I/V hydralazine or labetalol in severe fulminating disease
6) I/V MgSo4 for prevention of seizures n neuroprotection
7) I/M steroids if iatrogrnic preterm delivery suspected
8) Epidural anaesthesia during c section helps control BP
9) prophylactic s/c heparin if suspected o Venous TE
10) Follow up at 6 wks postpartum to rule out underlying chronic HTN

PREVENTION IN SUBSEQUENT PREGNANCY:

1) Uterine artrey doppler in high risk women (a characteristic'notch' in waveform pattern indicates increase resistance)
2) Give low dose Aspirin (75mg daily)
3) Calcium supplementation.

GDM

MANAGEMENT:

1) Standard screening test to be done in all pregnant women:
   Oral Glucose tolerance test at 26-28wks
2) women wirh R/Fs present but OGTT normal at 24wks should've it again at 28wks
3) those with hx of GDM..OGTT in 1st trimester
4) plus All the routine investigations of 1st trimester i-e CBC,BSR,blood gp,rhesus,HbsAg,urine R/E,rubella IgG,
5) once GDM is diagnosed treatment plan is:
   1st step: dietary modification for 1wk n follow up
   2nd step: Metformin 250mg 8hrly, if remain uncontrolled then 500mg 8hrly
   3rd step: INSULIN
      (REGULAR(1/3) & NPH(2/3).
      Dosage of NPH further divided into 2/3 in the morning and 1/3 in the evening.
      PLUS
      Daily minitoring of blood glucose 6 times a day
      3pre meal (<100mg/dl N) and 3 post meal levels(<140 N)
      Once controlled monitor weekly
6) Dexa 6mg 12 hrs apart 4doses ē sliding scale insulin
7) Deliver at 39 wks Not b4 to allow fetal lung maturation,not after bcz size of baby will inc. further and NSVD will be difficult.
8) Follow up ar 6-13 wks to exclude underlying Chronic DM

Some Complications:

MATERNAL:
APH
PPH
PPROM
Abruptio placenta
Polyhydramnios

FETAL:
Resp distress
Transient tachypnea
Polycythemia
Neonatal hypoglycemia
Neonatal jaundice

PCOS

PRESENTING COMPLAINS/QS TO ASK IN HX:
Oligomenorrhea/amenorrhea
hirsuitism
Subfertility
Acne
seborrhea
Hairfall
DM
Sleep apnea
Hyperlipidemia
CVS disease

Ix:
ENDOCRINOLOGY:
Reversed FSH:LH ratio(2-4th day of menses)
Dec.SHBG
Inc.estradiol
Inc.androgen index
Inc.prolactin

RADIOLOGY:
Thick endometrium
Multiple ovarian follicles>12 follicles of 2-9mm and ovarian vol>10cm3
LAPROSCOPY:
2 massive ovaries with visible multiple peripheral follicles

Dx:
ROTTERDAM CRITERIA 2/3 FEATURES:
oligomenorrhea/ amenorrhea
Anovulationh

MANAGEMENT:
1st line: WT REDUCTION
THEN ACC. TO AGE***

a) Young girl within 2yrs of menarche:
COUNSEL

b) >2yrs of menarche:
1) OCPs
2) progesterone

For 3cycles, start at the 5th day of menses n continue for 21 days

c) married want to conceive:

Investigate the pt & the partner
Induction of ovulation..clompiphene
1) OCPs
2) mirena
3) progesterone if ocps are CI

d) If >40yrs with irregular bleed:

1)Radiological Ix of uterus
2)Mirena (to prevent pregnancy at perimenupausal age and combat menstrual irregularities)

e) very close to menupause i-e 45yrs:

GnRH analogues (will induce menupause with 1 injection)

FOR HIRSUITISM:

Eflornithine (Vaniqua). topical
Cyproterone acetate(antiandrogen present in dianette ocp pill)

FOR INSULIN RESISTANCE:

Metformin
improves parameters of insulin resistance, hyperandrogenemia, anovularion,
acne and may aid wt loss

FOR MENORRHAGIA (>7DAYS VERY HEAVY BLEEDING):

Tranexamic acid 1g TD reduces by 50%
Mafenamic acid 500mg TD reduces by 25%

SURGICAL Rx:

Ovarian diathermy
Ovarian wedge resection.

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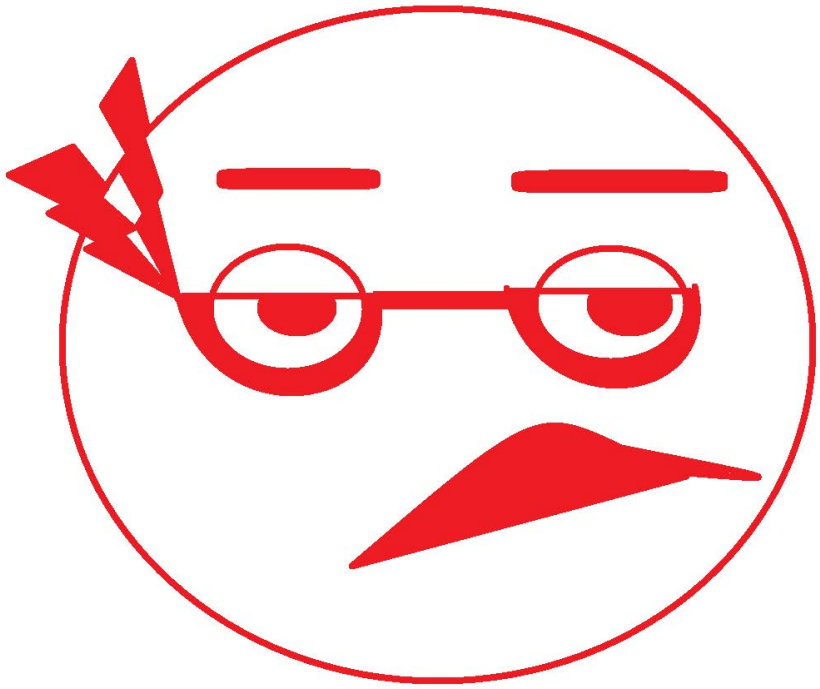
Compliled by:

Rabeea Sa'adat

RMU Batch 41.

All this data is obtained from this post by Ahmad Hassan Bhai.
https://m.facebook.com/ahmad.hassan.7161/albums/10204627834256191/?ref=bookmarks

Instruments

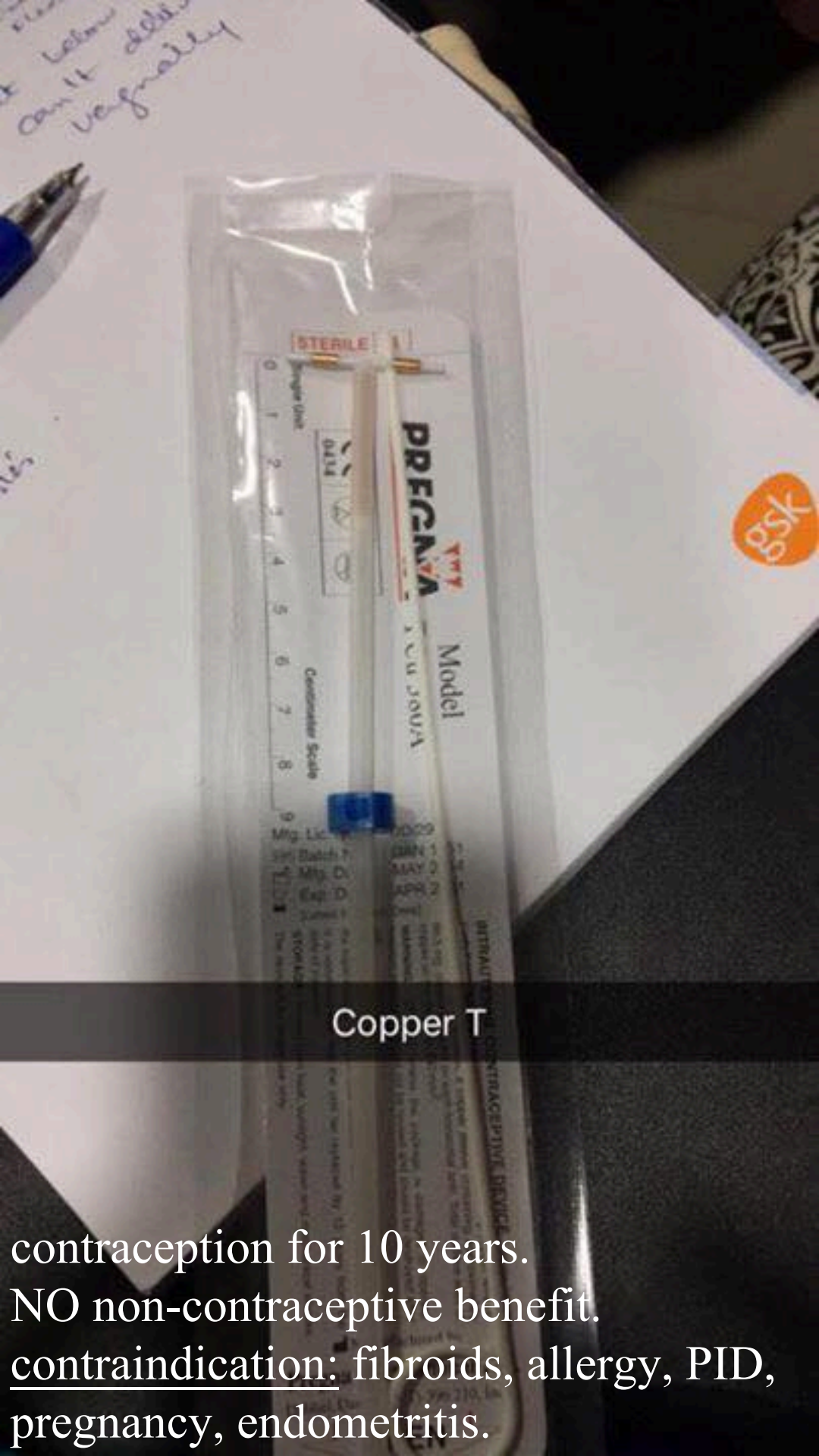


Instruments of D&C in Video Form[1]

***D&C: Dilation and curettage**

https://youtu.be/rCFLEhBZFKo

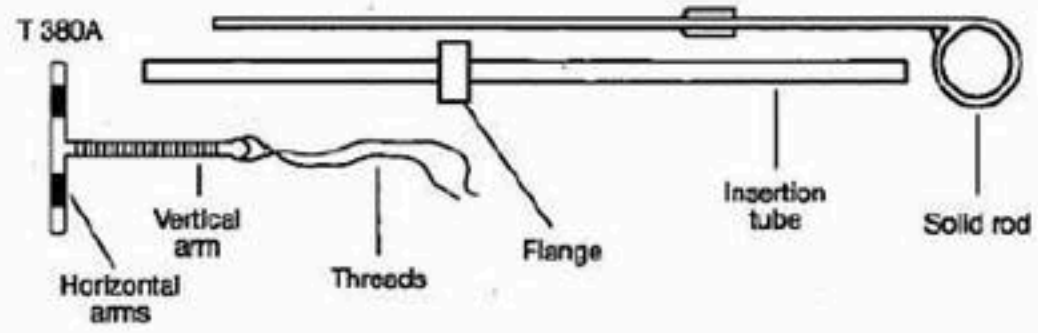
[1] https://web.facebook.com/wardmate/posts/471404829901455?__tn__=K-R

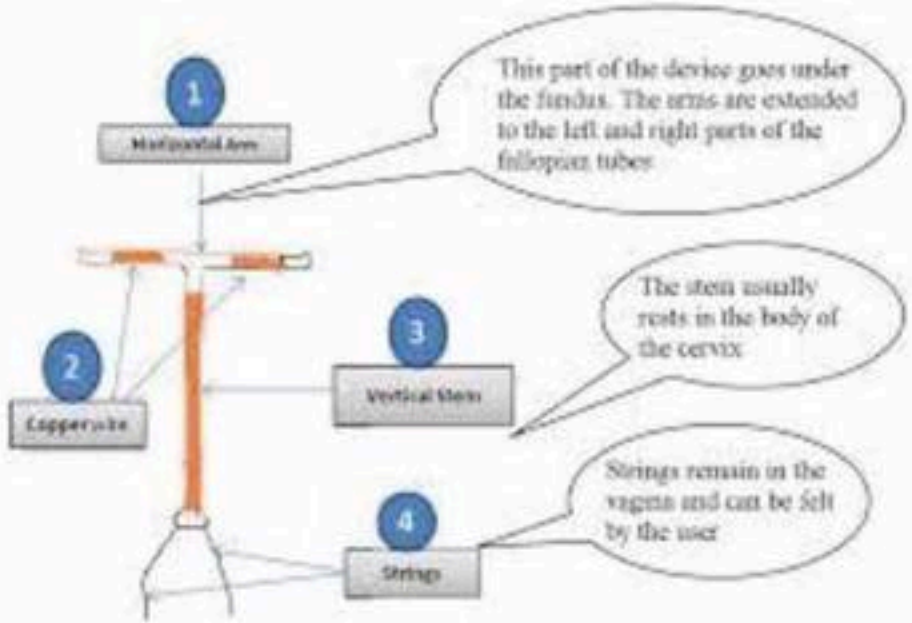


contraception for 10 years.
NO non-contraceptive benefit.
<u>contraindication:</u> fibroids, allergy, PID, pregnancy, endometritis.

Copper t

- 380 A (380→SA of copper)}commonly used



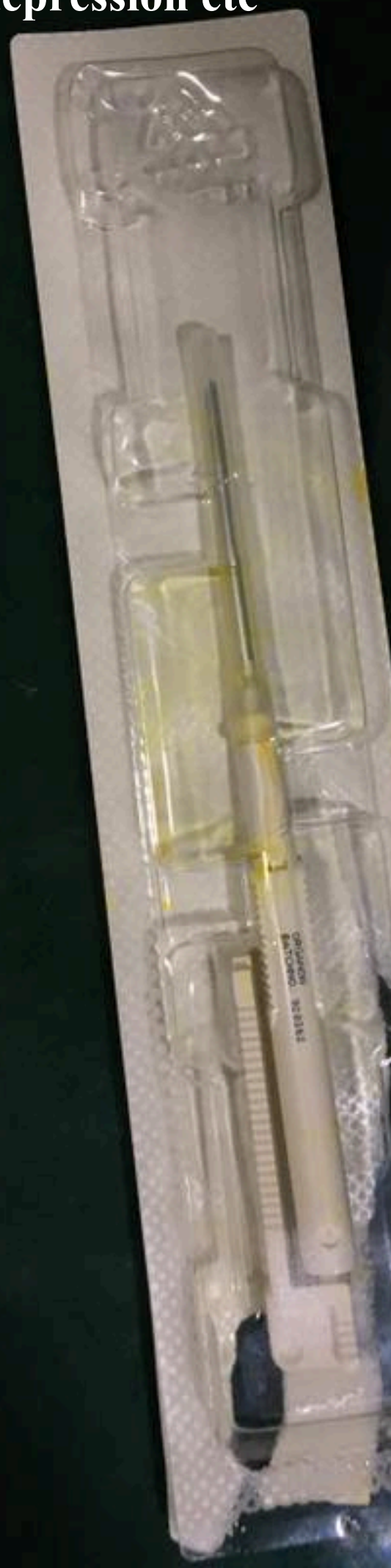


- **S/C insertion in arm. 3 years action.**
- **Levonorgesterol.**

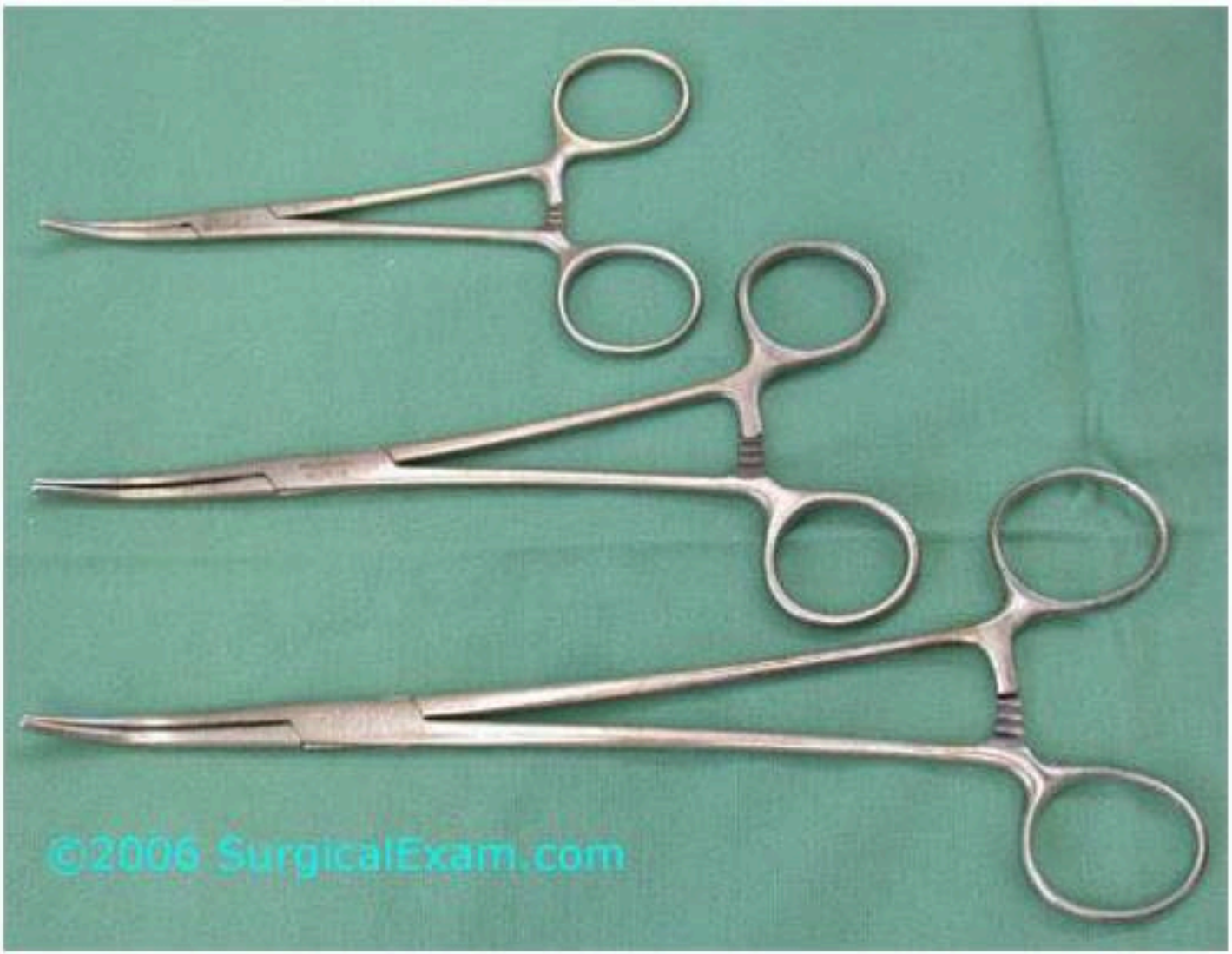
Rapid return of fertility after removal.

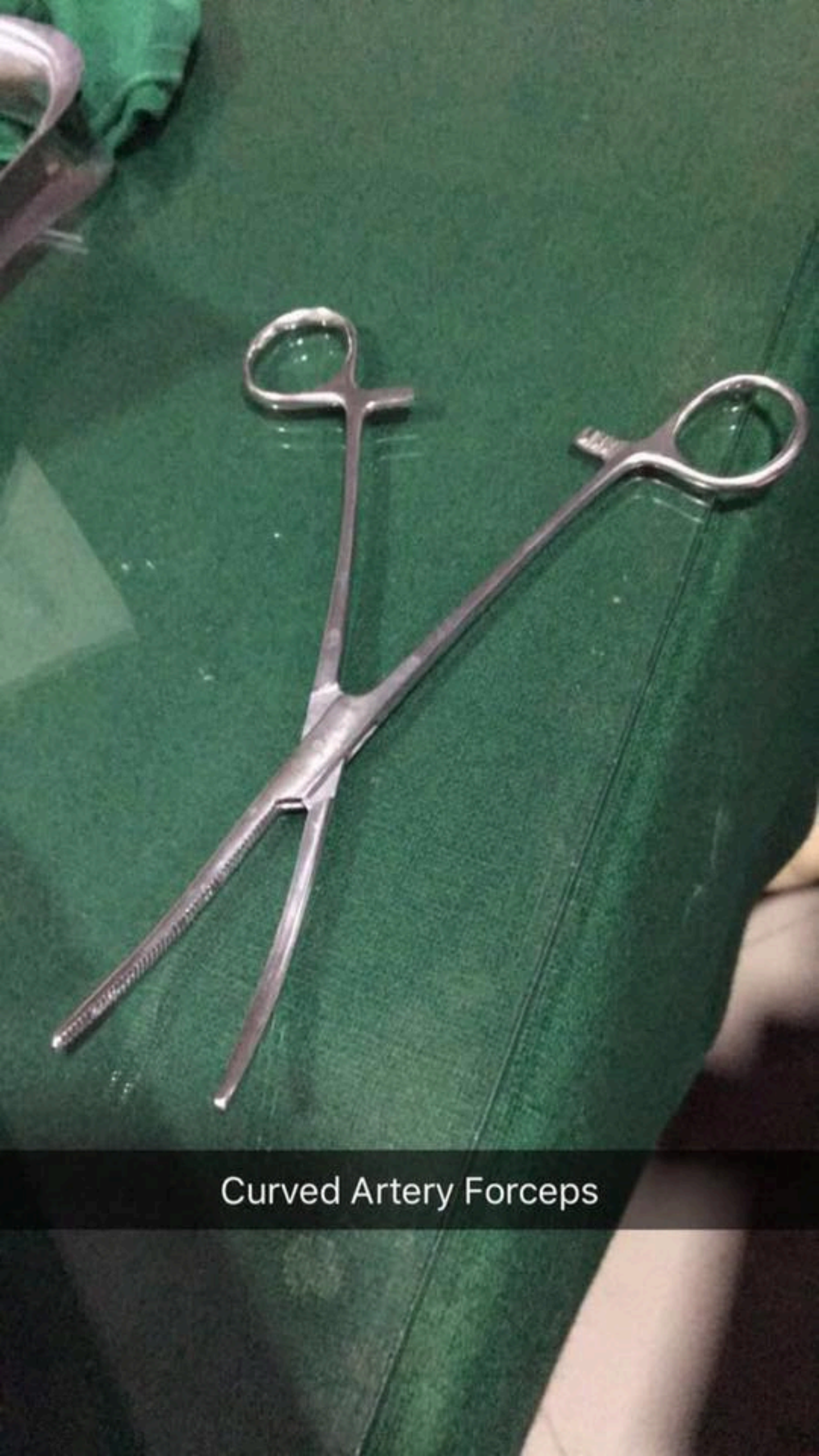
<u>disadvantage:</u>

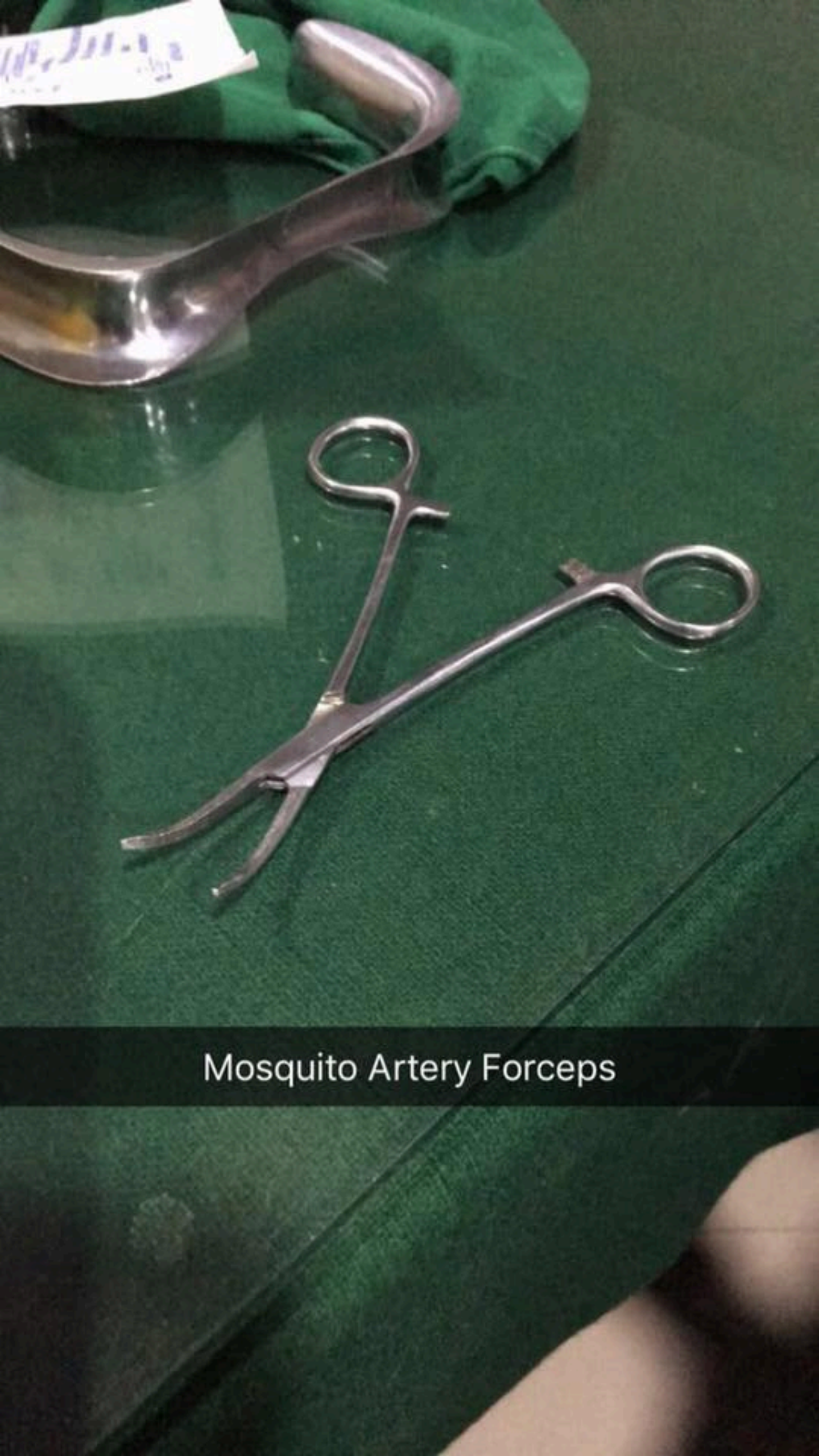
acne, breast tenderness , weight gain , melasma , depression etc



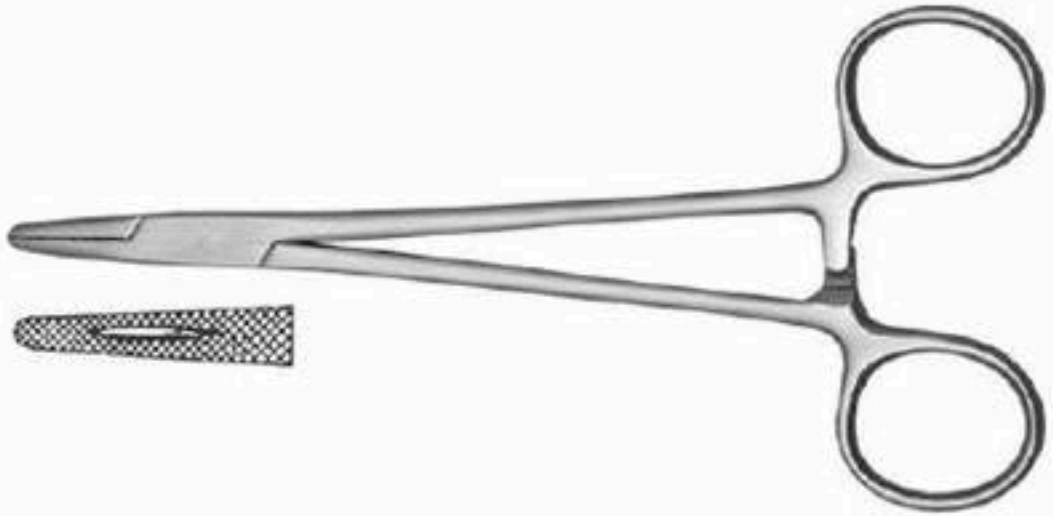
Artery forceps



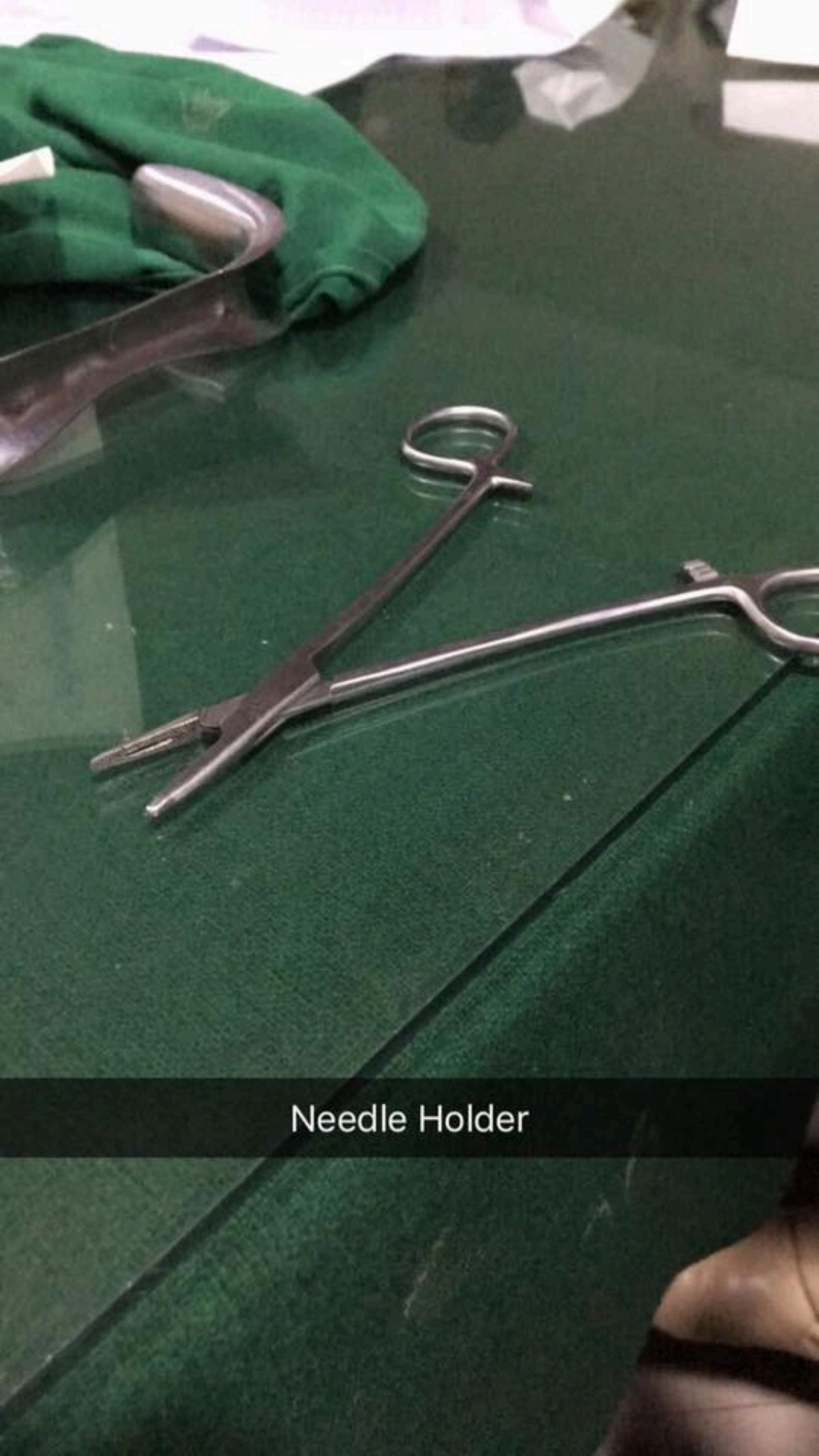

Curved Artery Forceps


Mosquito Artery Forceps

Needle Holder

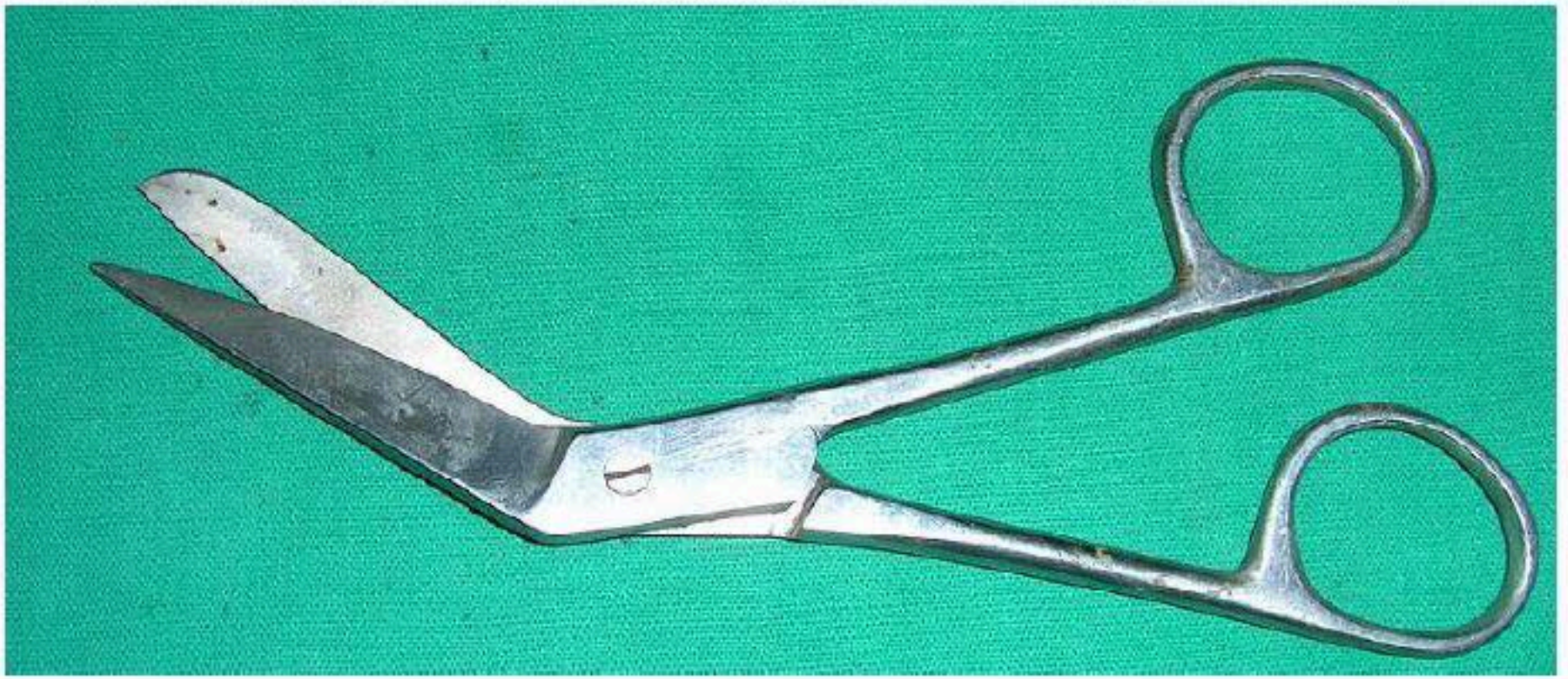


- This instrument is used for grasping needle at the time of suturing. The inner surface of tip has **criss cross** serrations and a small grove for firm grasp of the curved needle.
- The box joint is placed very close to tip to give adequate pressure because of the lever effect.


Needle Holder

<u>indication:</u> episiotomy , compact perineum.
<u>contraindication:</u> infection at site.

Episiotomy Scissors.



Used for suturing and picking up small tissues.


Ye ab straight scissors hain. See more


Normal Scissor

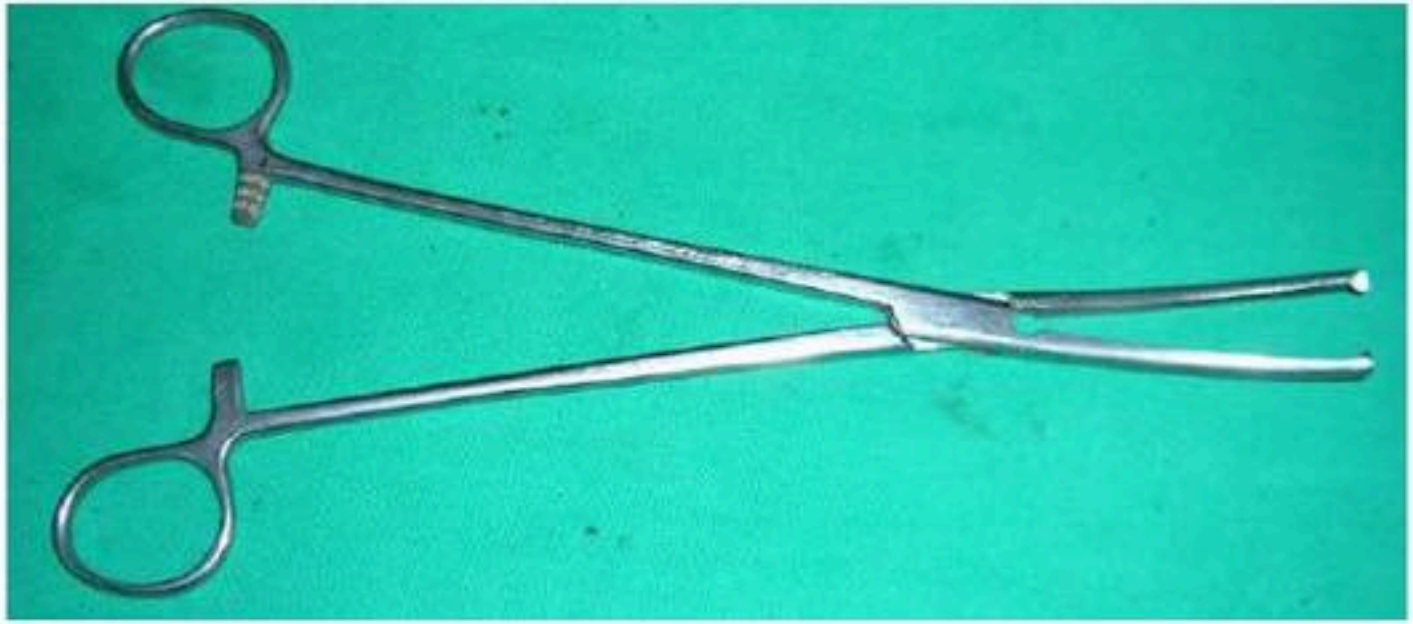
Kocher's Forceps (Clamp)

The tips of the blades have teeth so that the tissue does not slip

This instrument is used for **holding pedicles in hysterectomy.**

The blades can **either be straight or curved**. This instrument is used in hysterectomy to clamp pedicles which are then transfixed

It is also used for salpingectomy in ectopic or oophorectomy in ovarian mass. This can also be used for **clamping umbilical cordnew born at the time of delivery** or for **artificial low rupture of membranes (ARM).**



Tip of the clamp showing teeth.

Used for holding hard tissues , e,g :
Pedicles

Kocher's forcep See more

Sponge holding forceps

- Hold the **pregnant uterus** (less traumatic than volsellum forceps)
  - **In traumatic PPH**
    - **(walking around cervix)**
    - **atleast 3 sponge** (one at 12 0 clock position & other to look for trauma) holding forceps to visualize Cx
- Cleaning & draping in surgical procedures


Sponge holding forceps See more

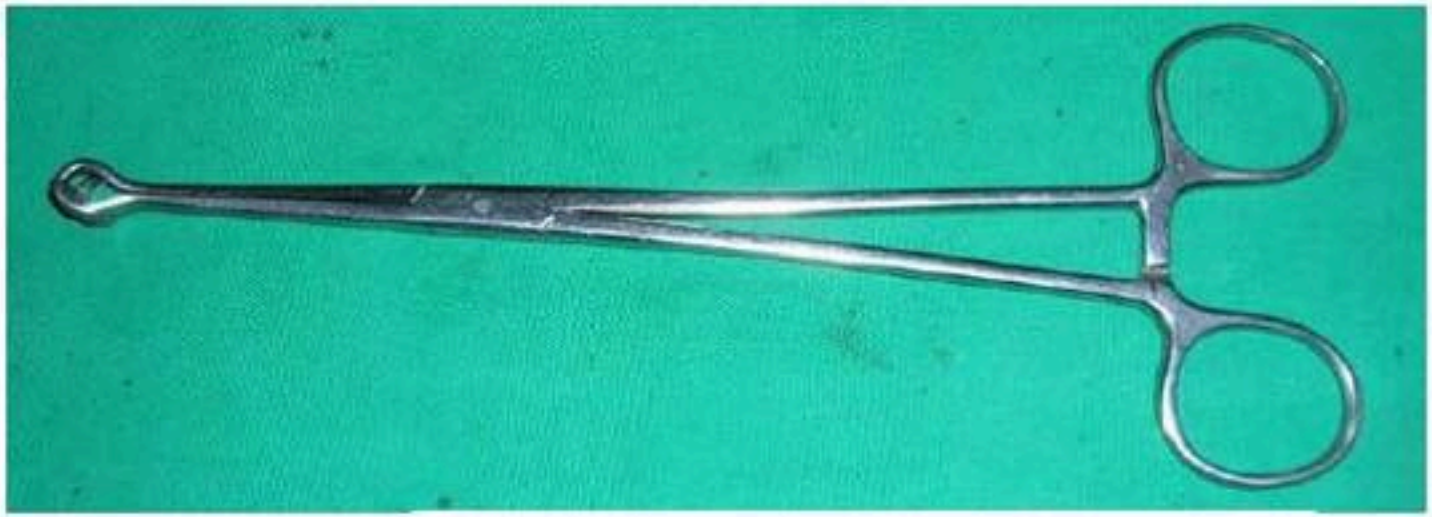
Towel clip

Babcock's Forceps

The tip is atraumatic as there are no sharp tooth

This instrument is used for grasping tubular structures like fallopian tube in tubectomy in modified Pomeroy's operation ,

ureter ,appendix etc.



Green Armytage Forceps

This forceps is used as a **hemostat** in caesarean operation. As the tips are broad wide area can be

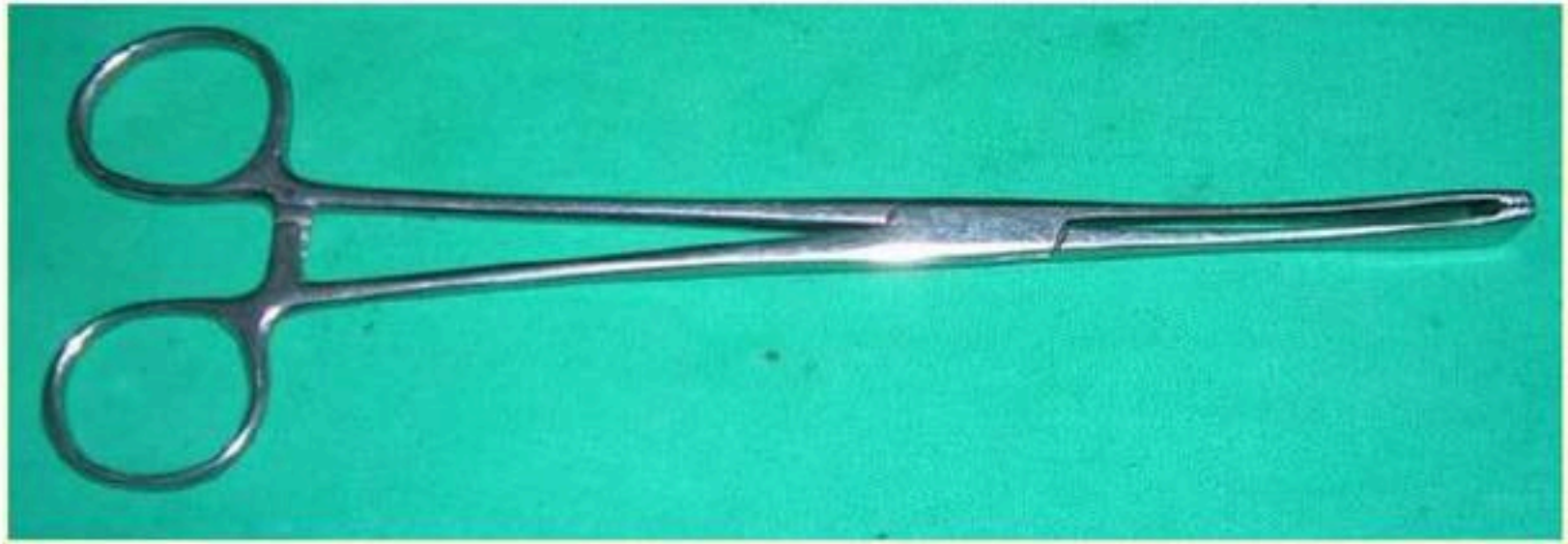
compressed.

In LSCS the cut uterine edges bleed . This forceps is applied to the two angles and lower and upper edge of

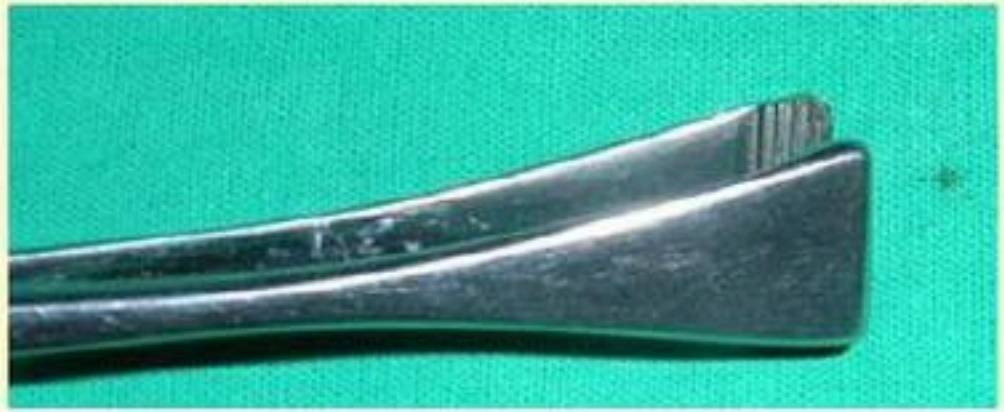
the incision.

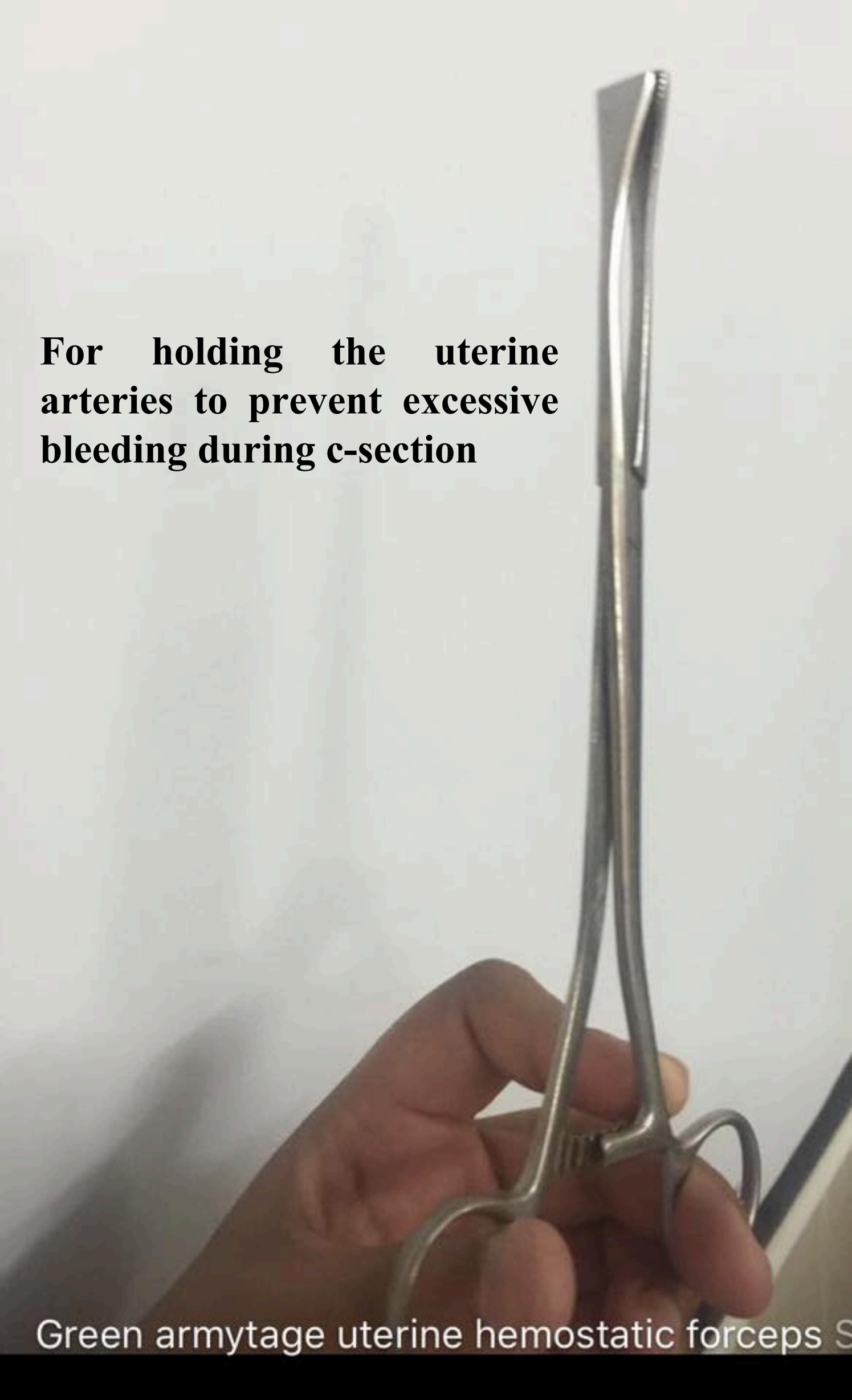
The common indications for LSCS are fetal distress in first stage, CPD , abnormal presentations like

transverse lie , brow , breech in primi ,previous two scars on the uterus.



Tip of the forceps



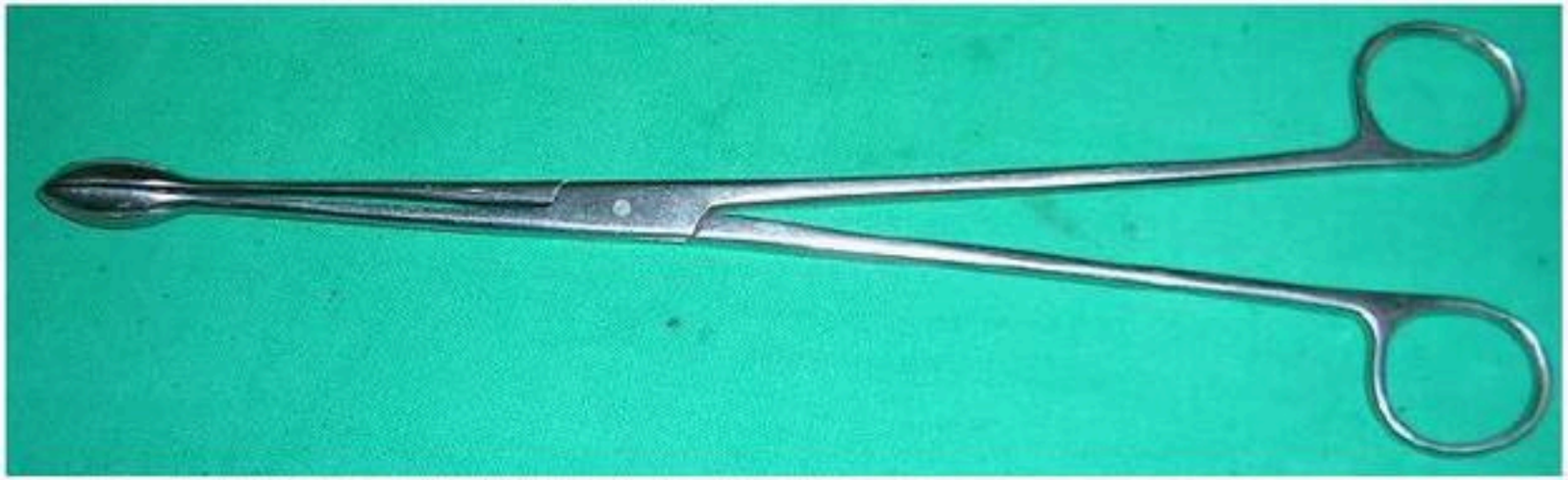

For holding the uterine arteries to prevent excessive bleeding during c-section
Green armytage uterine hemostatic forceps

Green armatage See more

Green armatage See more

Ovum Holding Forceps

The tip of this instrument is rounded cup like to avoid perforation and to hold large tissue. This instrument has no catch . This is to
avoid perforation of wall.

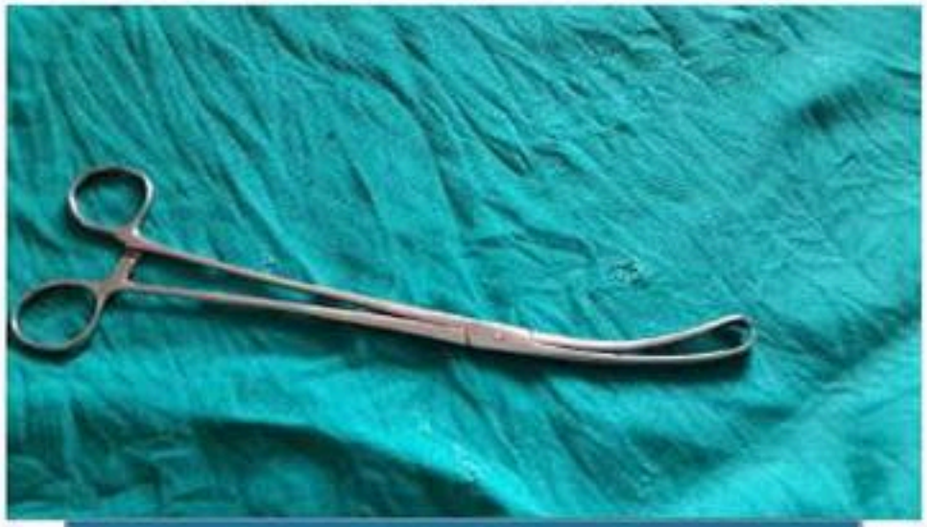


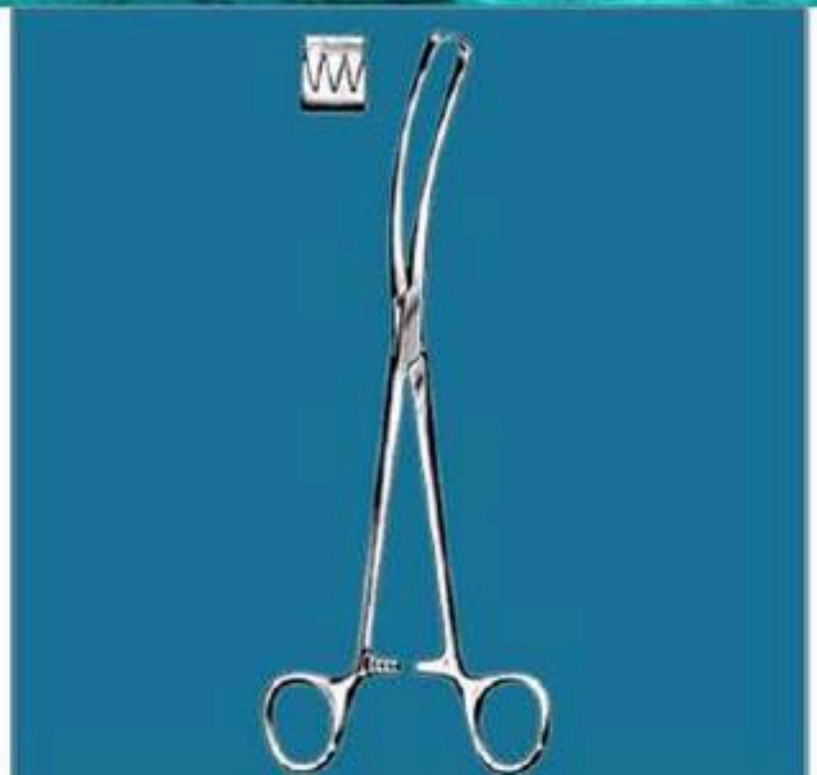
removing the products of conception in inevitable , incomplete abortion and in MTP operations. (MTP : medical termination of pregnancy)
No catch

- **evacuate retained products of conception.**
- **Oophorectomy.**

Ovum holding forcep See more

Volsellum forceps



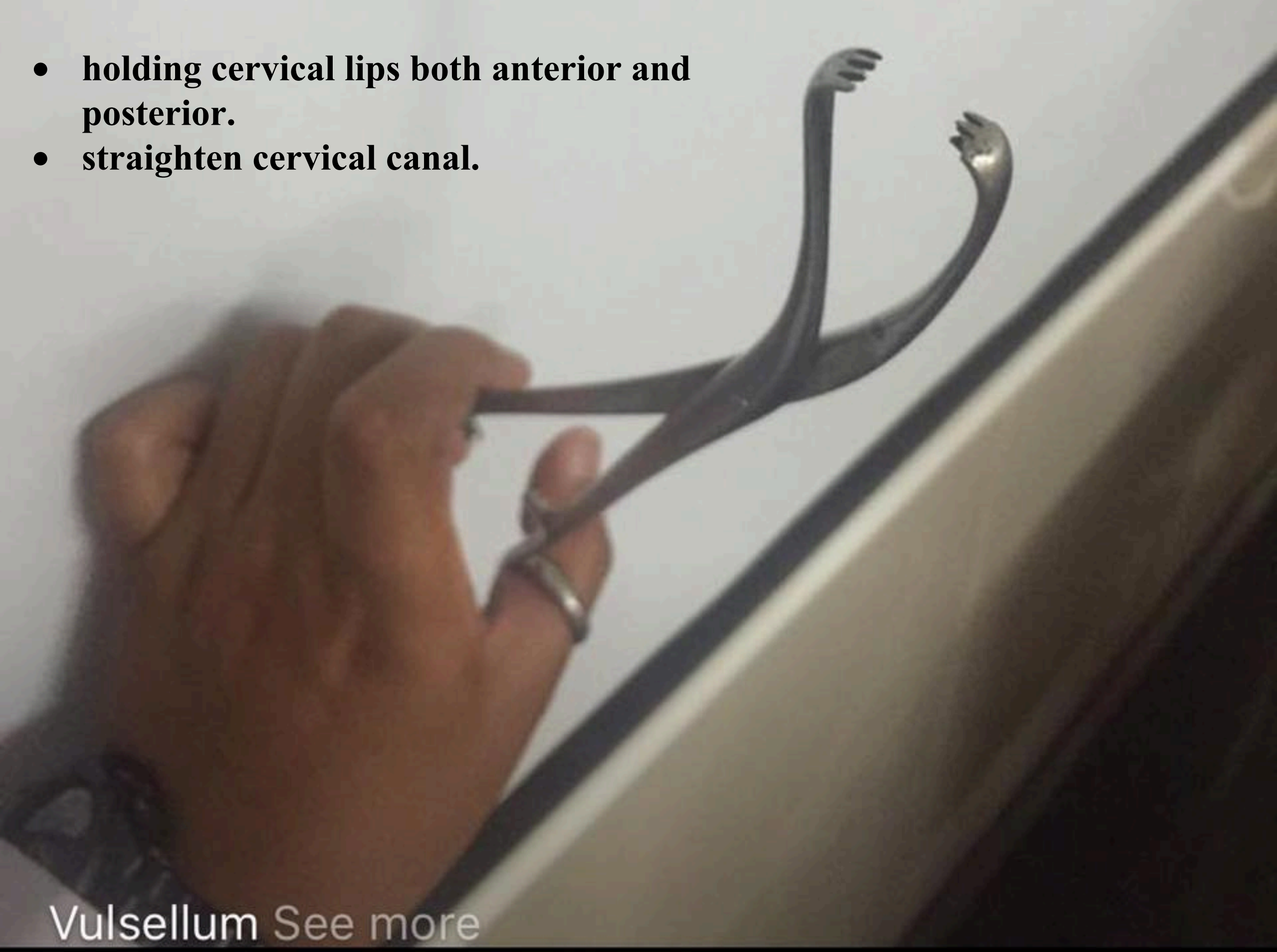


Its a long instrument with gentle curve so that the line of vision is not obstructed. The tip of the blades have 3-4 teeth

- To hold
  - anterior lip of Cx
  - posterior lip of Cx
  - Cervical stump in subtotal hysterectomy

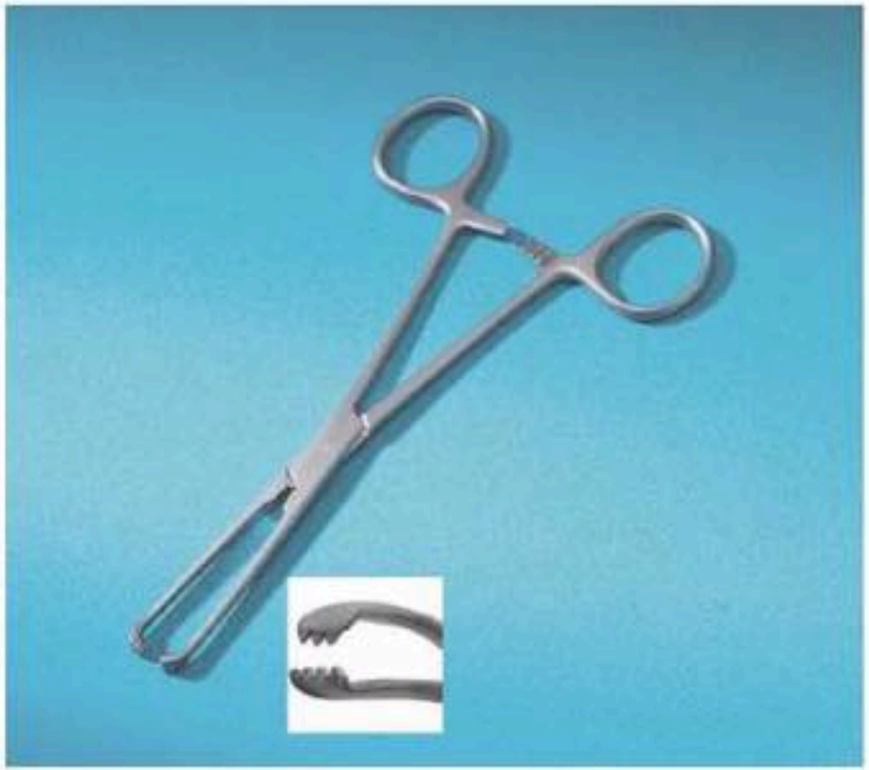
Vulsellum See more

- **holding cervical lips both anterior and posterior.**
- **straighten cervical canal.**



Vulsellum See more

Allis tissue forceps

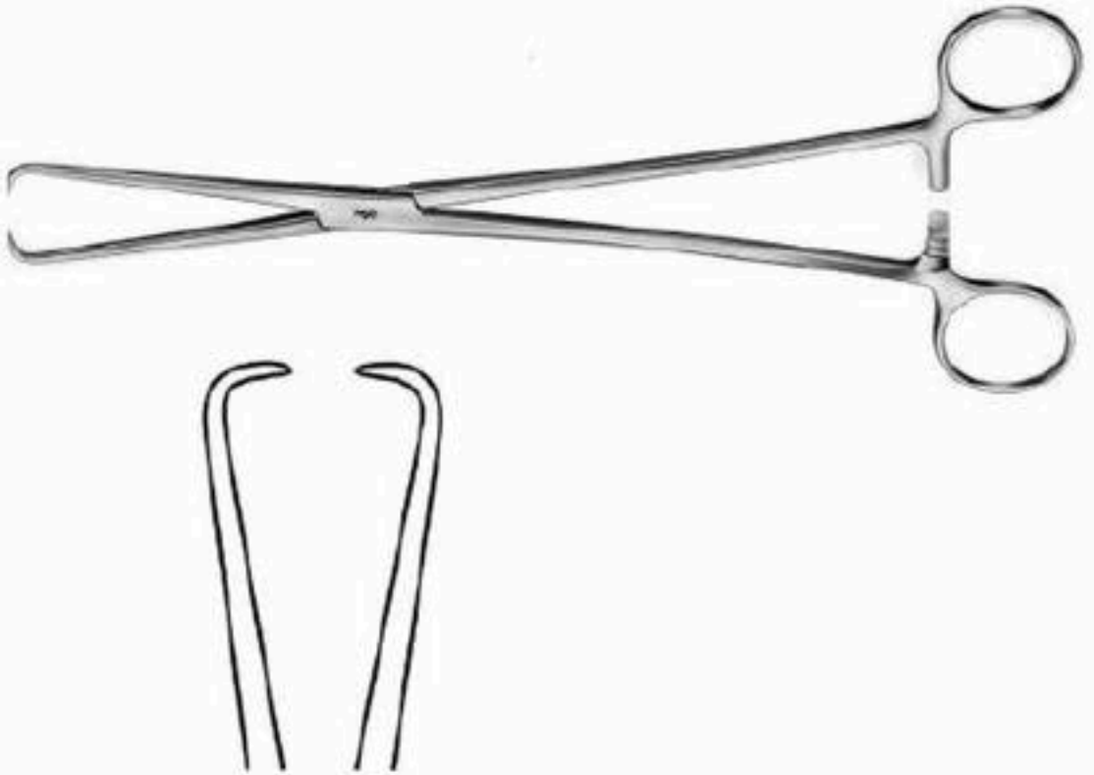


- Interlocking teeth catch and lock
- To hold
  - peritoneum rectus sheath
  - Anterior lip of Cx
  - Traumatic →arrest hge

Sterilization: By Autoclaving

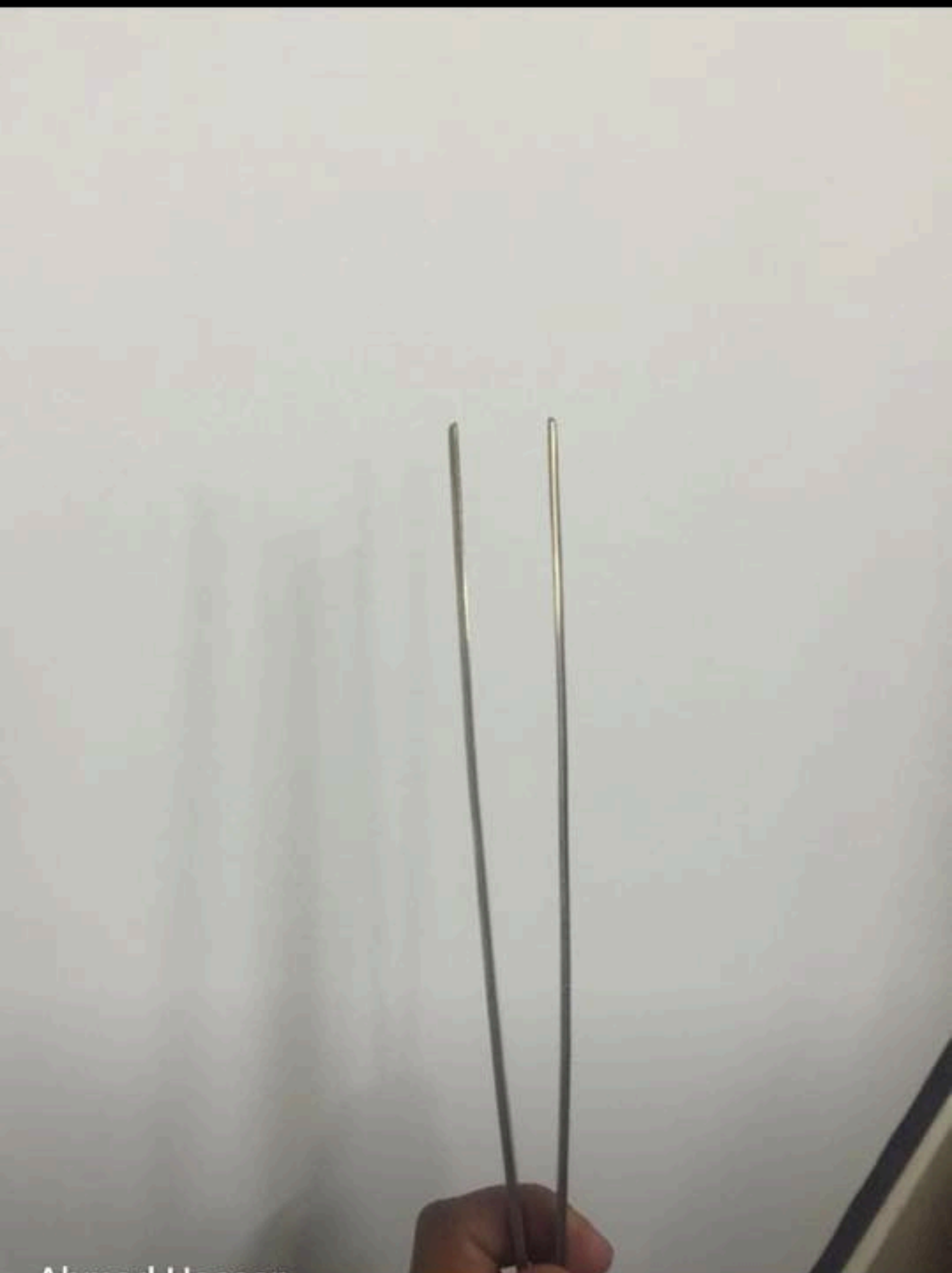
This instrument is used for grasping tough structures like Rectus sheath or fascia in operations like tubectomy,LSCS ,abdominal hysterectomy.

Tenaculum forceps



- Long with single tooth at tip
- Catch present

- Major gynaec procedures like abdominal hysterectomy
  - Catch hold of vault/cervix
  - Traumatic hold fim structures like cervix



Ahmad Hassan

16 APRIL 2016

Like Comment Share

Classification Of Forceps Delivery

- Outlet Wrigley's
- Outlet & low forceps Simpson /Elliot
- Midforceps & outlet Tucker Mclane
- Midforceps & rotation Kielland

- After coming head in breech Piper

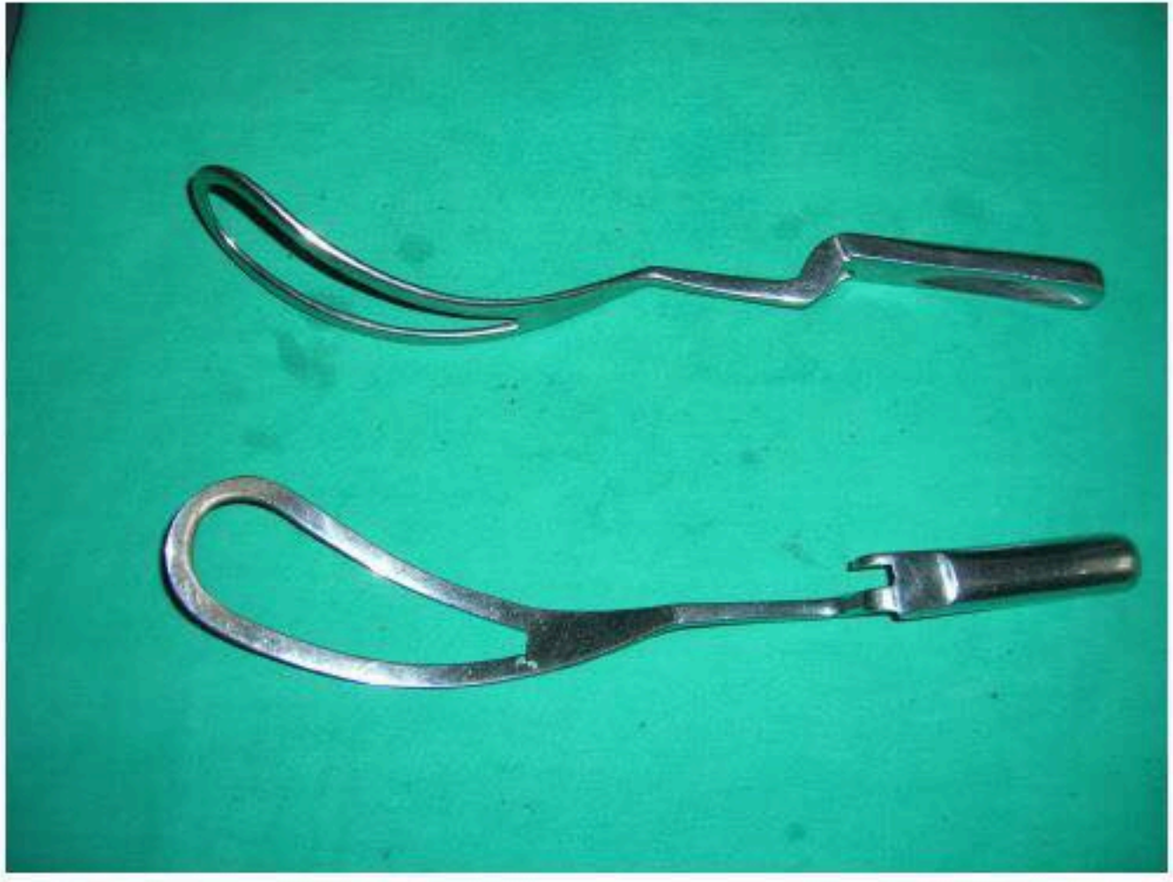
aka **mid cavity forceps.**

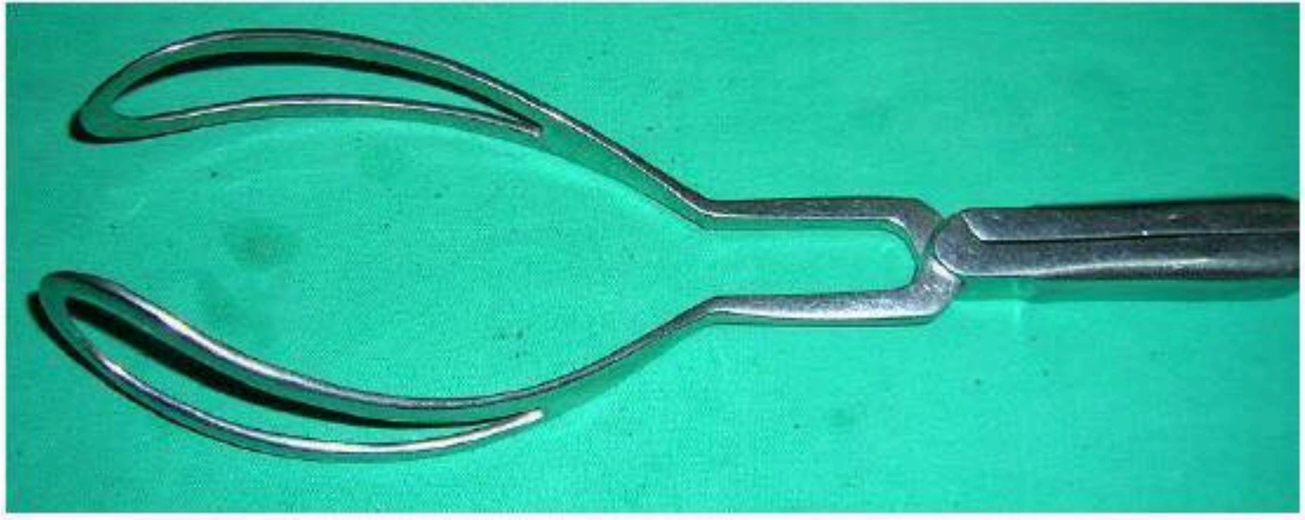
<u>indication:</u>

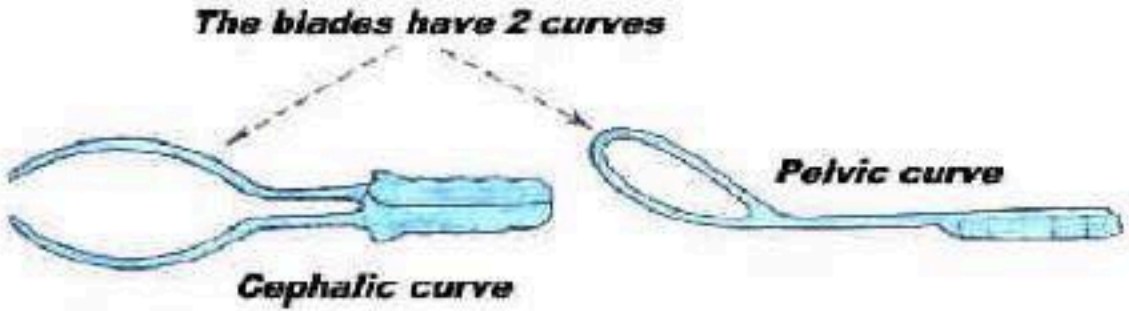
- **rotation of head.**
- **OA/OP presentation.**

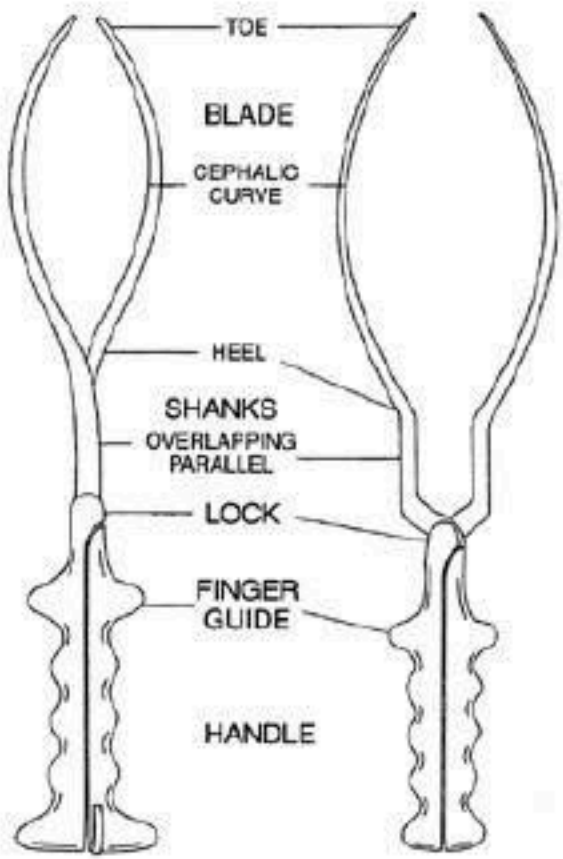
Long curved forceps/Keillands See more

Wrigley's outlet Forceps

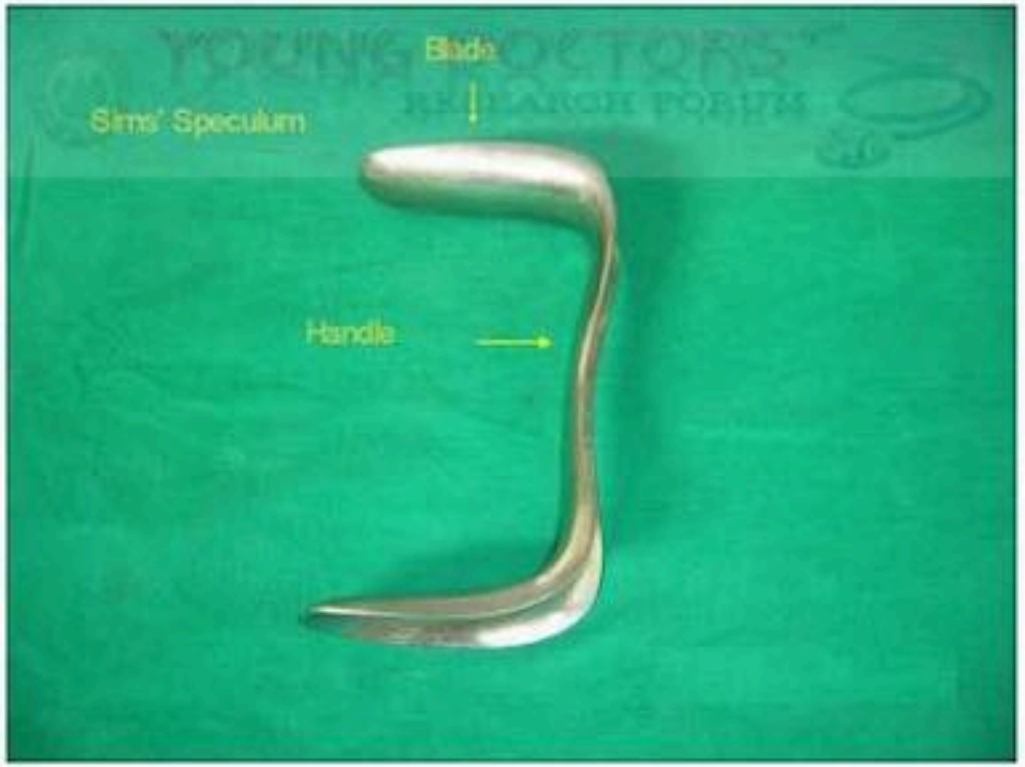




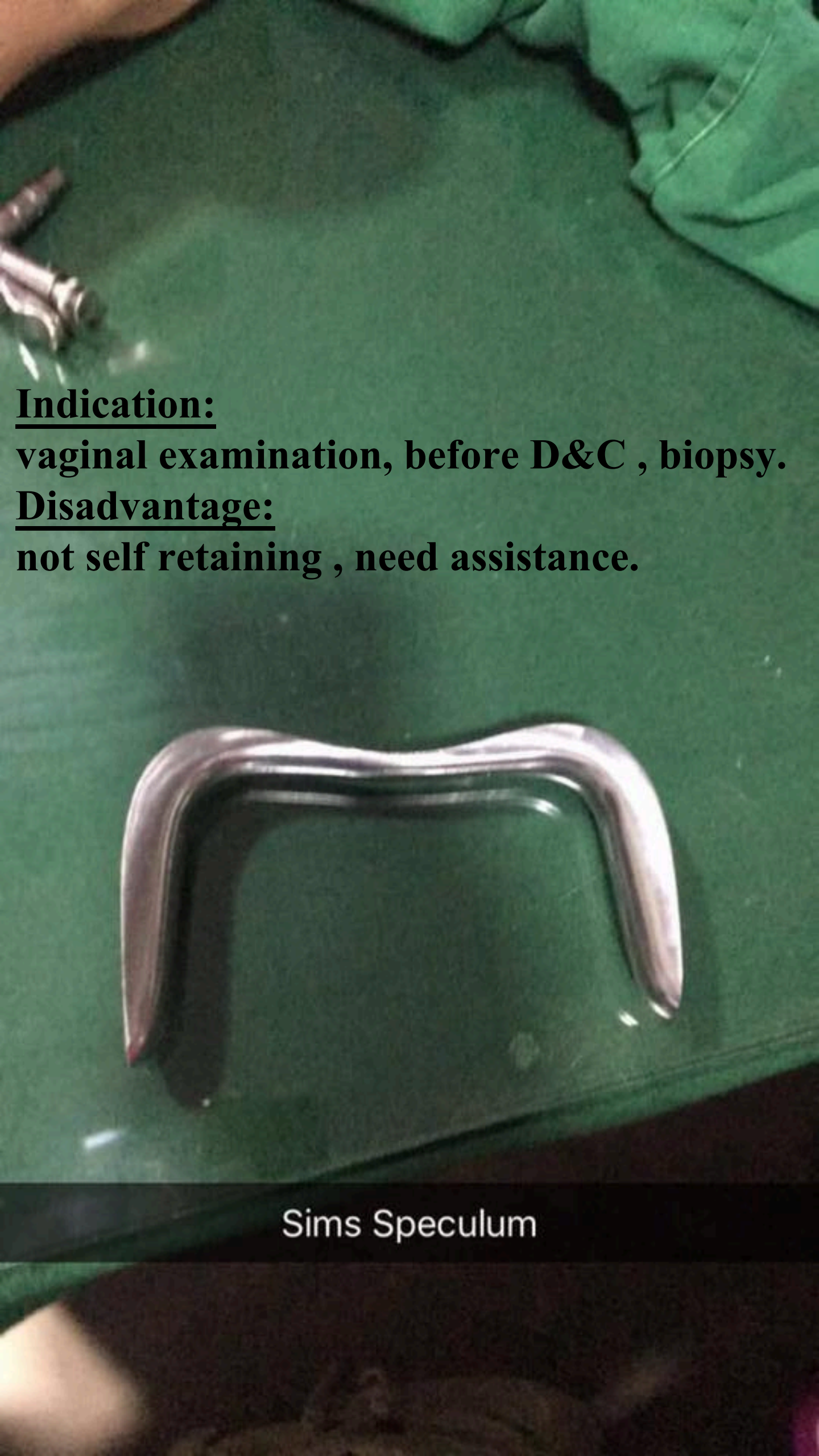

The blades have 2 curves
Pelvic curve
Cephalic curve


TOE
BLADE
CEPHALIC CURVE
HEEL
SHANKS
OVERLAPPING PARALLEL
LOCK
FINGER GUIDE
HANDLE

Sims bivalved speculum



- 2 blades & handle
- Adv
  - retracts posterior vaginal wall
  - The groove in the center also drains the secretion or bleeding thus keeping the area dry
- Disadv
  - Not self retaining (→need an assistant to hold speculum)
- Enter laterally
  - PGE1 introduction
  - Uterine prolapse
  - FC,D&C,cervical punch bipsy
  - Pap smear
  - Push bladder in VH **(Vaginal Hysterectomy)**


Indication:
vaginal examination, before D&C , biopsy.
Disadvantage:
not self retaining , need assistance.
Sims Speculum

Sim's speculum See more

Cuscos bivlaved self retaining speculum

- Retract anterior & posterior walls of cervix
- Disdv
  - Obscures vaginal walls so lesion may be missed
- Insert /remove IUD

- self retaining , no assistance needed.
- superior to sims speculum.
- plus its disposable.

Plastic cusco's speculum See more

Plastic cusco's speculum See more

Hegar's Dilator

Dilate cervix

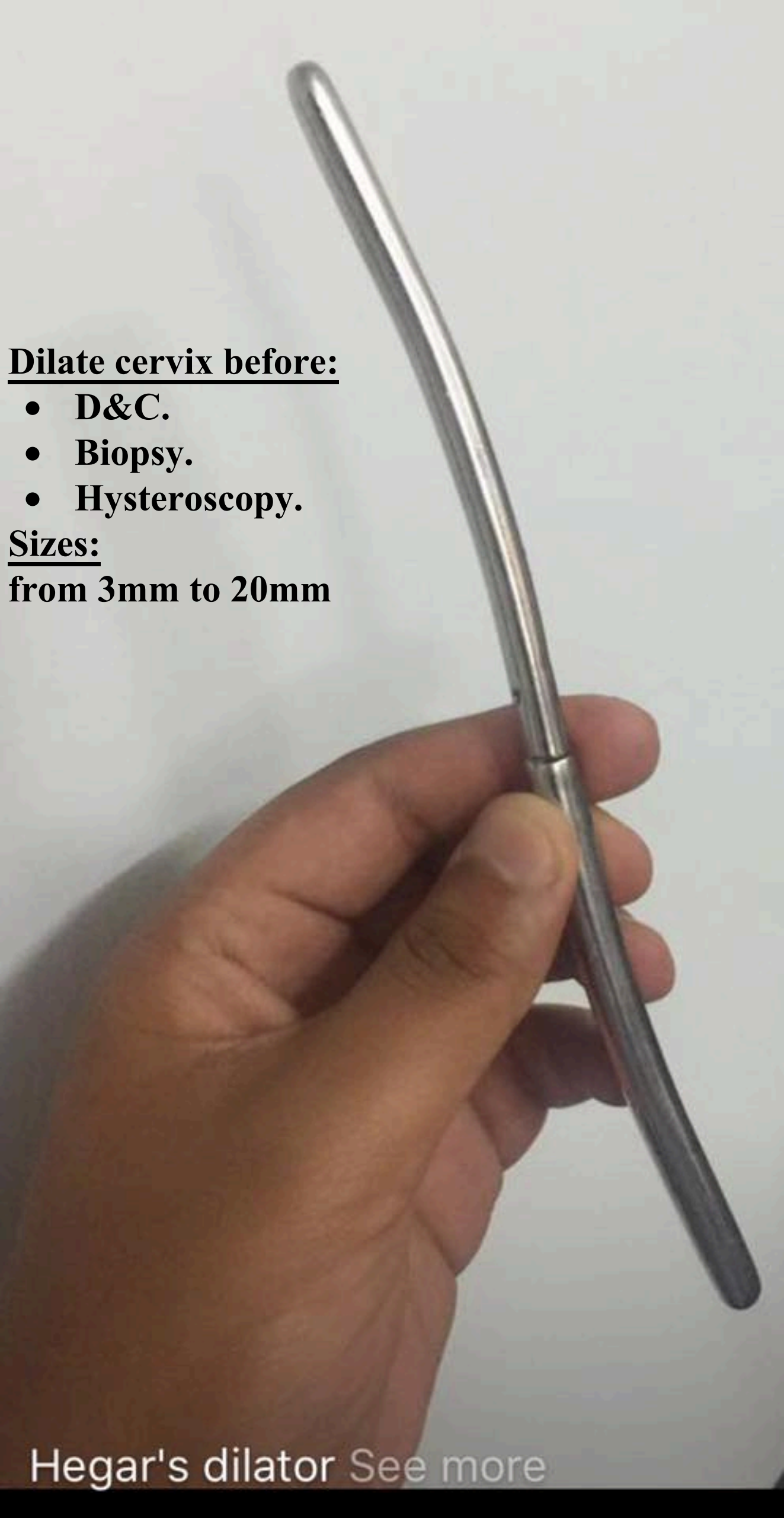
long rod like instrument with gentle curve and tapering tip.

It is used for dilatation of the cervix in procedures like

D&C , D& E , Fothergills operation , Hysteroscopy , Cervical Stenosis , Primary dysmenorrhoea.

The dilators are numberd as per outer diameter (No 8 means outer diameter of 8 mm) For D&C dilation up to 8 is

Done For MTP dilatation up to 12 may be required. Very large dilatation can cause cervical incompetence perforation


Dilate cervix before:
- **D&C.**
- **Biopsy.**
- **Hysteroscopy.**

Sizes:
from 3mm to 20mm
Hegar's dilator See more

Uterine Curette

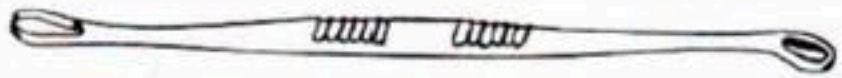
Blunt end→obstetric

Sharp →gynaec

Use for scraping endometrial cavity to obtain sample for histopathology.

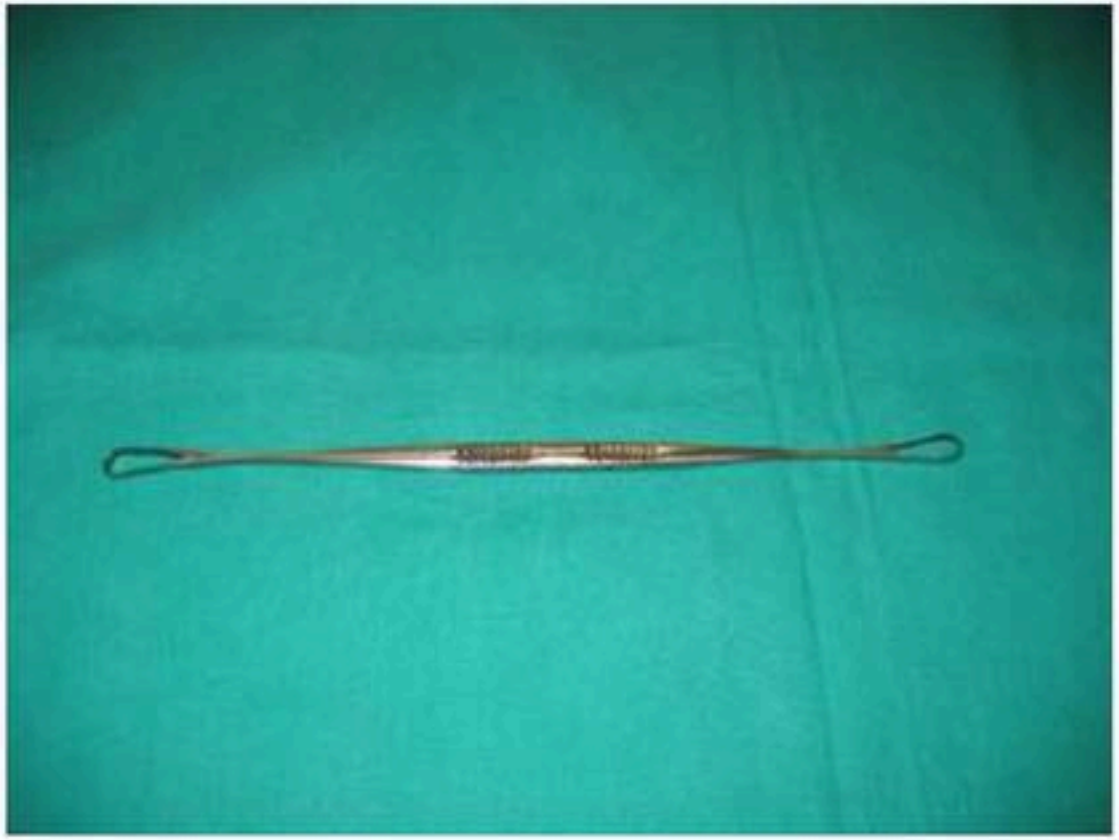
Diagnostic D&C is done commonly for Menorrhagia, Endometrial Carcinoma, Infertility ,Tuberculosis of endometrium .

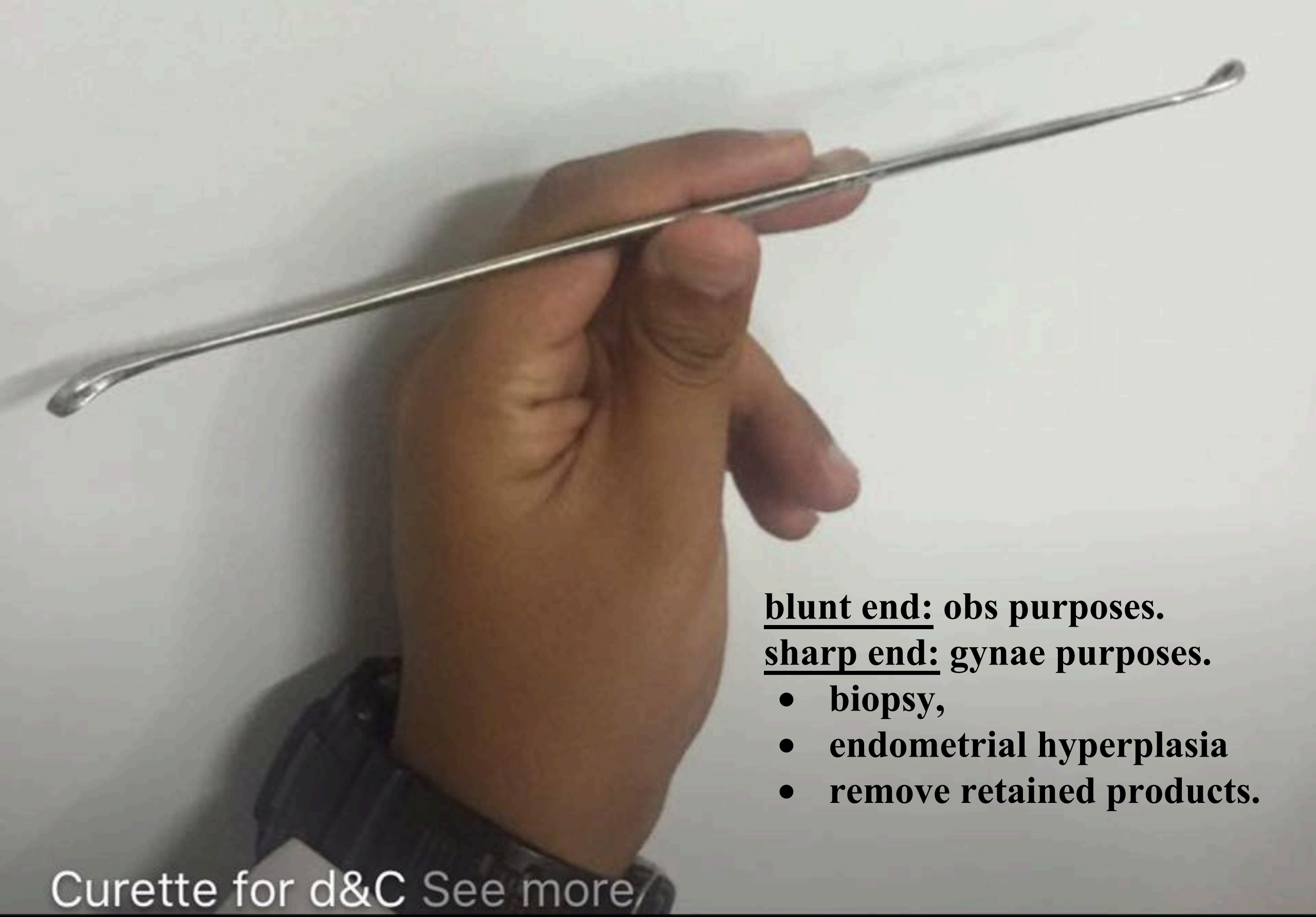
It also has secondary beneficial advantage of reducing the bleeding in menorrhagia.



Uterine Curette
Blunt/Sharp

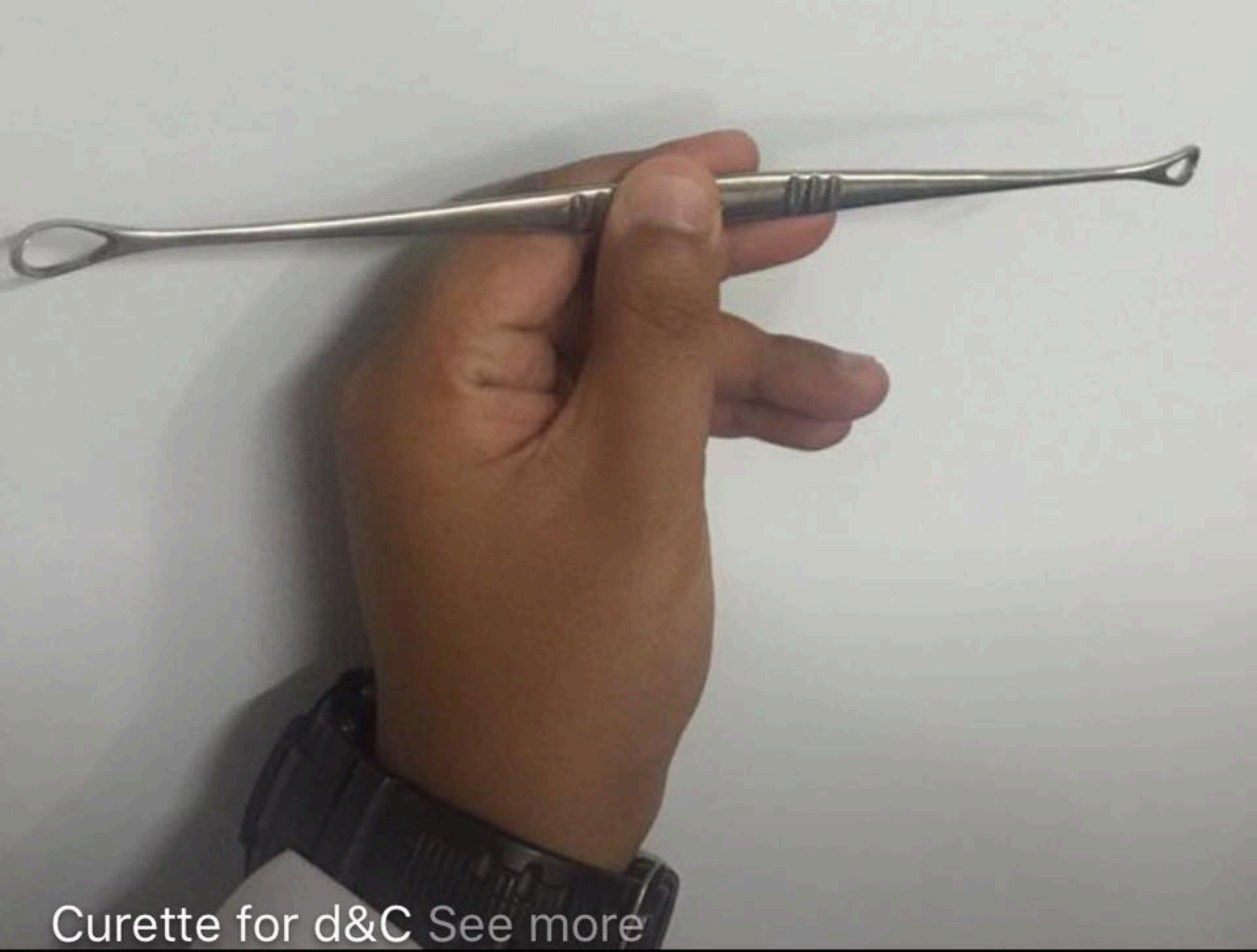
S30.24200 9½" 241mm



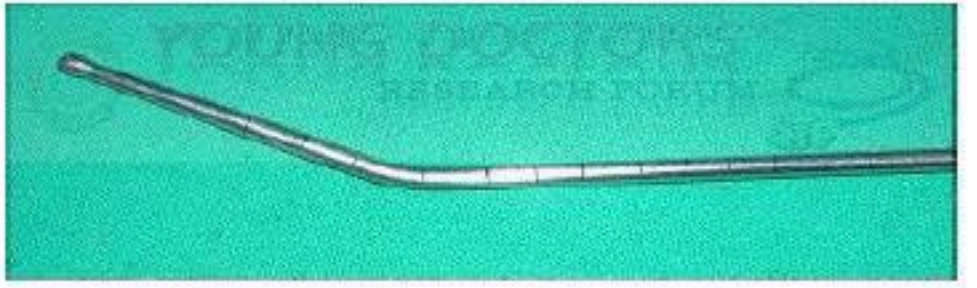


<u>blunt end:</u> obs purposes.
<u>sharp end:</u> gynae purposes.

- **biopsy,**
- **endometrial hyperplasia**
- **remove retained products.**



Curette for d&C See more



Uterine sound

Its a long instrument with blunt tip (To avoid perforation) About 5 cms from the tip its bend to make angle of 30 degrees.

It has marking on it for measurements. (Bladder sound has no markings)

The angle helps to negotiate curvature of the uterus (Anteflexion). It is used for measuring uterocervical length , length of thcervix (for diagnosing supra vaginal elongation of the cervix). To feel for any pathology inside the cavity like fibroid (Sub mpolyp) Congenital anomalies like septa or bicornuate ut. Adhesions or synachae. To feel for the misplaced IUCD.

It can create false passage or perforation especially in soft uterus in pregnancy.

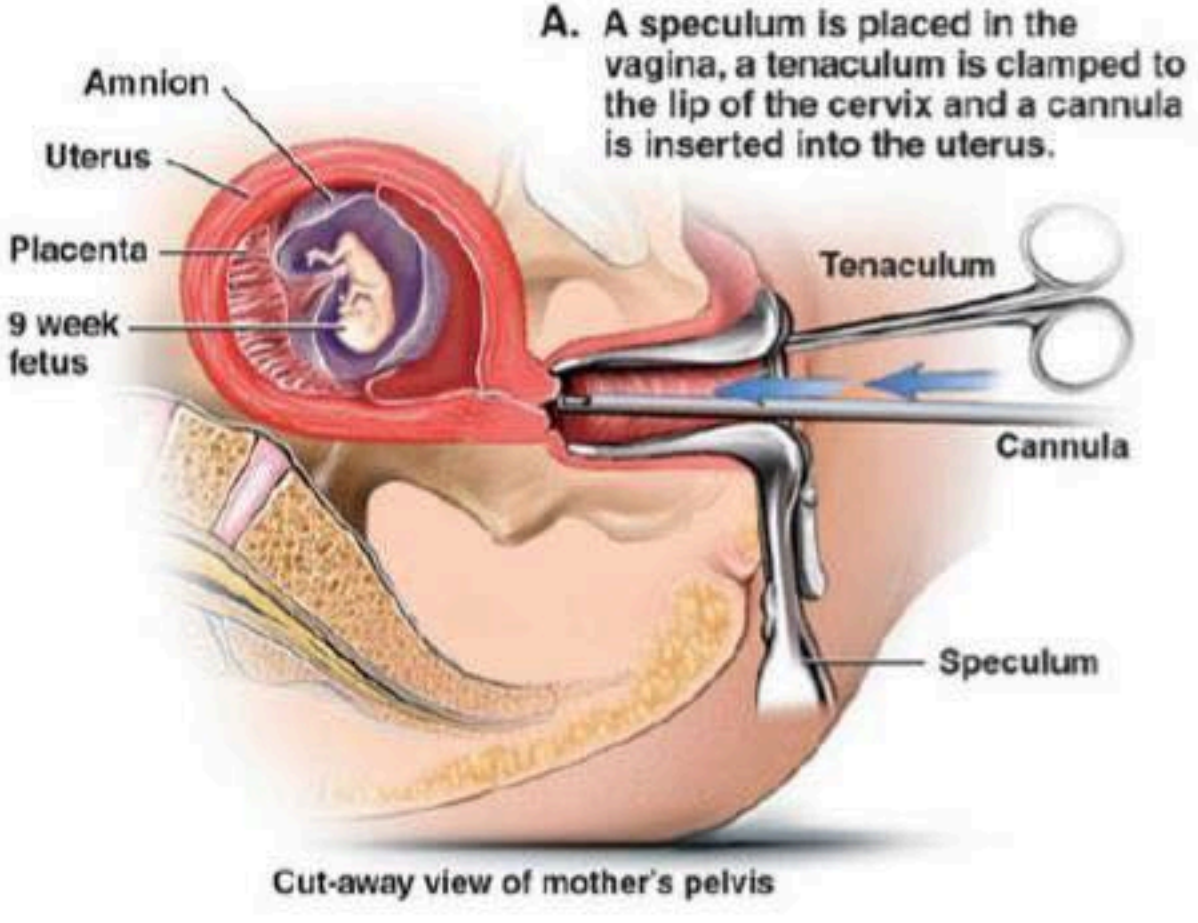
To measure depth of uterus & cervical canal.

Uterine sound See more

Metal catheter

- Intermittent drainage as in vaginal hysterectomy

Karman cannula -Metallic



Suction evacuation

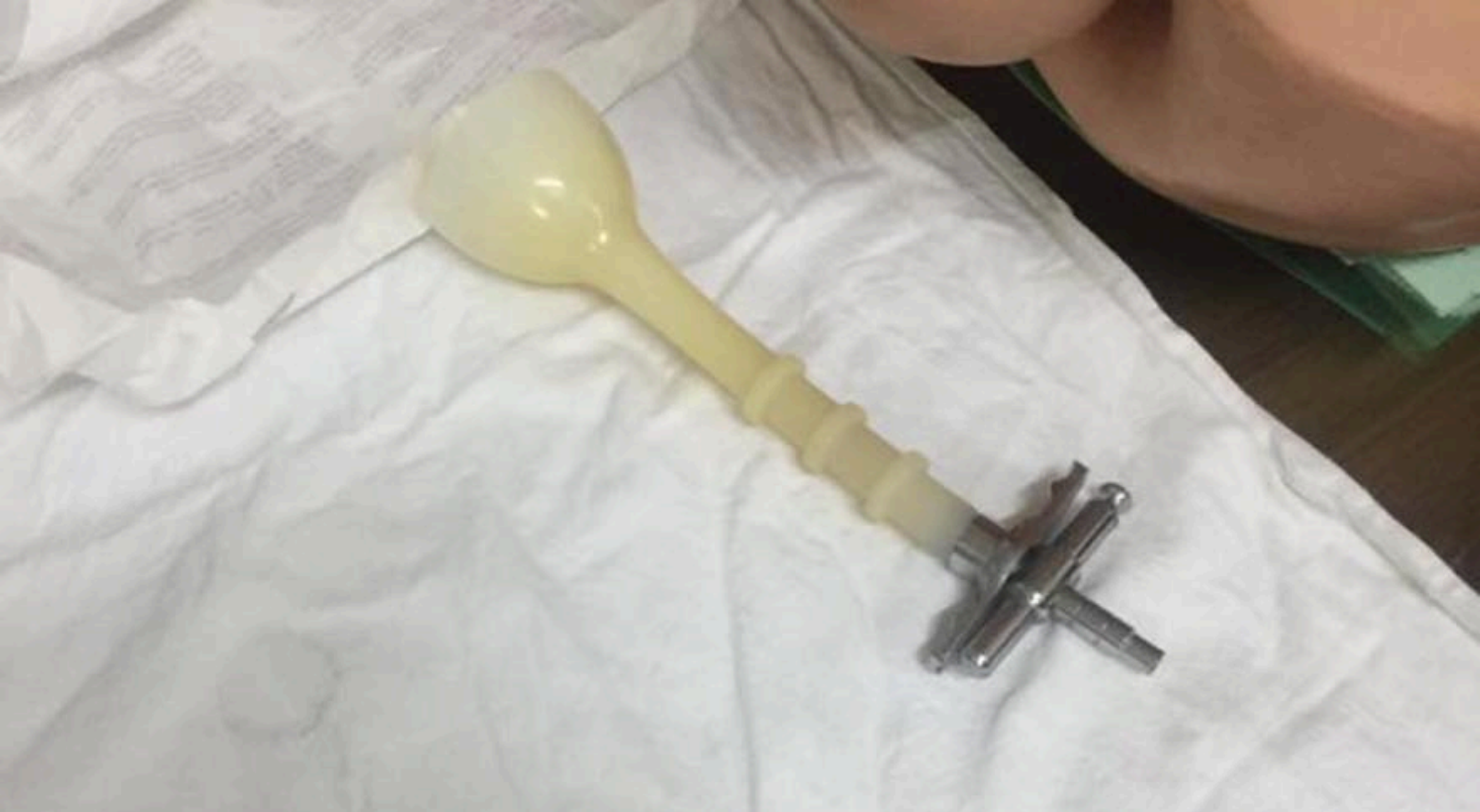
MTP

To remove products of conception

Missed abortion

Karman's Syringe (Menstrual Regulation)

Menstrual Regulation and endometrial aspiration. The capacity is 50 ml. The tip has a rubber attachment with valve.



Silastic ventouse.

Indication:

OP/OA/OT position of head. prolonged 2nd stage of labour.

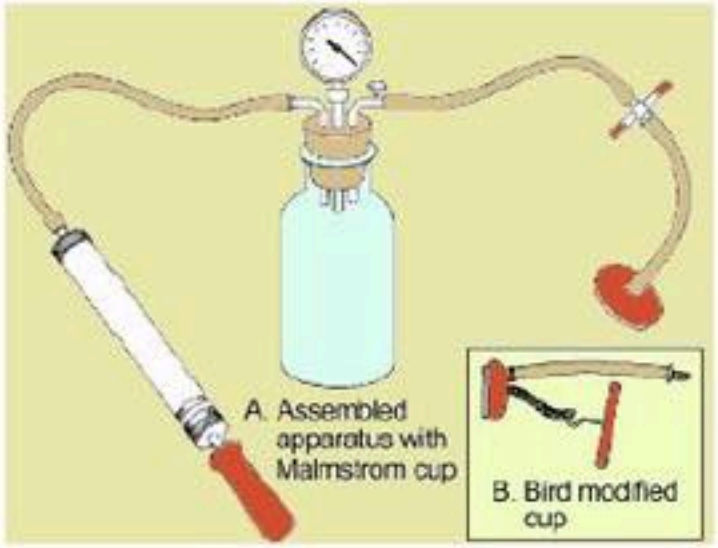
Contra:

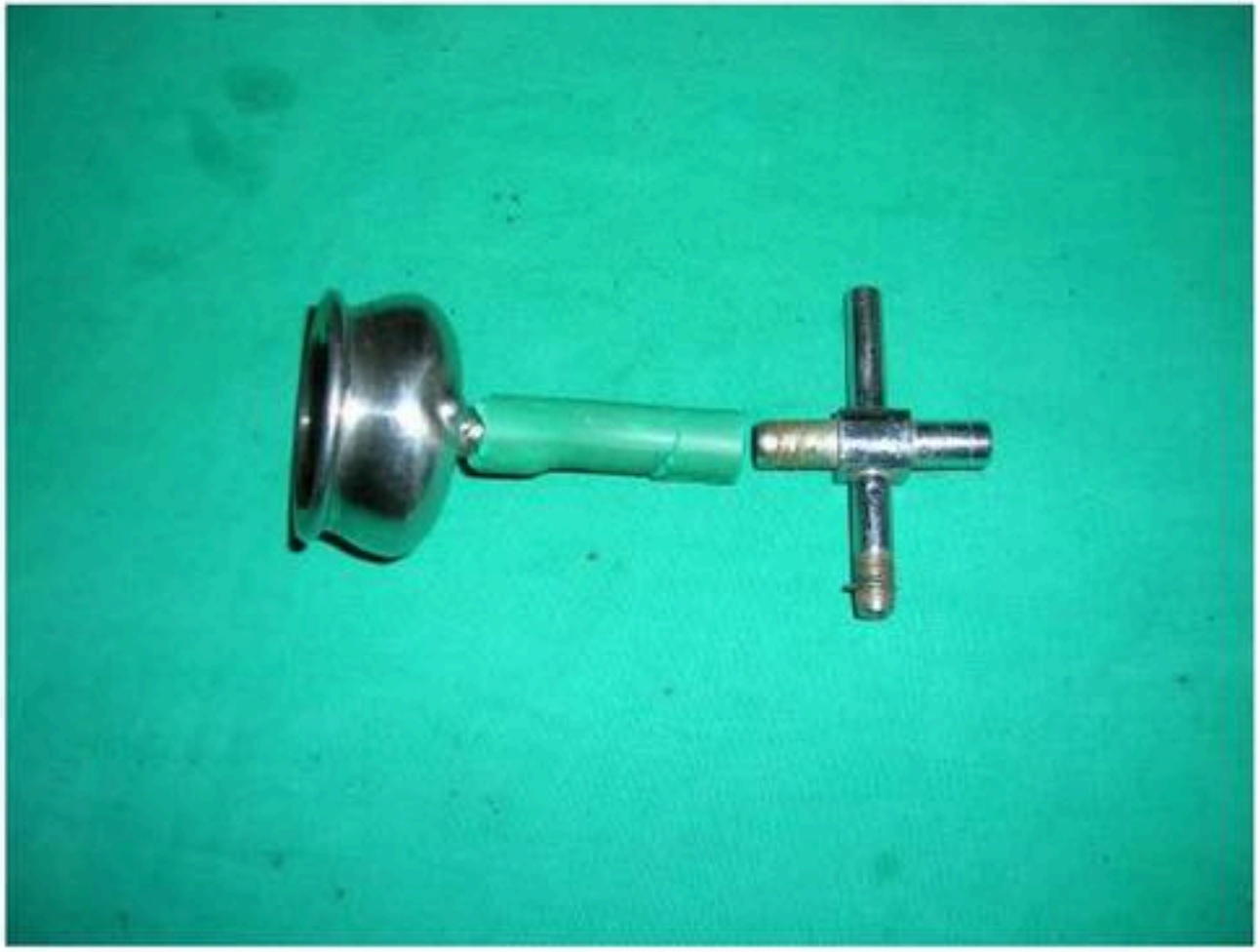
CPD , breech , Macrosomic baby.

Ventouse(cup extractor) See more

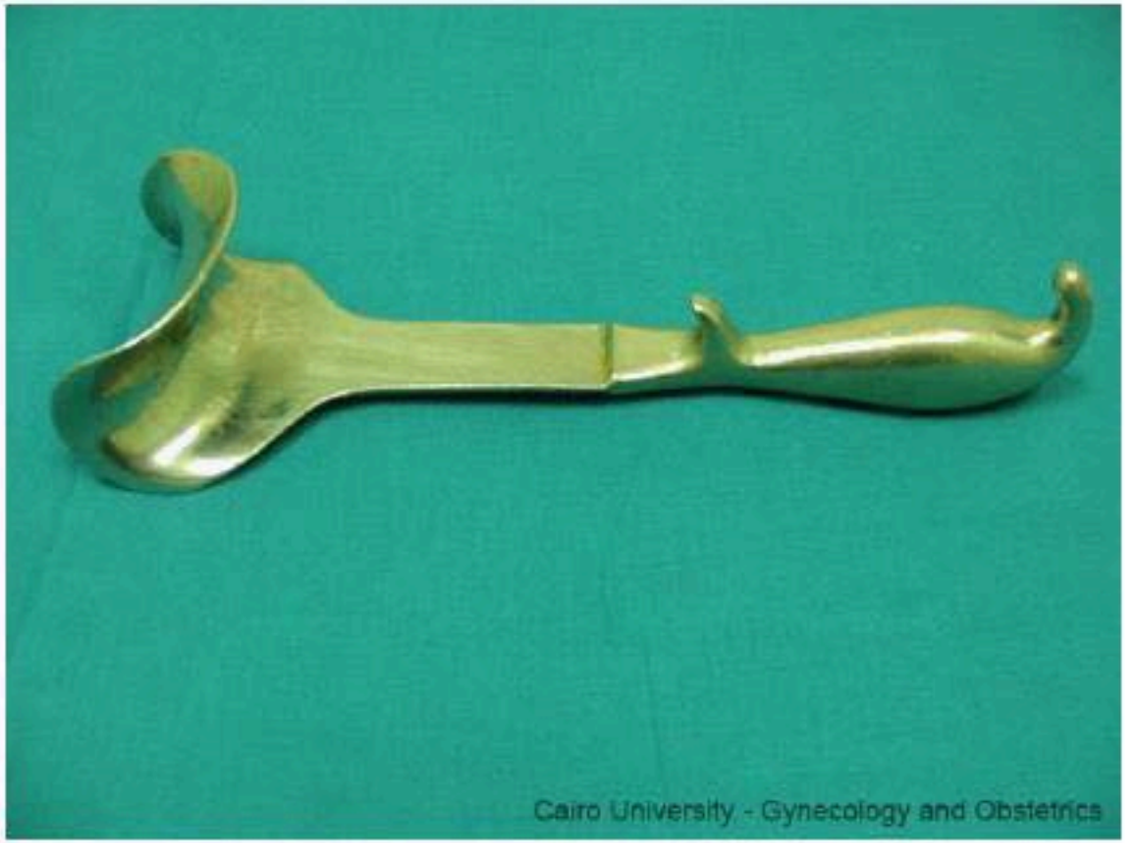
Cup for vacuum extraction

Vaccum Extractor(Ventouse).





Doyens' retractor

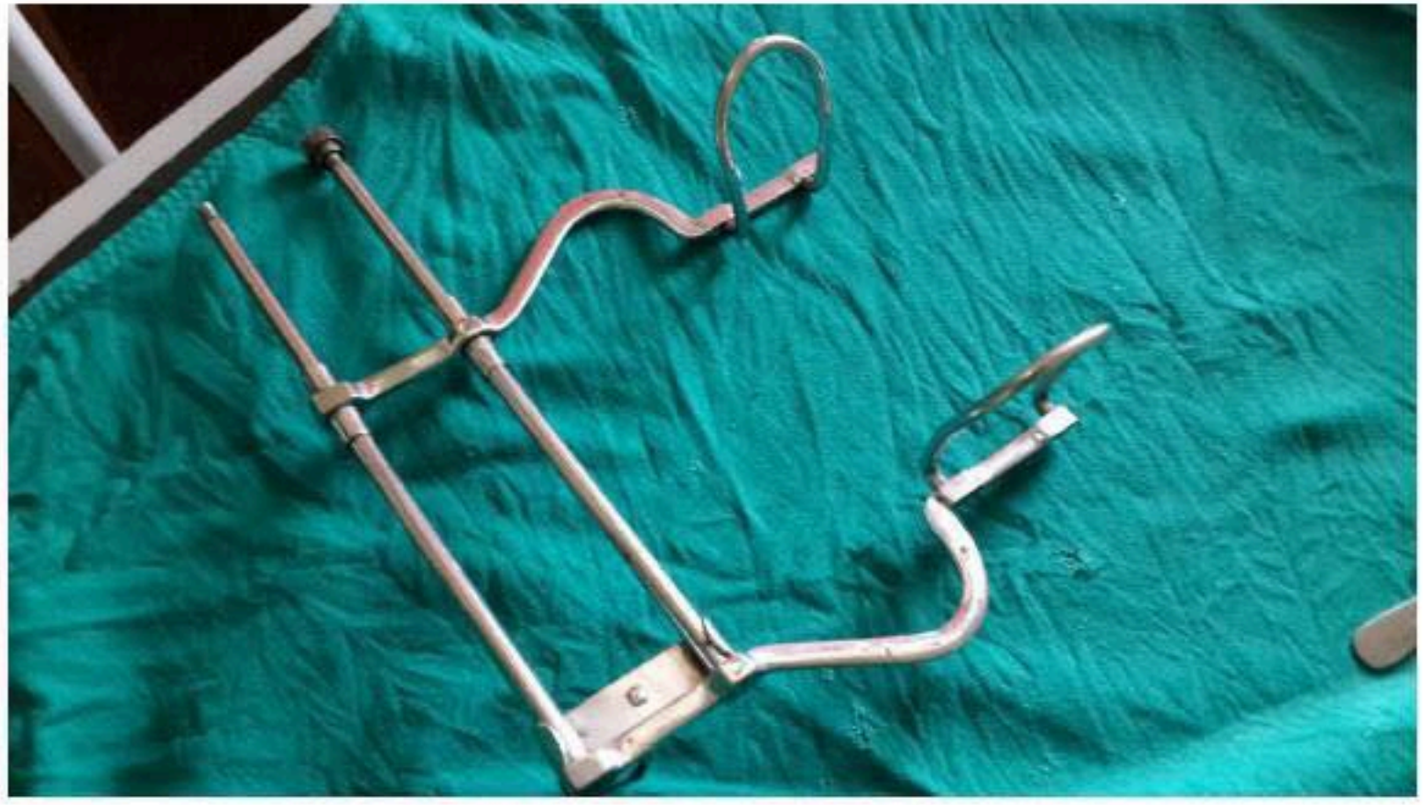


- Nontraumatic blunt
- Depress bladder in CS
- In pelvic surgery for retraction of abdominal incision

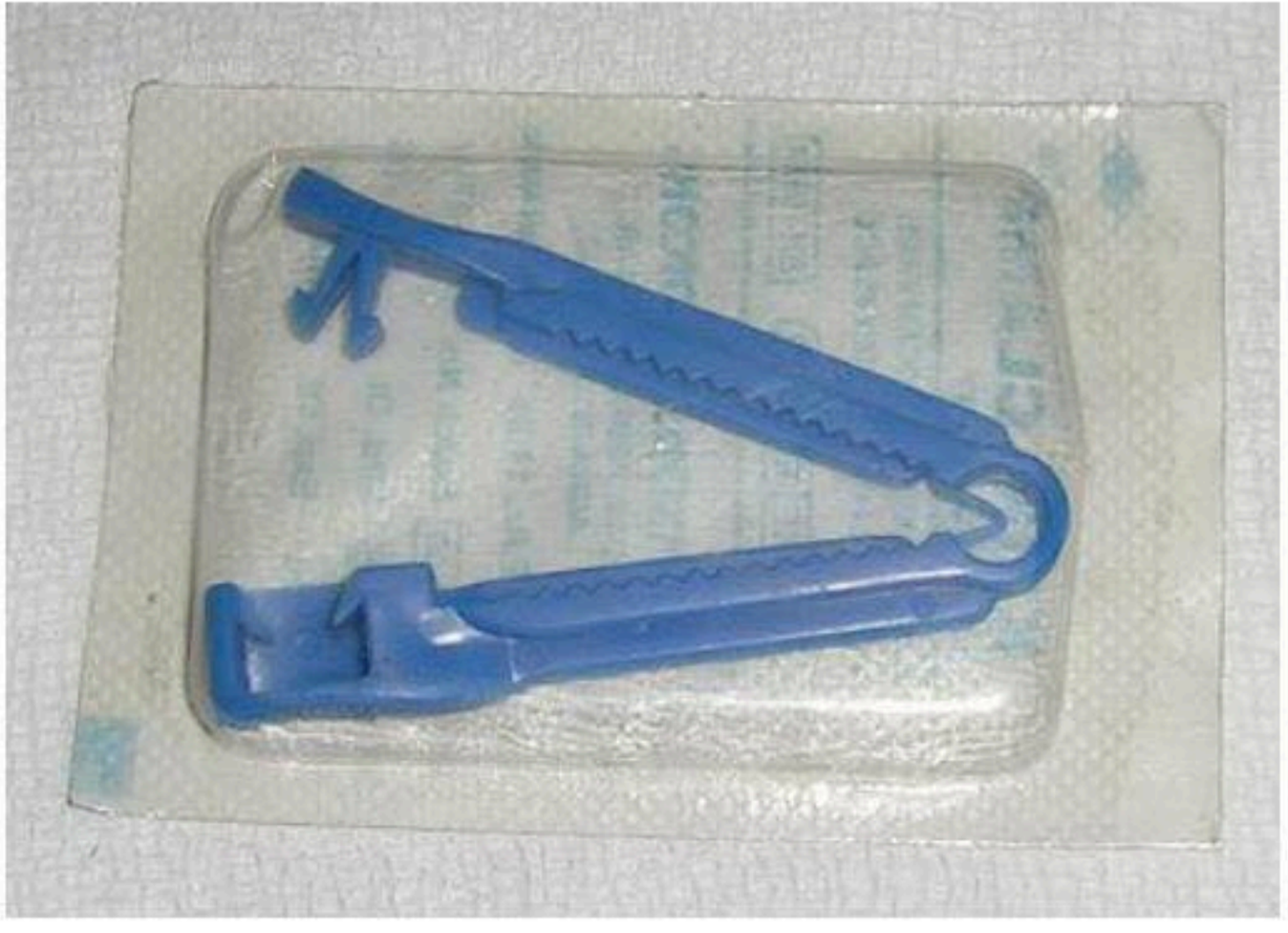
Kellys retractor

- organ retractor used to retract organs in abdominal surgeries
- Not self retaining

Abdominal wall retractor self retaining

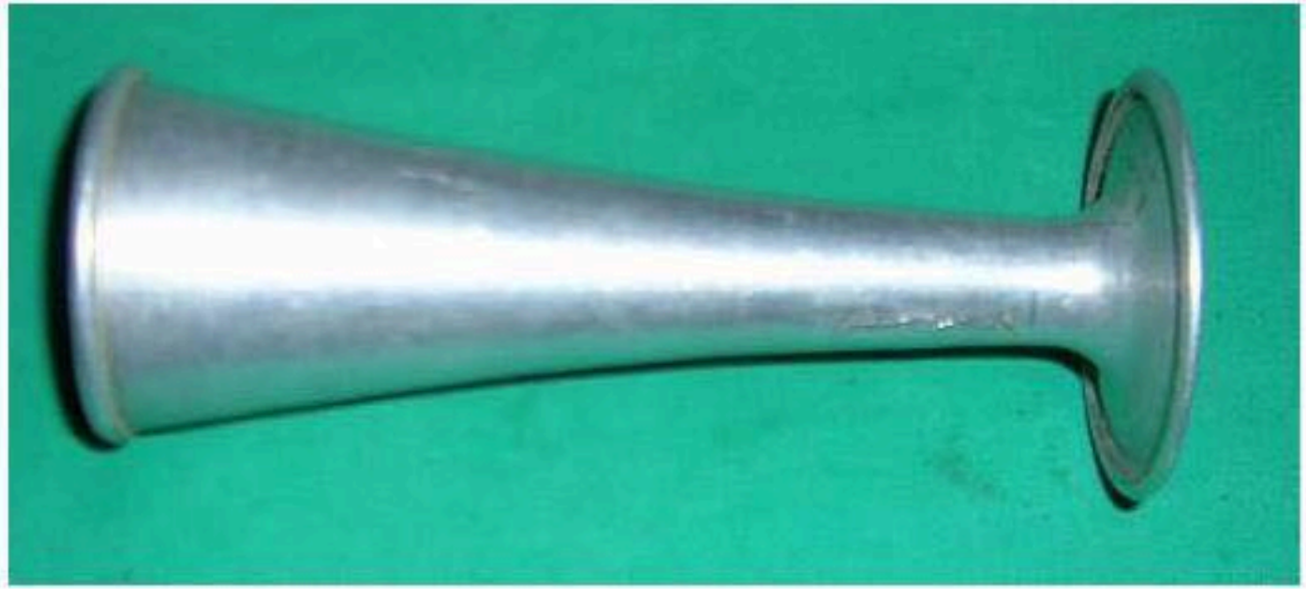


Umbilical cord clamp



Pinard's Fetal Stethoscope.

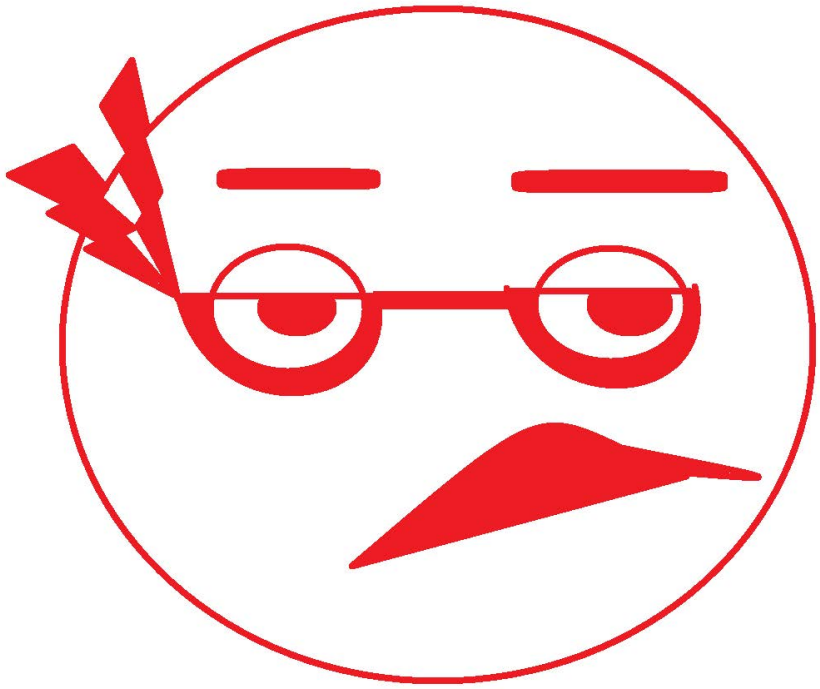
auscultation of fetal heart.



All this data is obtained from this post by MBBS Made easy.
https://www.facebook.com/pg/MBBSMadeEasyByMM/photos/?tab=album&album_id=1660176767550096

by Maryam Malik (RMU)

Important Pics



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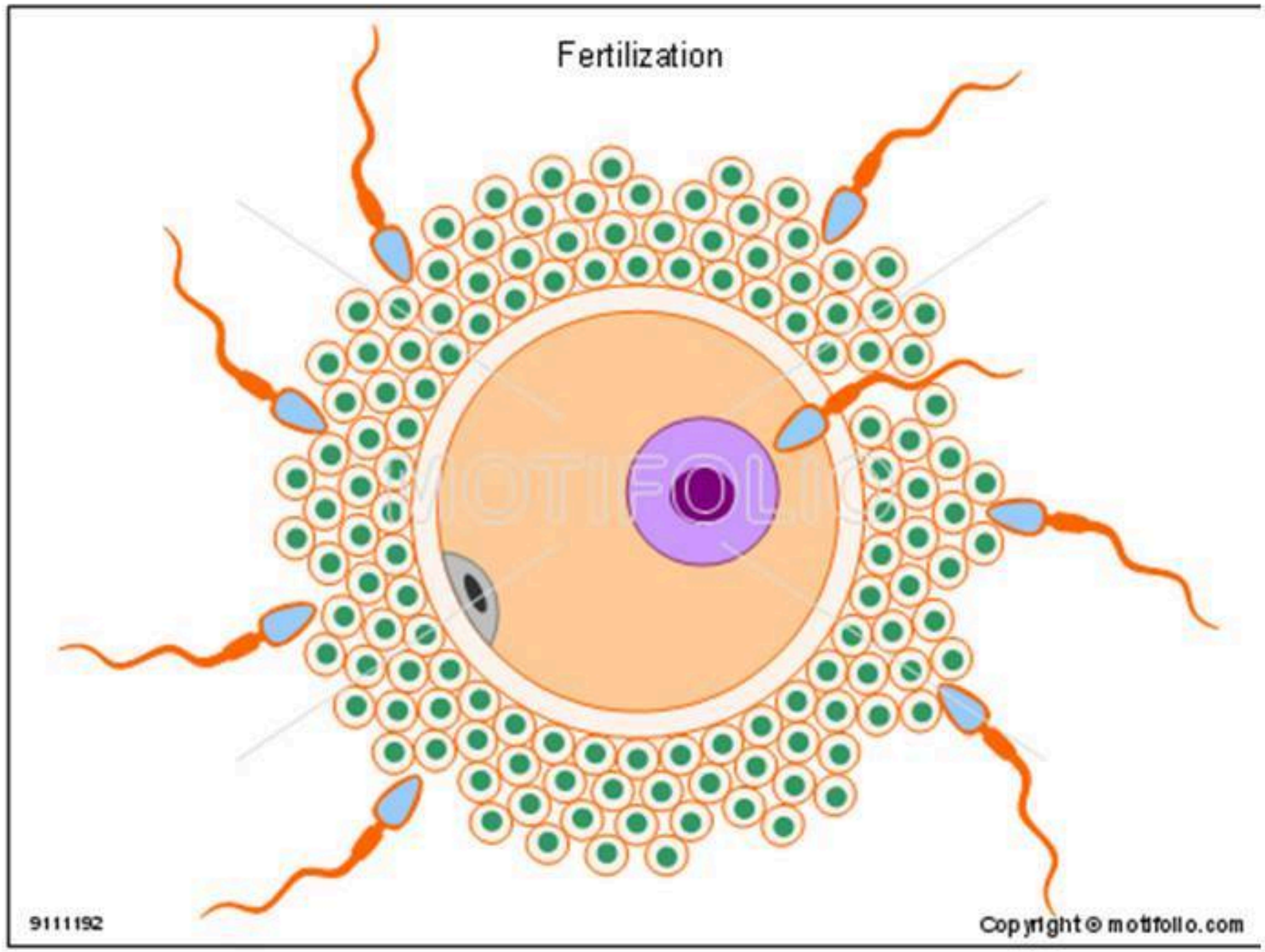
Fertilization



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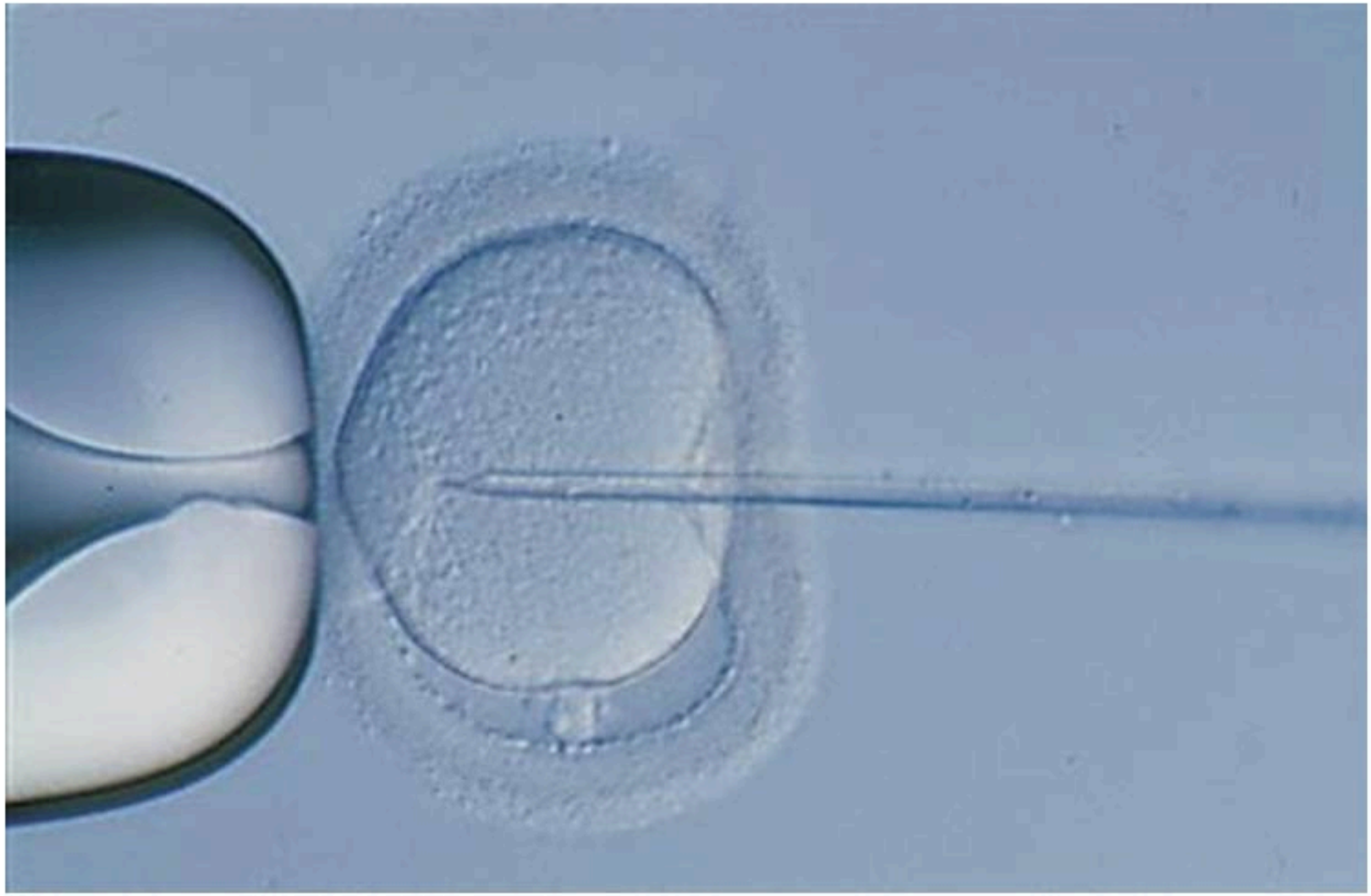
Intra cytoplasmic sperm injection (ICSI)



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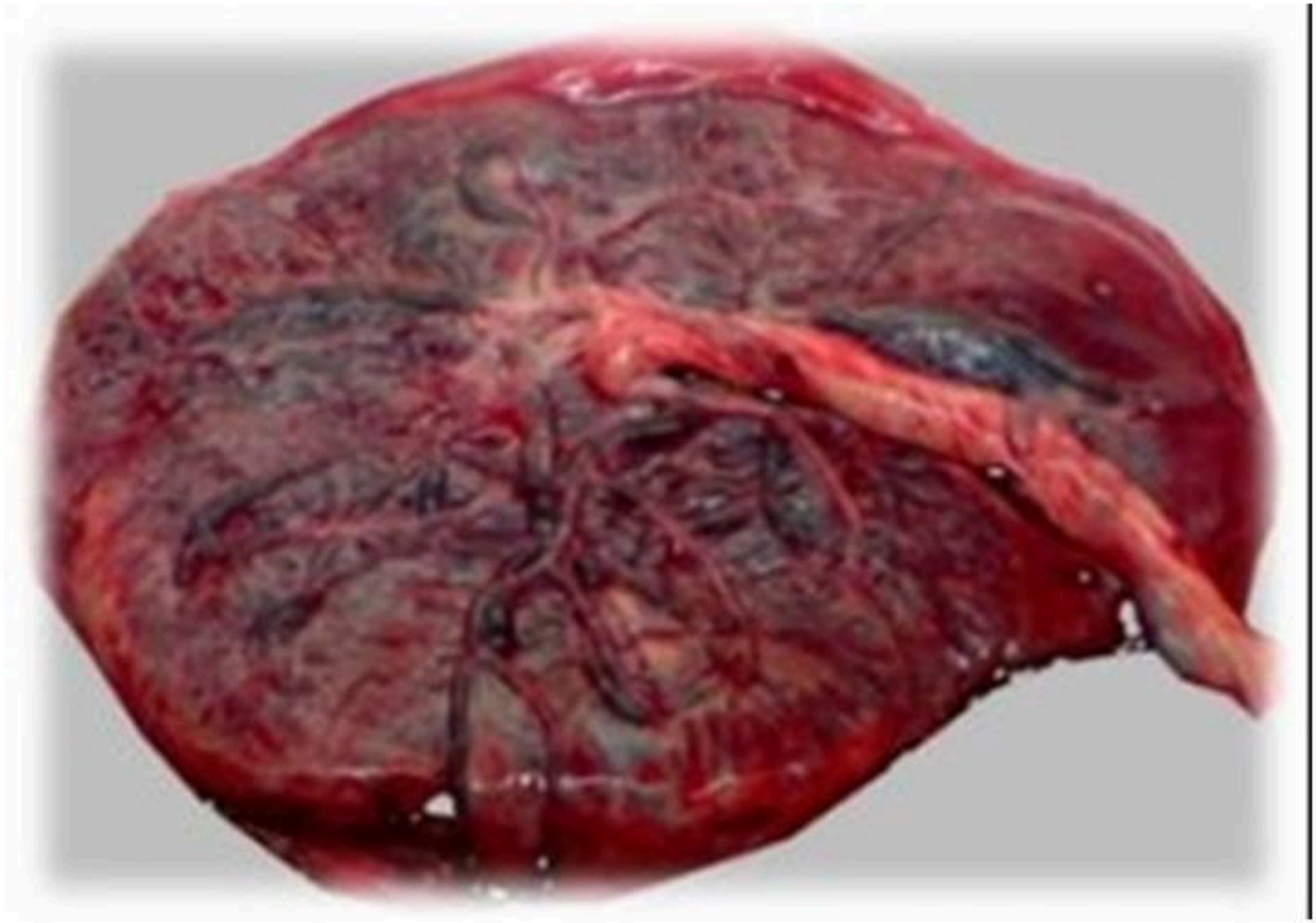
Placenta



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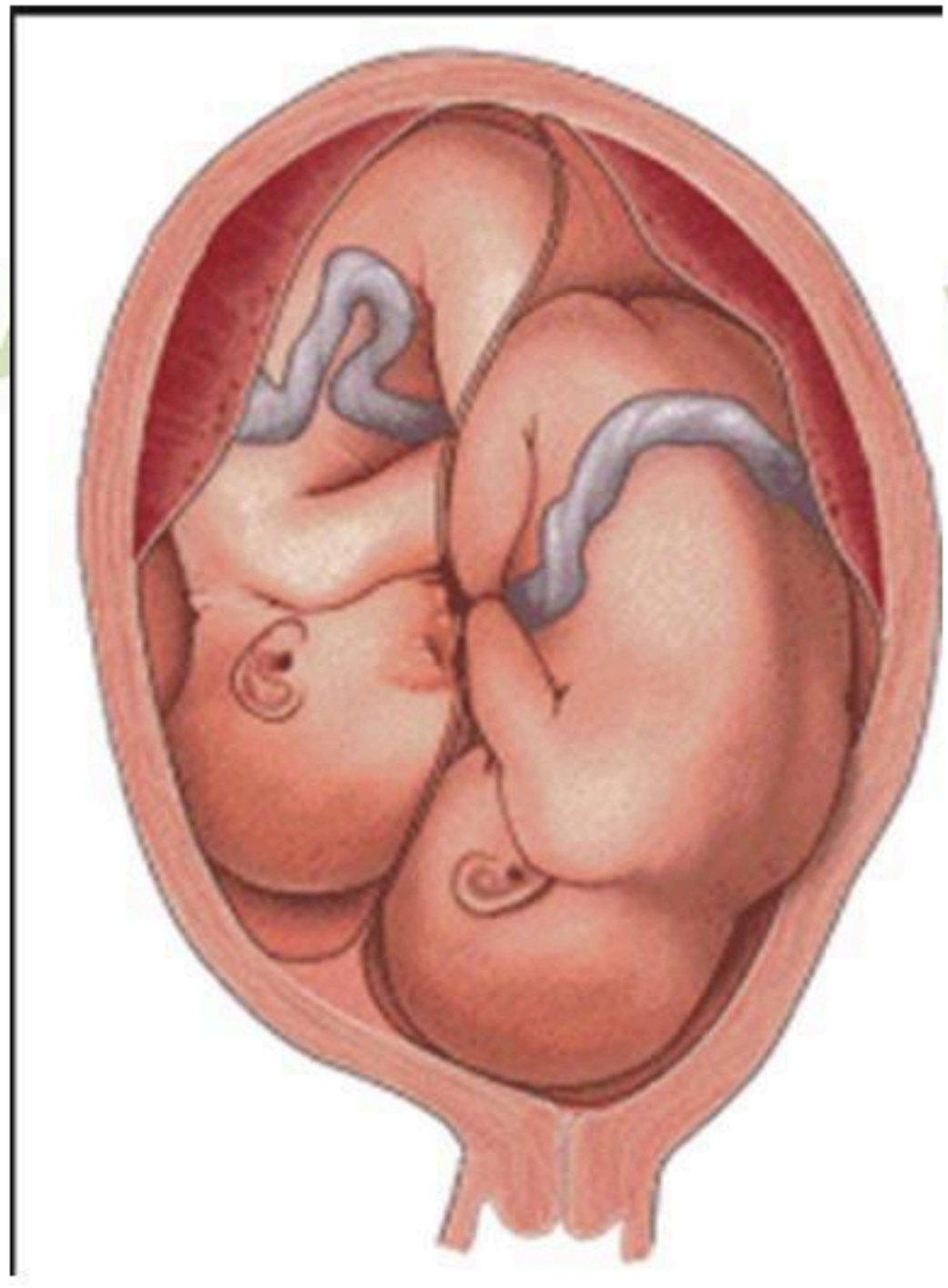
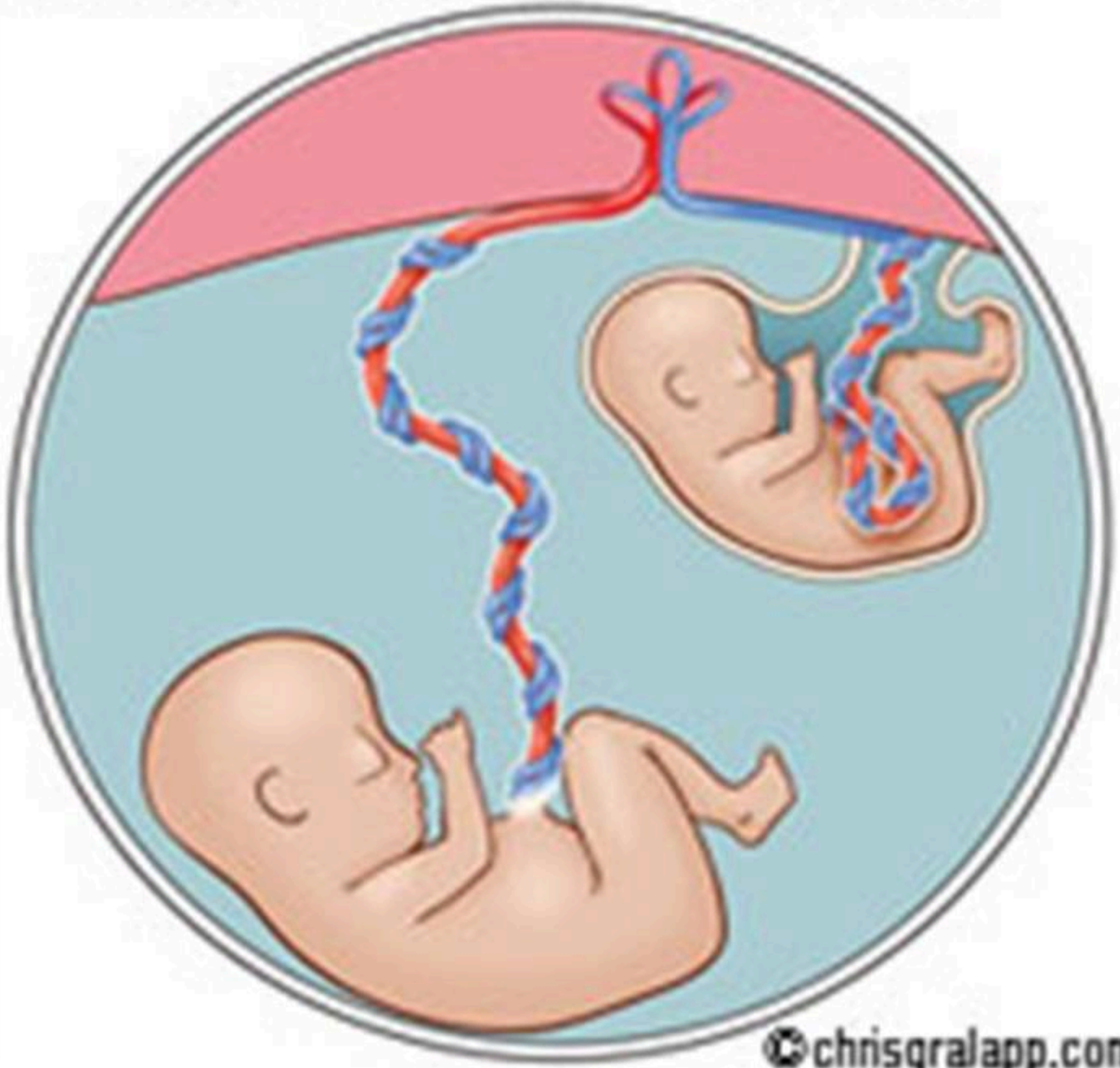
Twin pregnancy



Twin Twin Transfusion Syndrome



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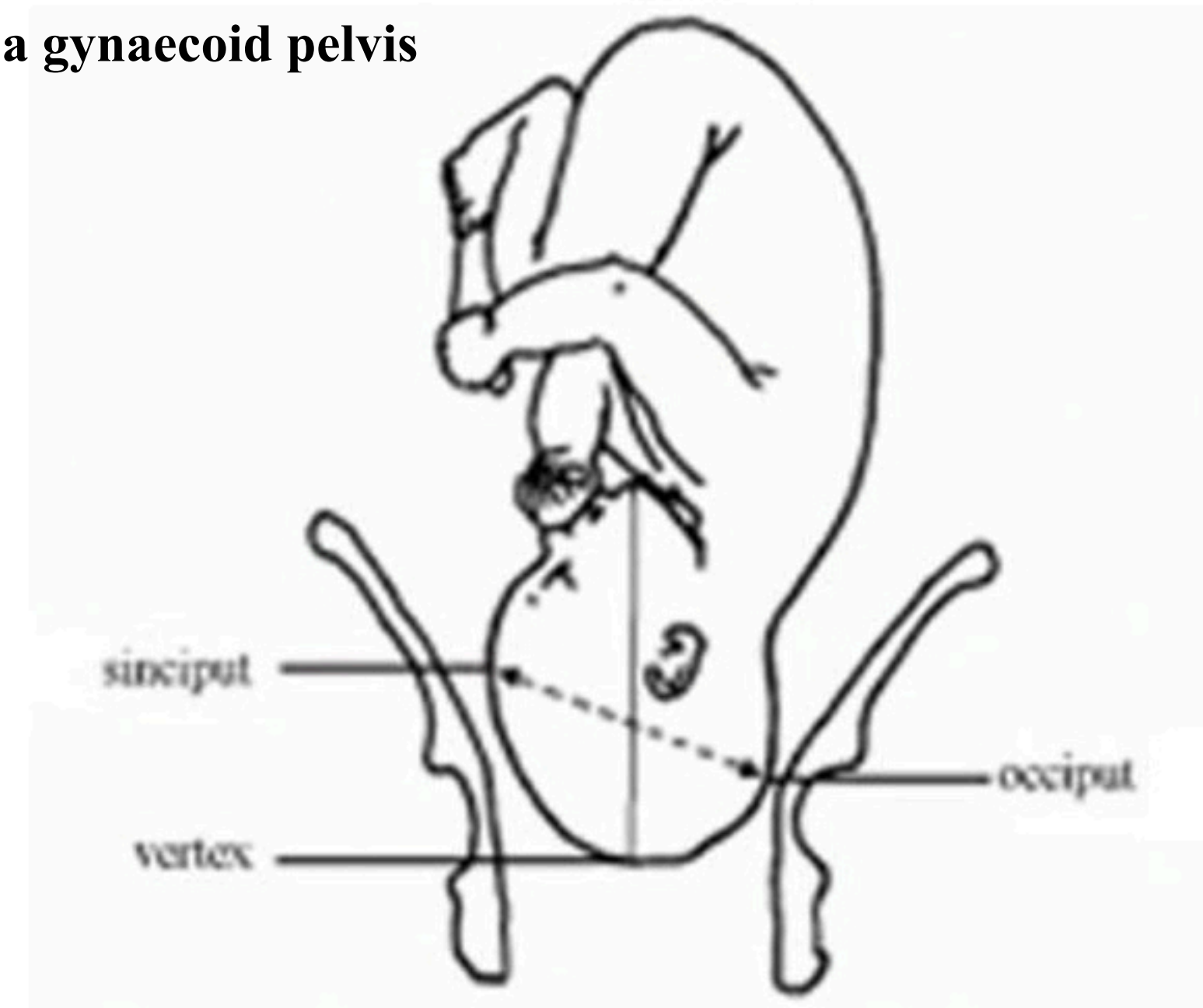
Vertex presentation (normal)

- **Well flexed, chin on chest**
- **Suboccipito-bregmatic diameter = 9.5 cm**
- **<u>Ideal:</u> well flexed OA with a gynaecoid pelvis**



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Brow presentation

- **Extended 'brow presentation'**
- **Occipito-mental diameter = 13 cm**
  (measured from chin to farthest point of vertex)
- **Greatest longitudinal diameter**
- **usually too large to pass through the normal pelvis**

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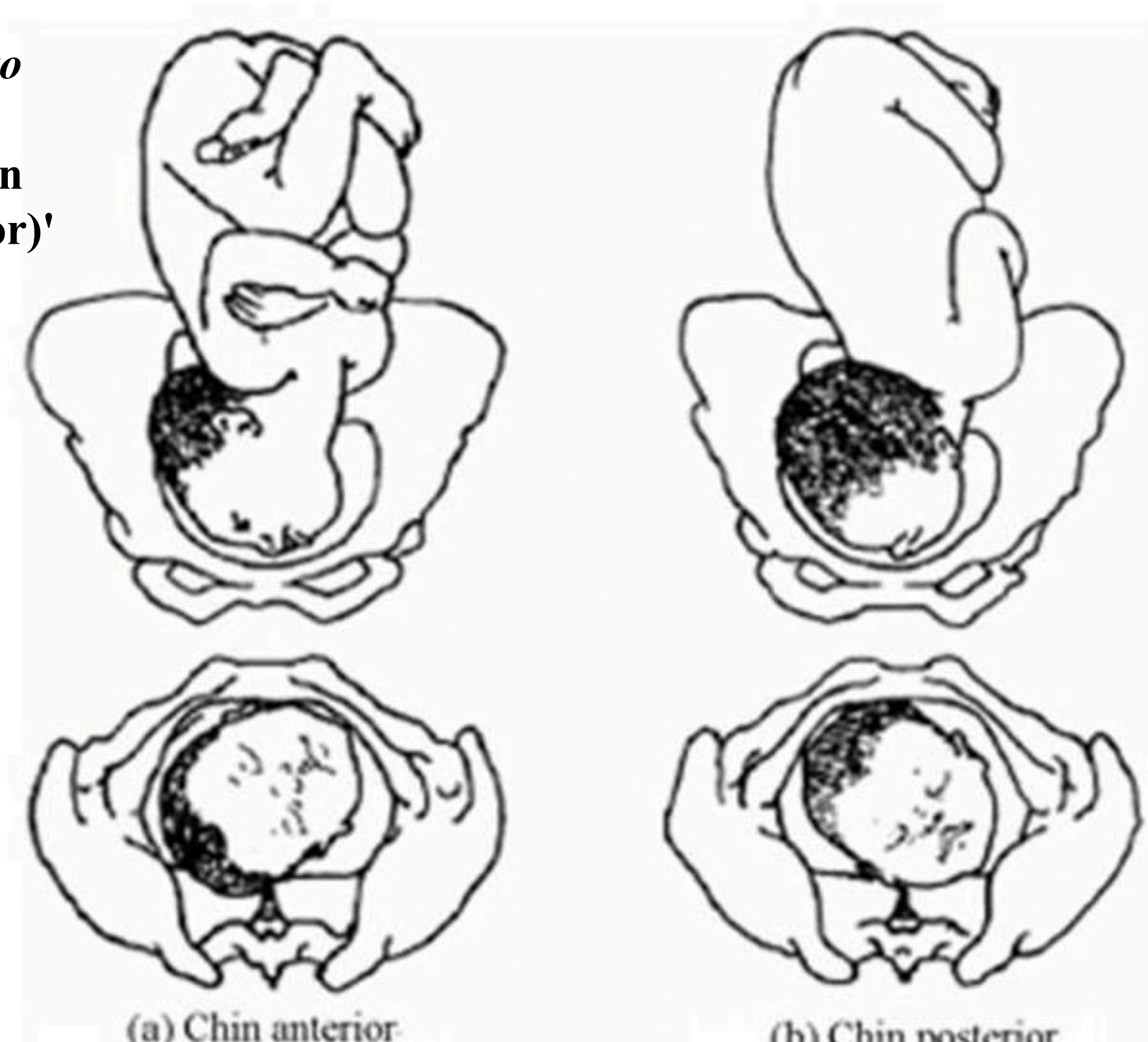
Face presentation

- **Hyperextended 'face presentation'**
- **Submento-bregmatic = 9.5 cm (*measured from below the chin to anterior fontanelle)***
- **Can be delivered vaginally when chin is anterior '(Mento-anterior)'**



(a) Chin anterior

(b) Chin posterior

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Types of breech presentation

(a) Complete breech

or **Flexed breech**

(b) Frank breech

or **Extended breech**

(c) Footling breech

increased risk of cord prolapse and foot prolapse

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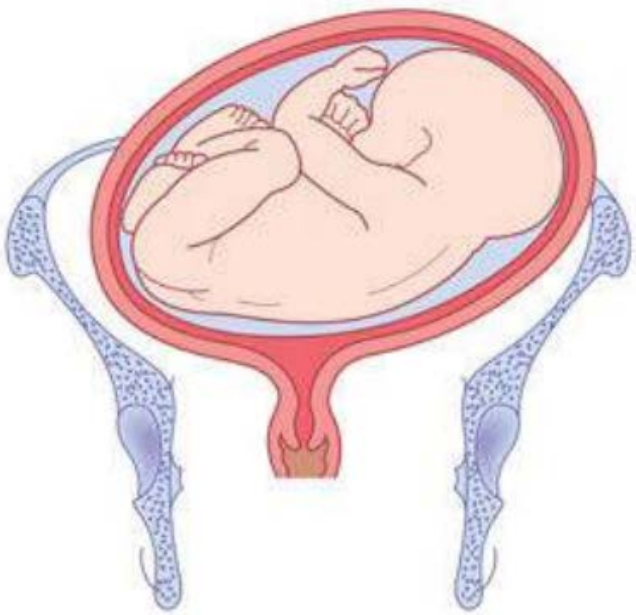
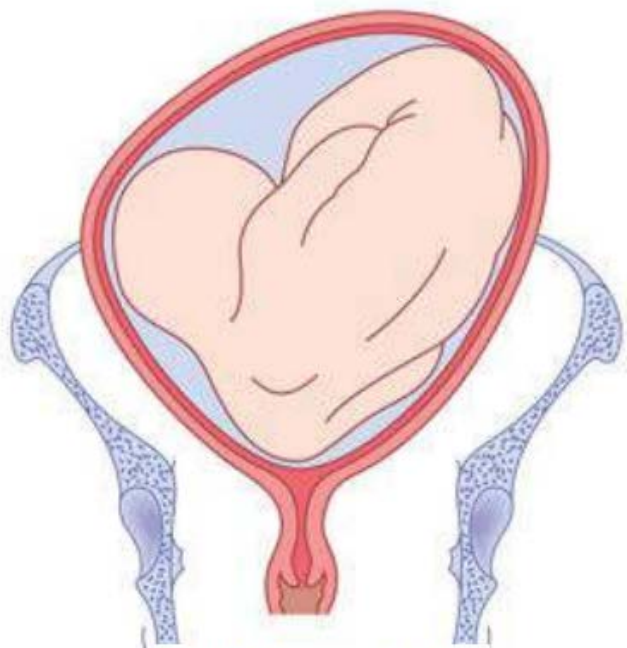
Shoulder presentation

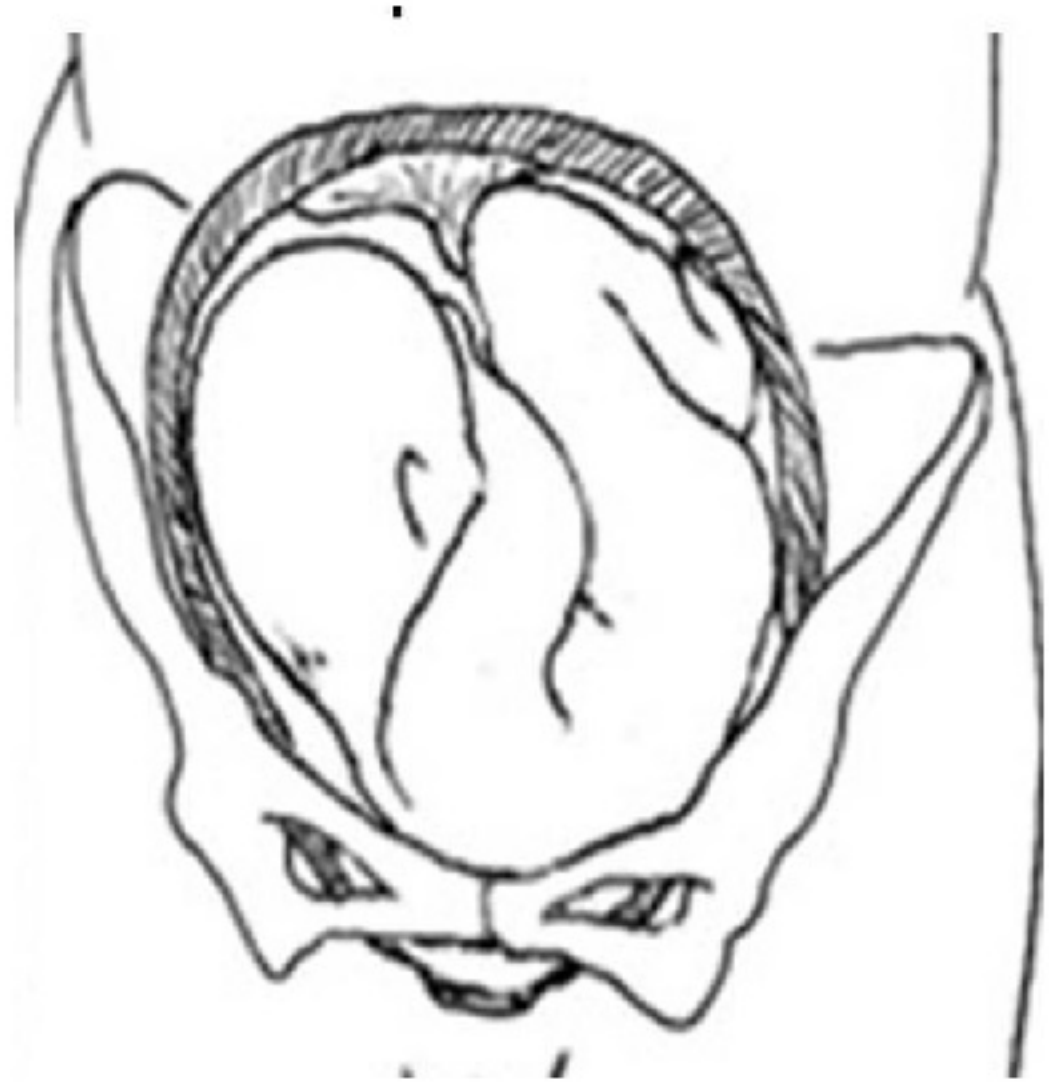
- **As a result of transverse or oblique lie**
- **<u>Cause:</u> placenta praevia, high parity, pelvic tumor, uterine anomaly**
- **<u>Delivery:</u> C-section**
- **<u>Delay in diagnosis results in:</u> Cord prolapse, Uterine Rupture**

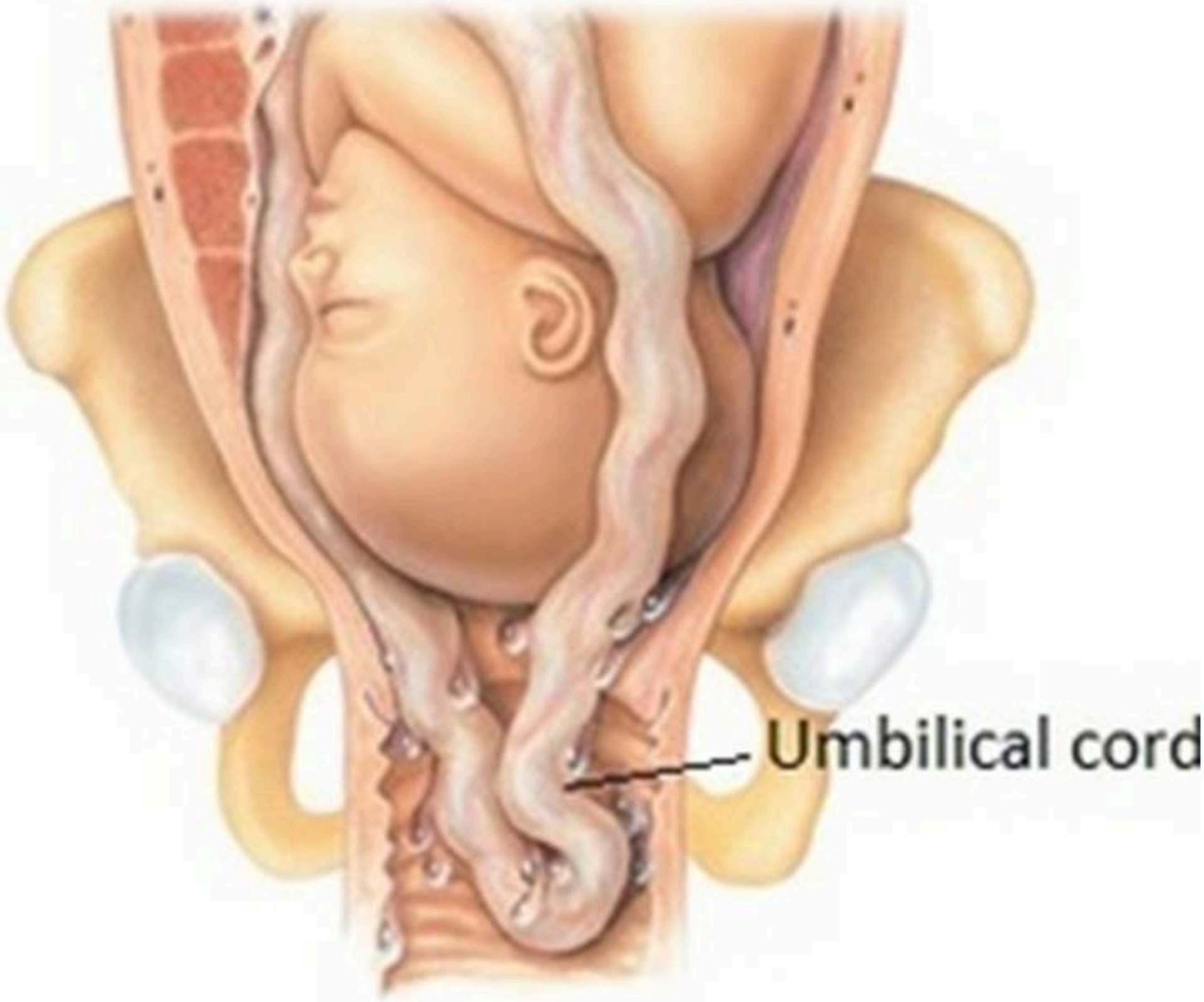


Transverse lie



Oblique Lie





Umbilical Cord Prolapse

Placental Abruption

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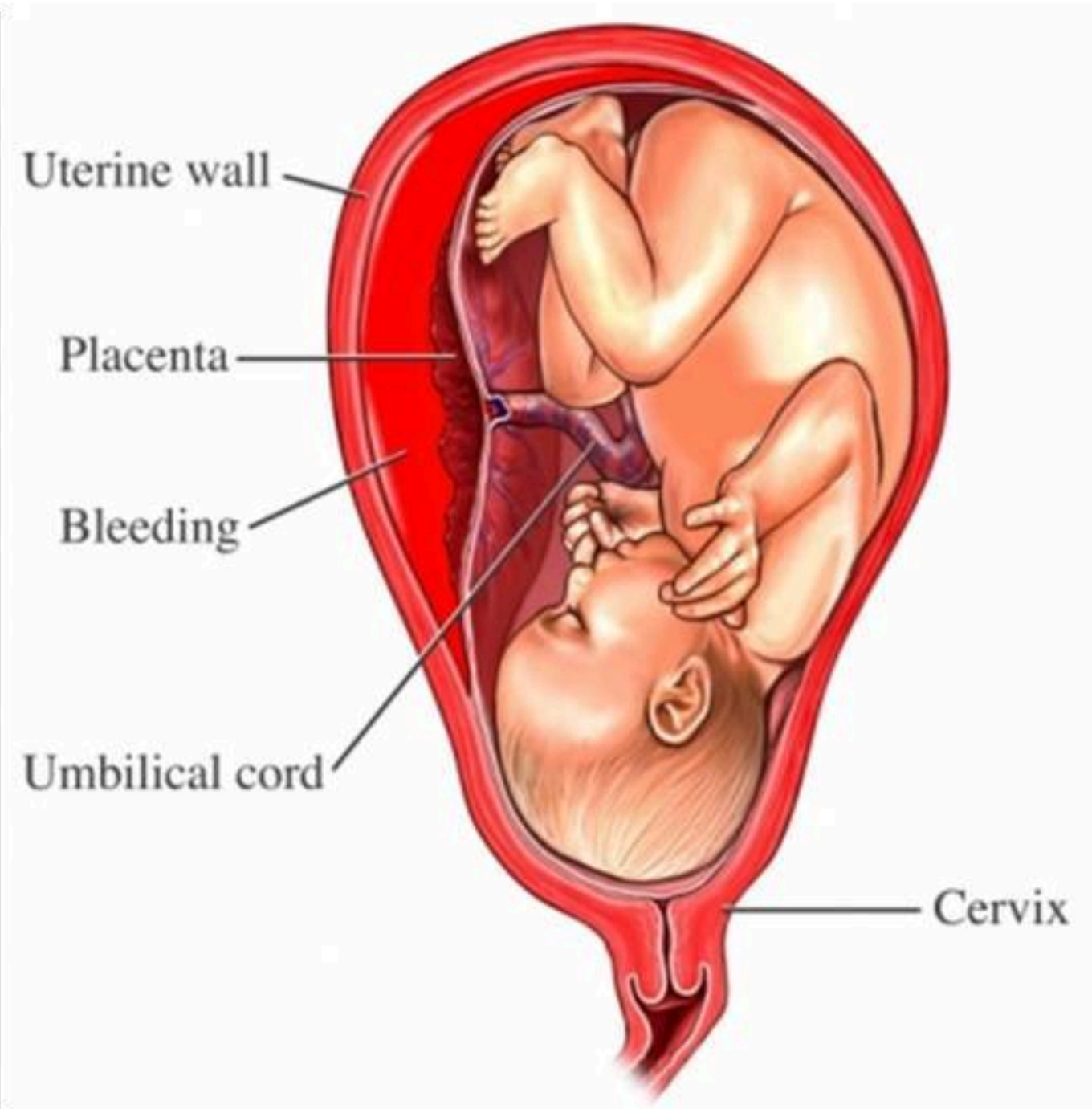
- **Maternal and/or fetal bleeding**
- **acutely dangerous for both mother and fetus**
- **PAINFUL ABDOMEN**



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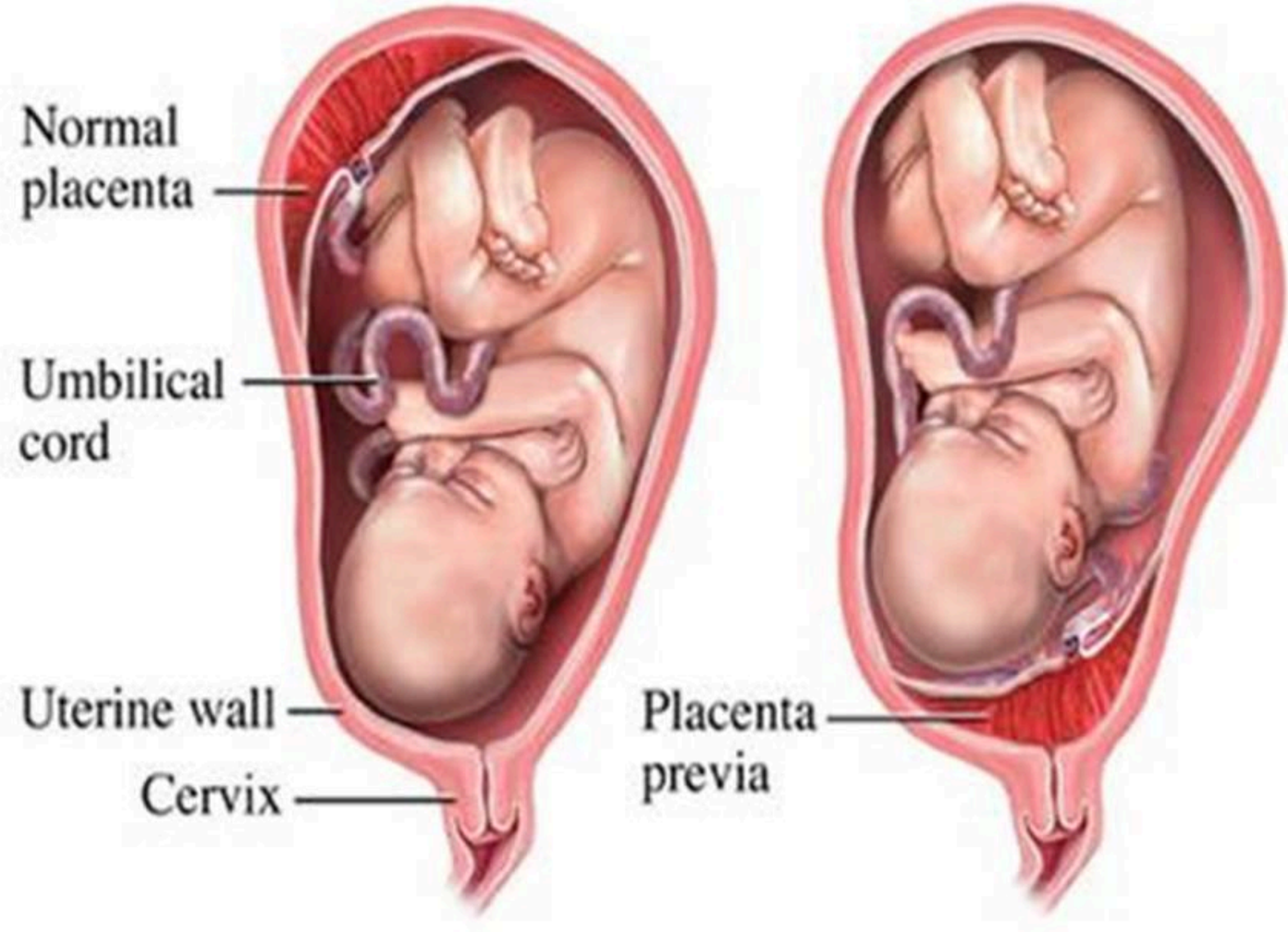

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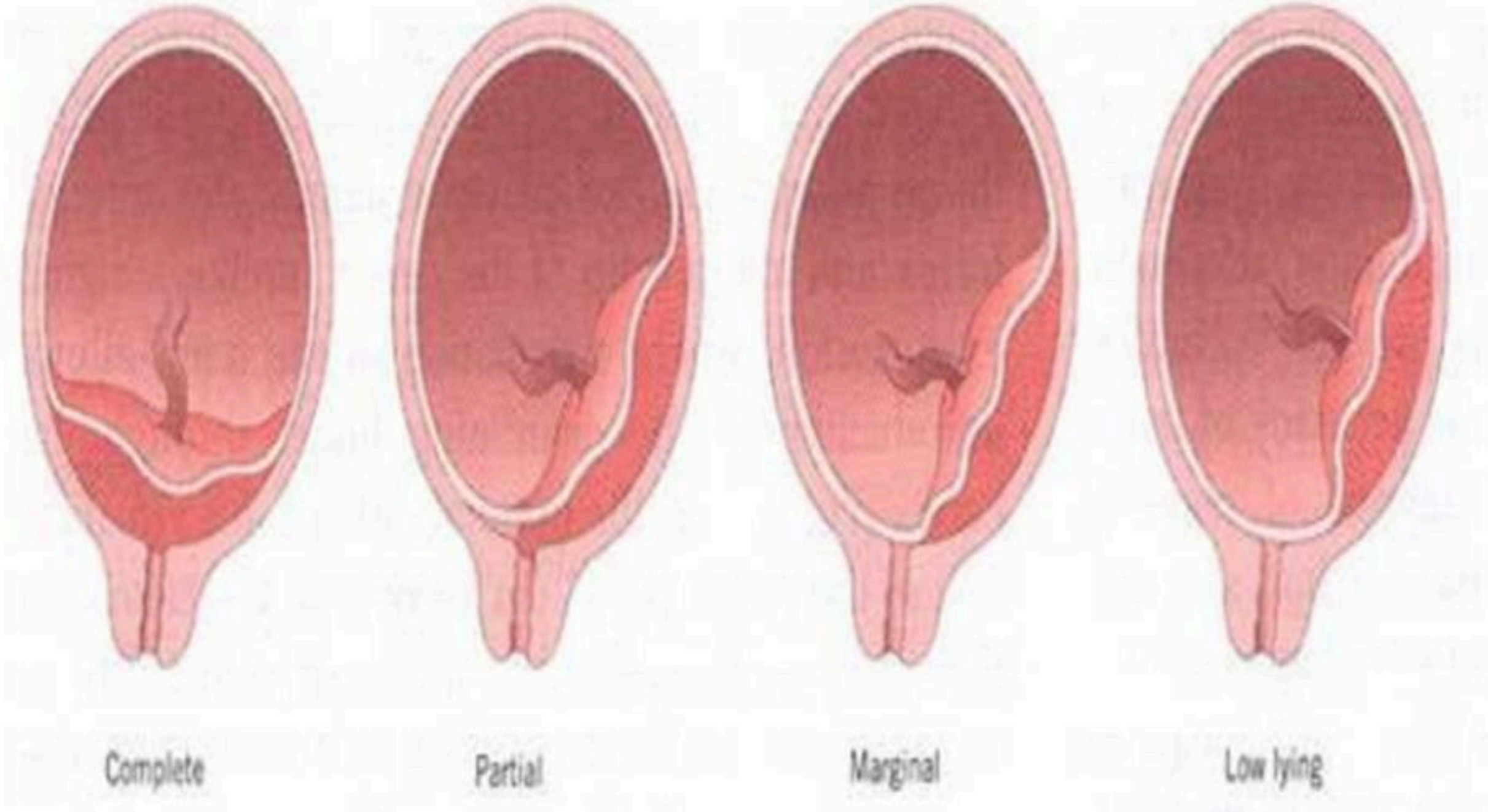
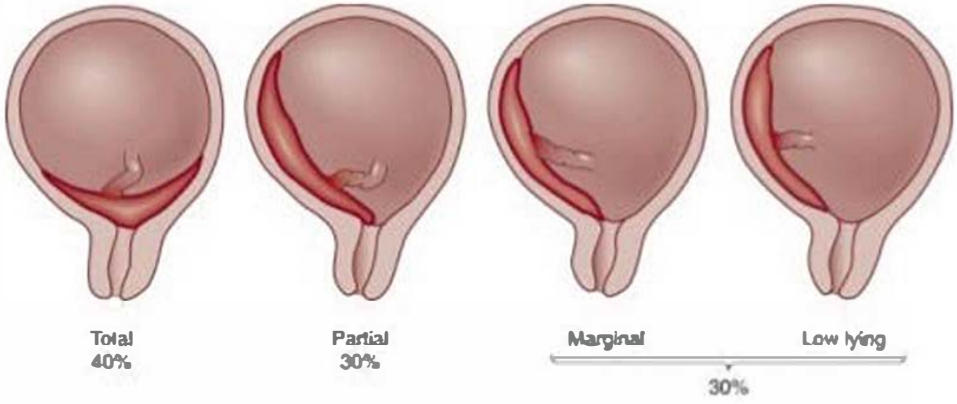
Placenta previa

- **Bleeding from maternal circulation**
- **more likely to compromise the mother than the fetus.**
- **PAINLESS BLEED**



Type 1	Low lying placenta	The placenta is in the lower segment, but the lower edge does not reach the internal os, lies within 5 cm of internal os.
Type 2	Marginal	The lower edge of the low lying placenta reaches, but does not cover the internal os.
Type 3	Partially	The placenta partially covers the internal os
Type 4	Complete	The placenta completely covers the internal os

Classification



Types of placenta previa.

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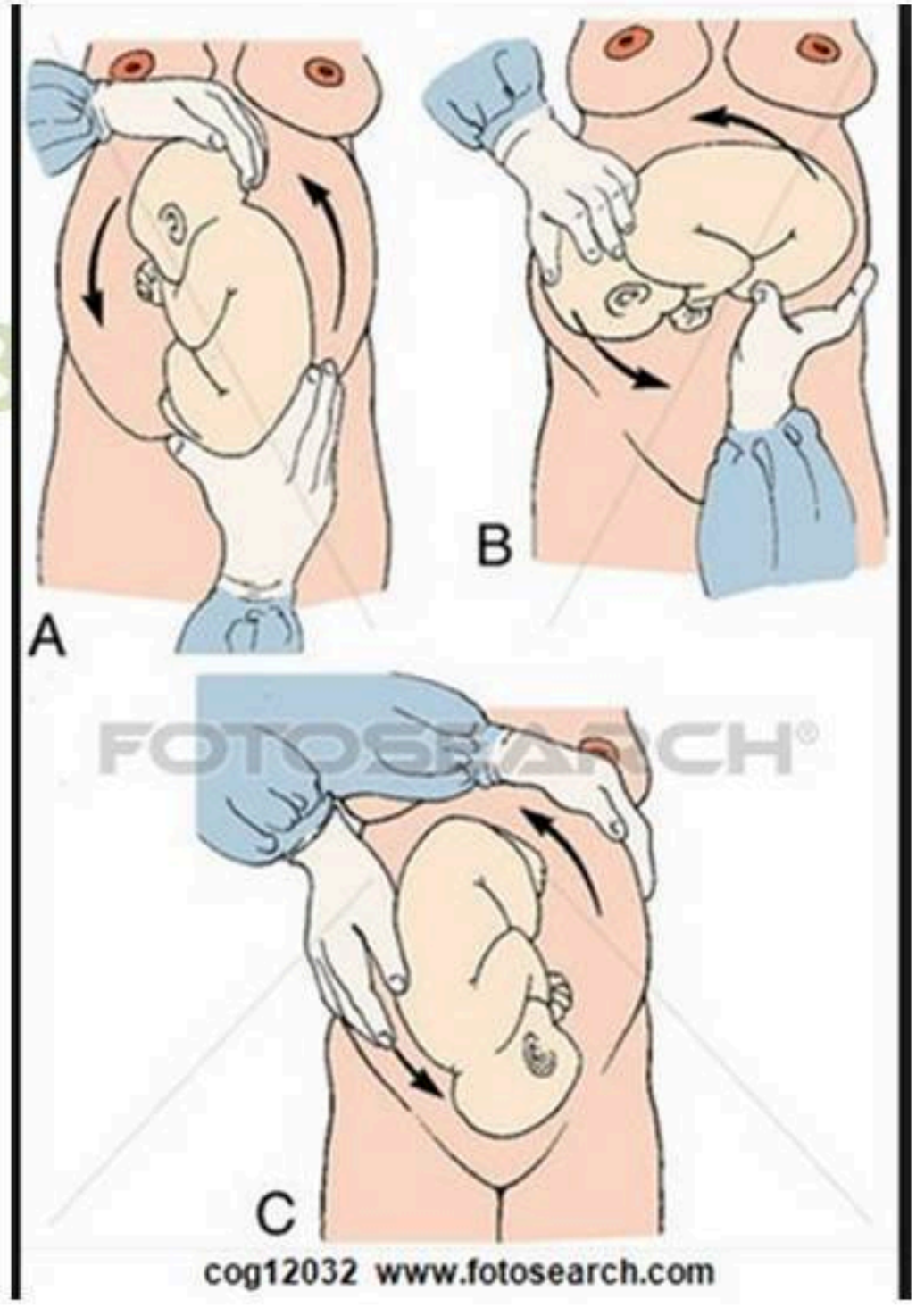
External cephalic version (ECV)



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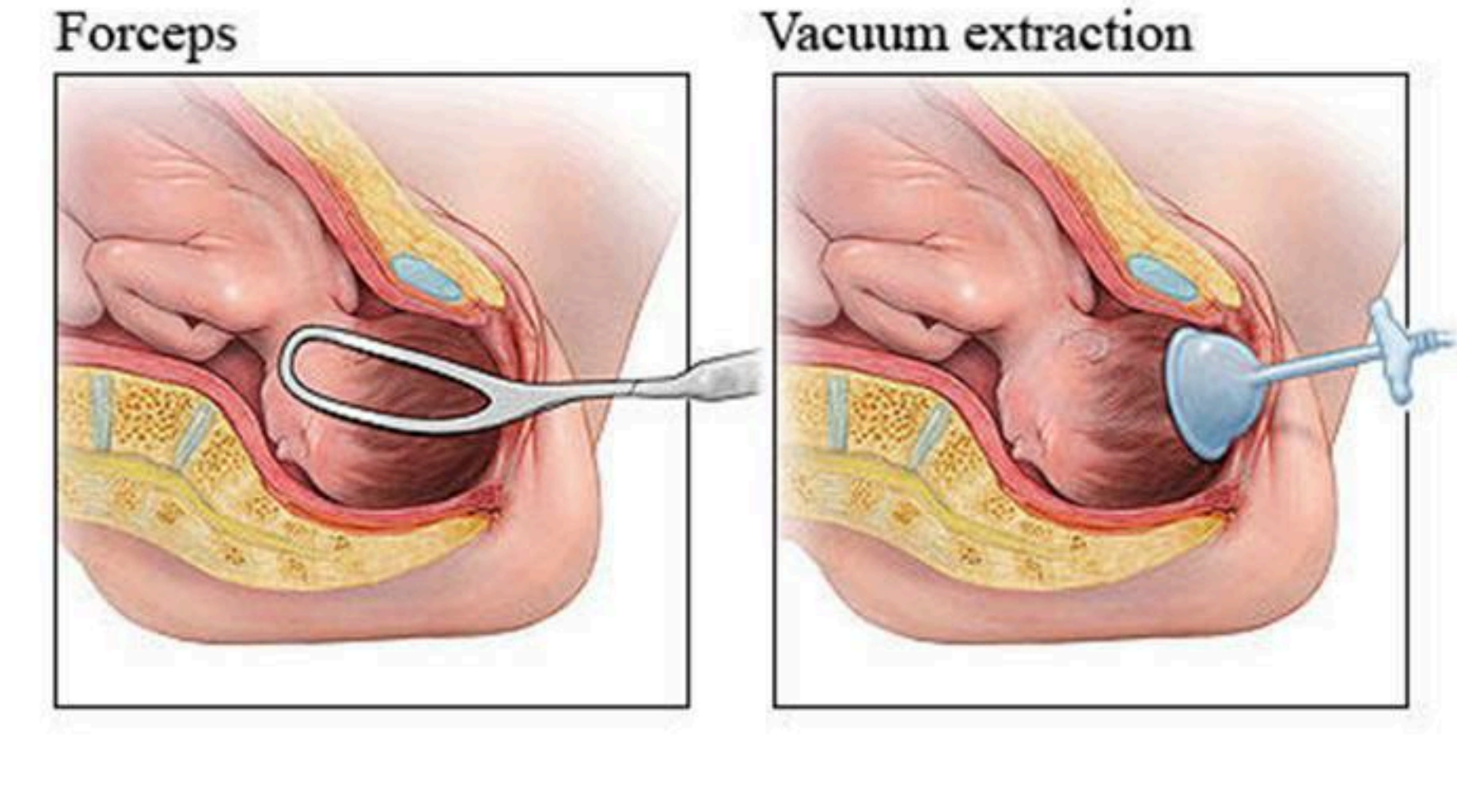
Instrumental delivery



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Hydrocephalous

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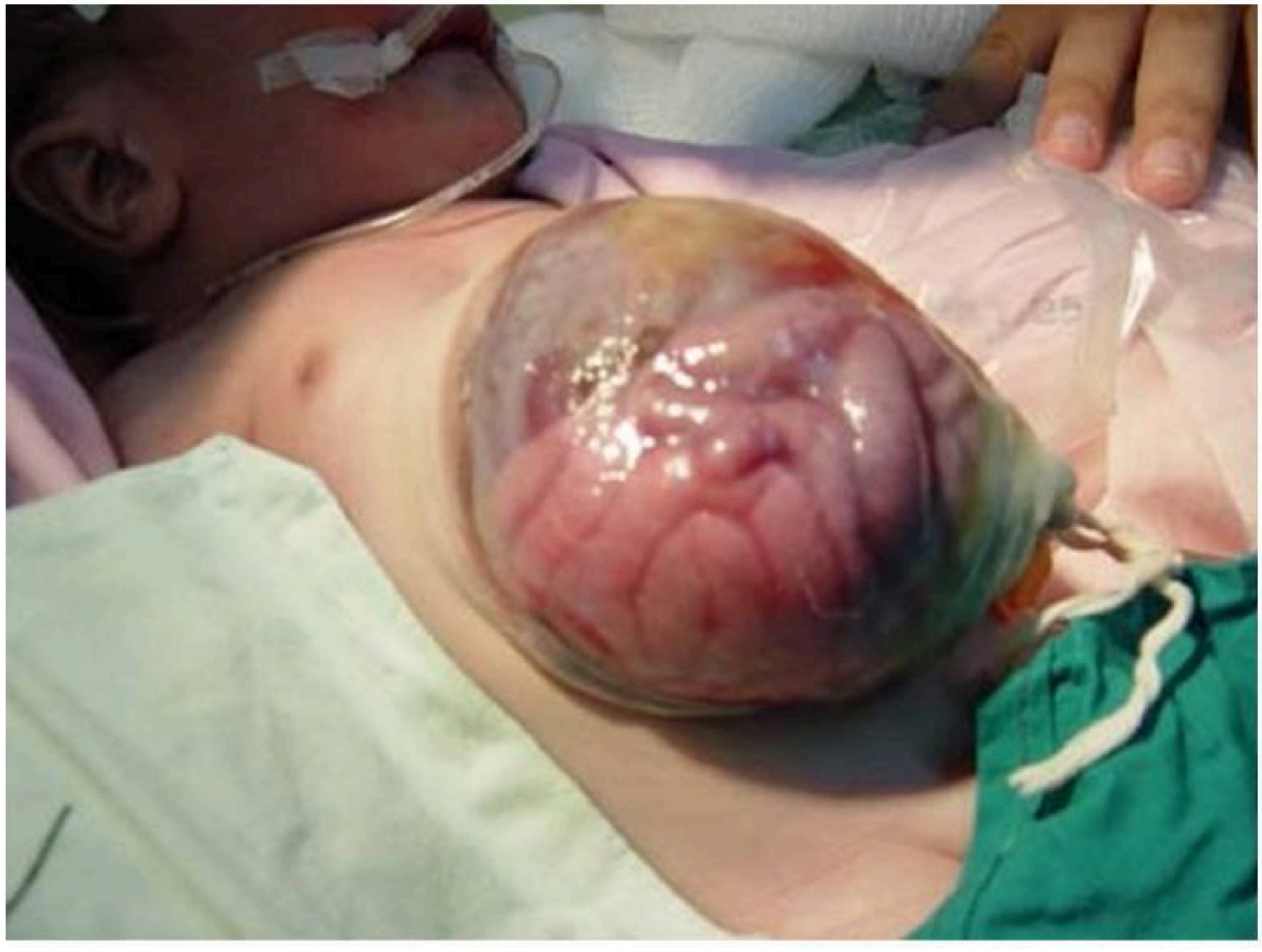
Omphalocele



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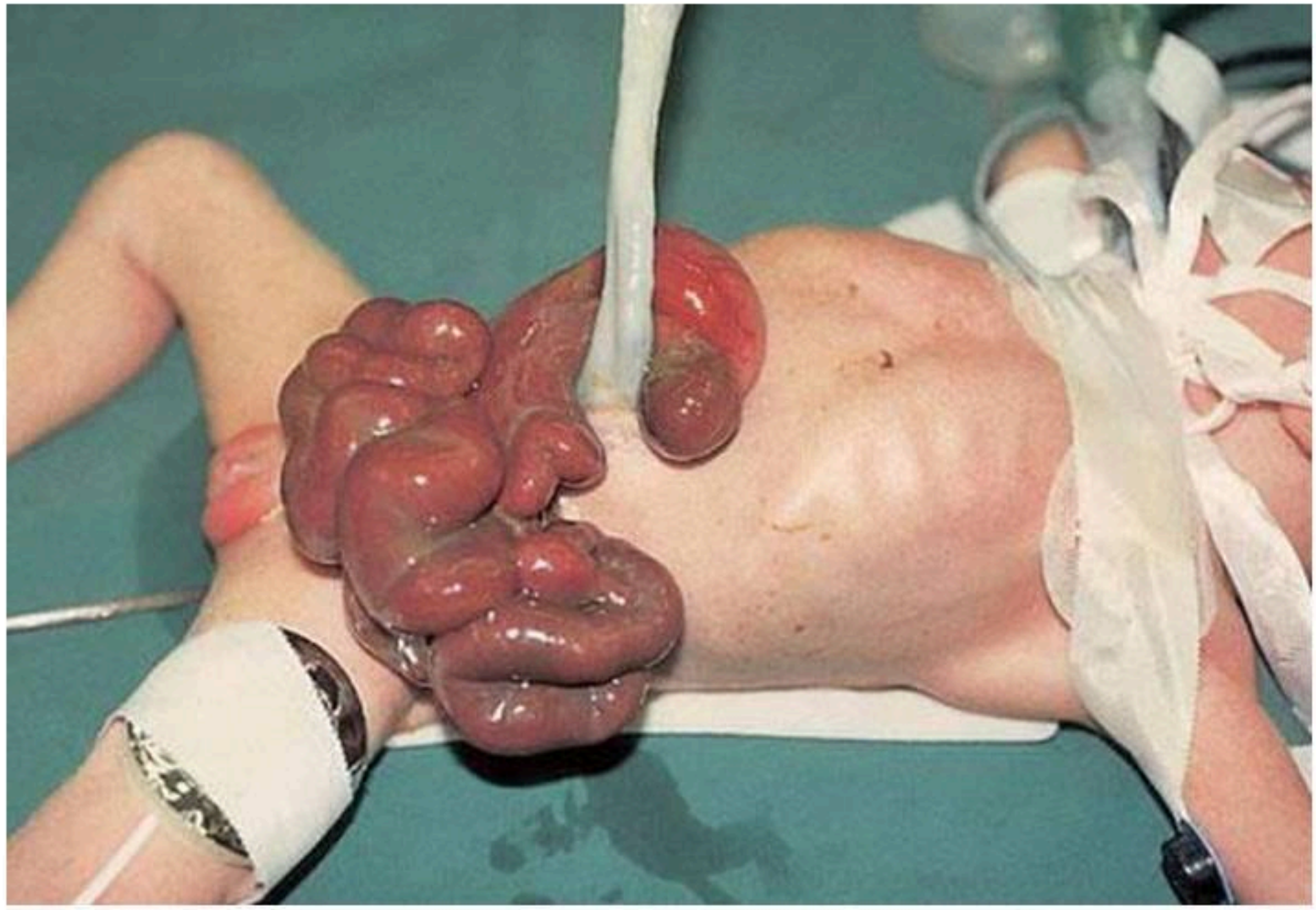
Gastroschisis



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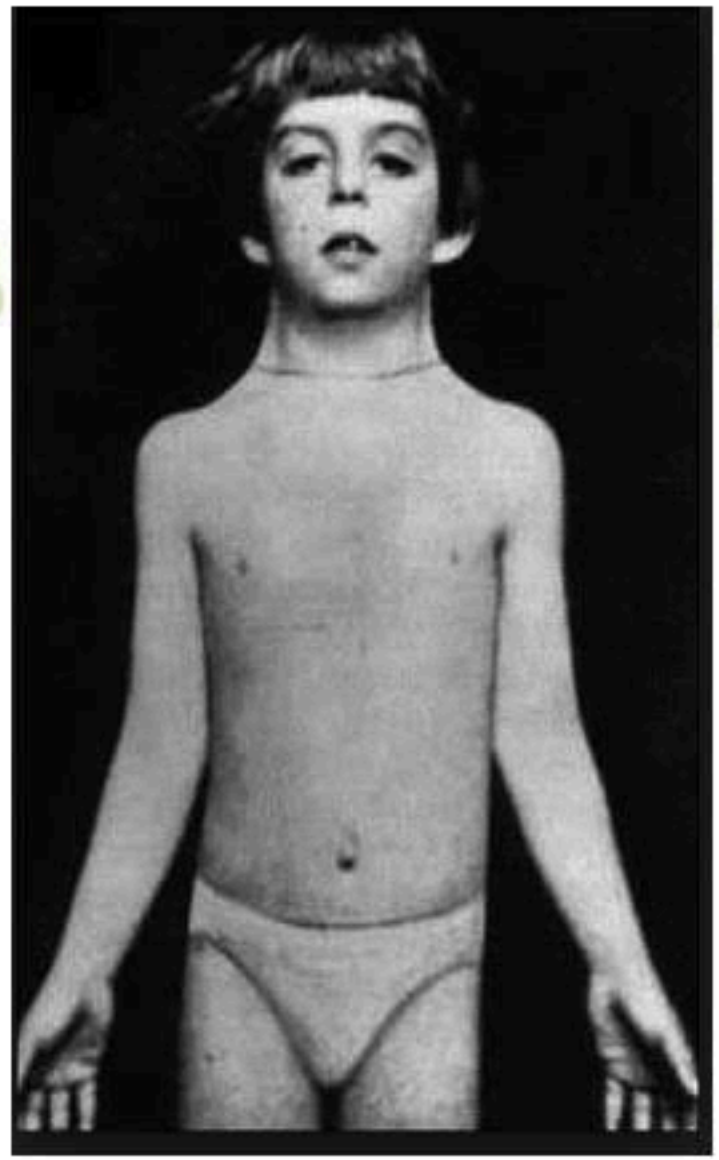
Turner syndrome



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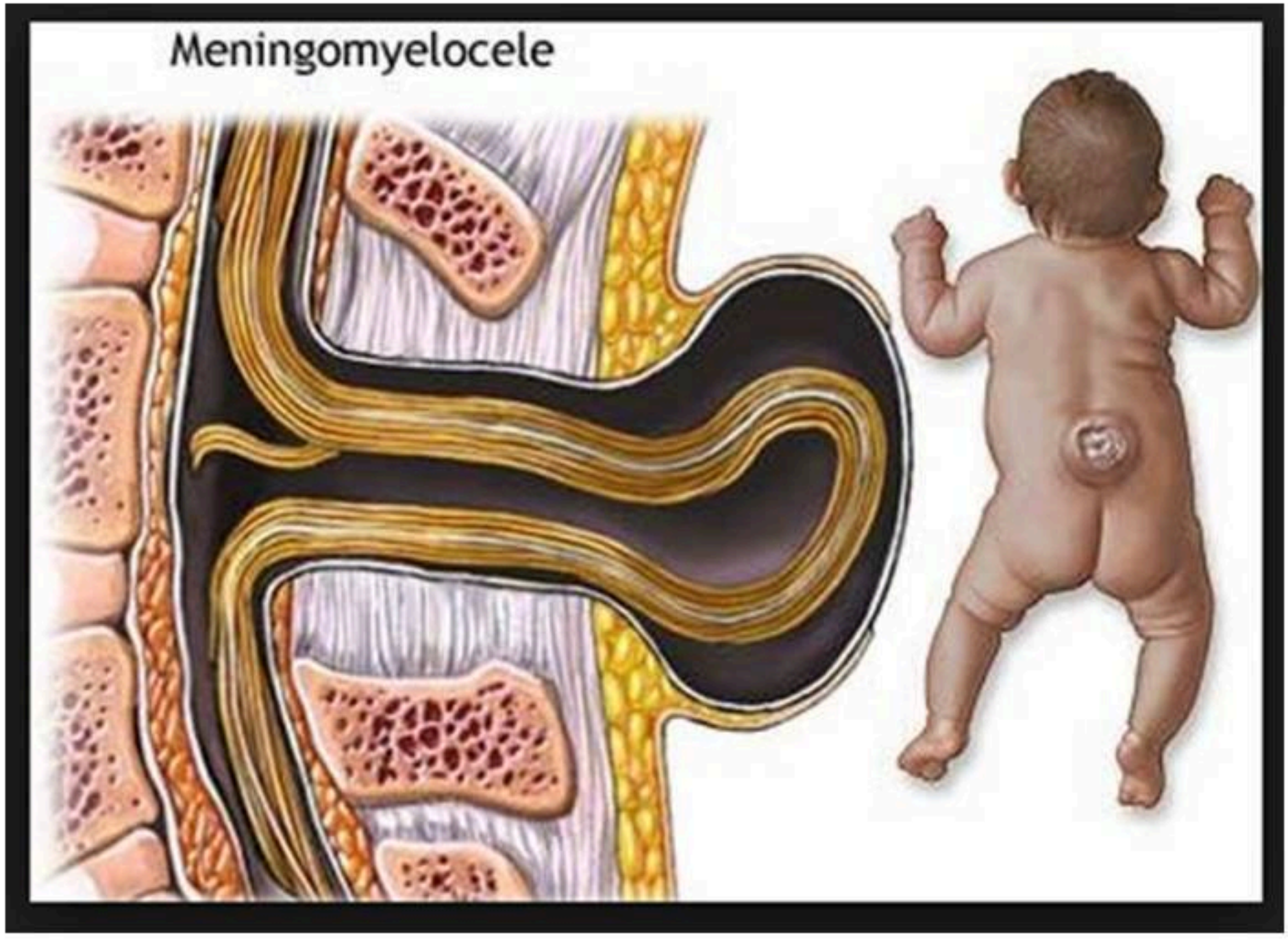
Spina bifida



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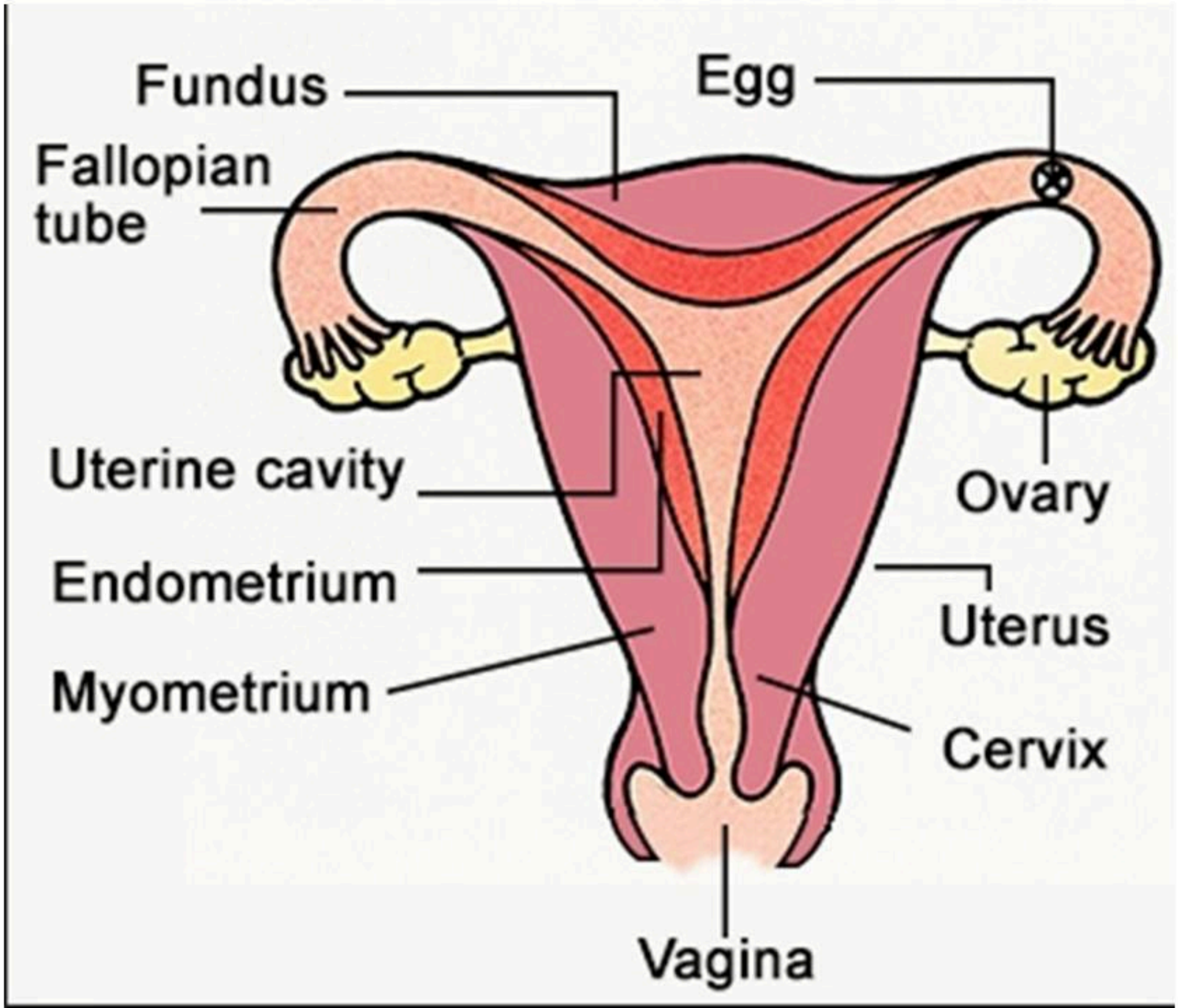
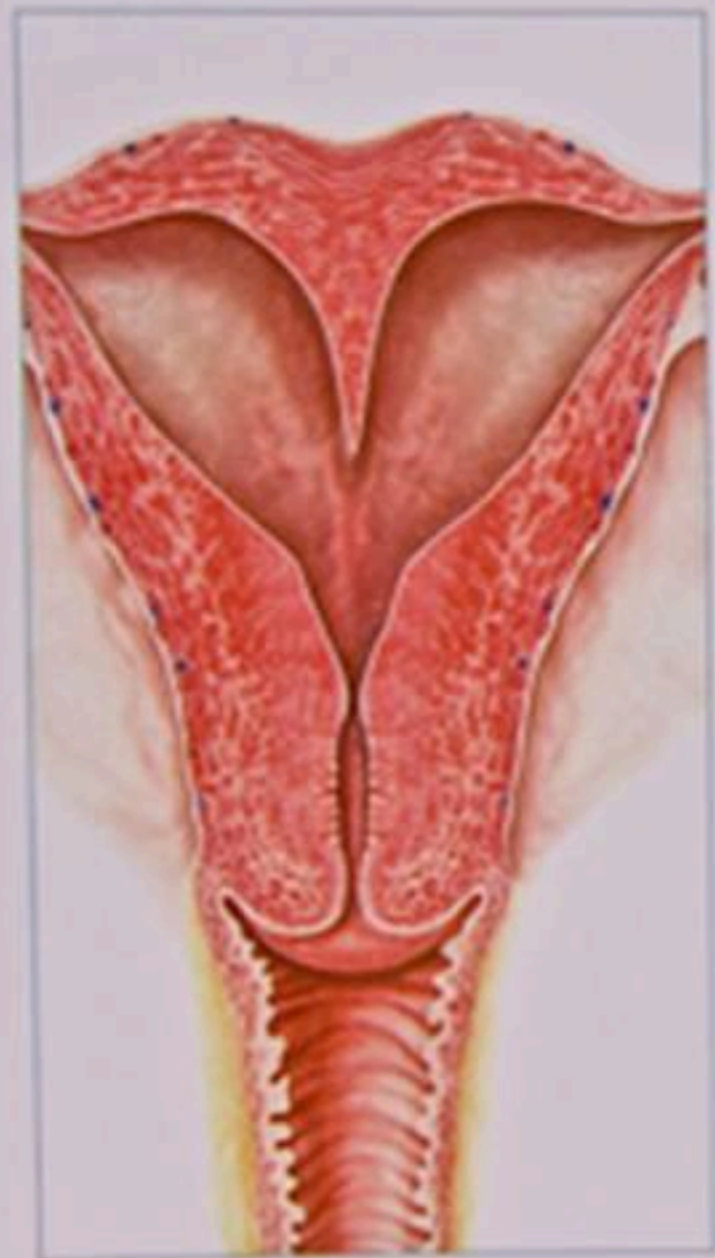
GYNAECOLOGY

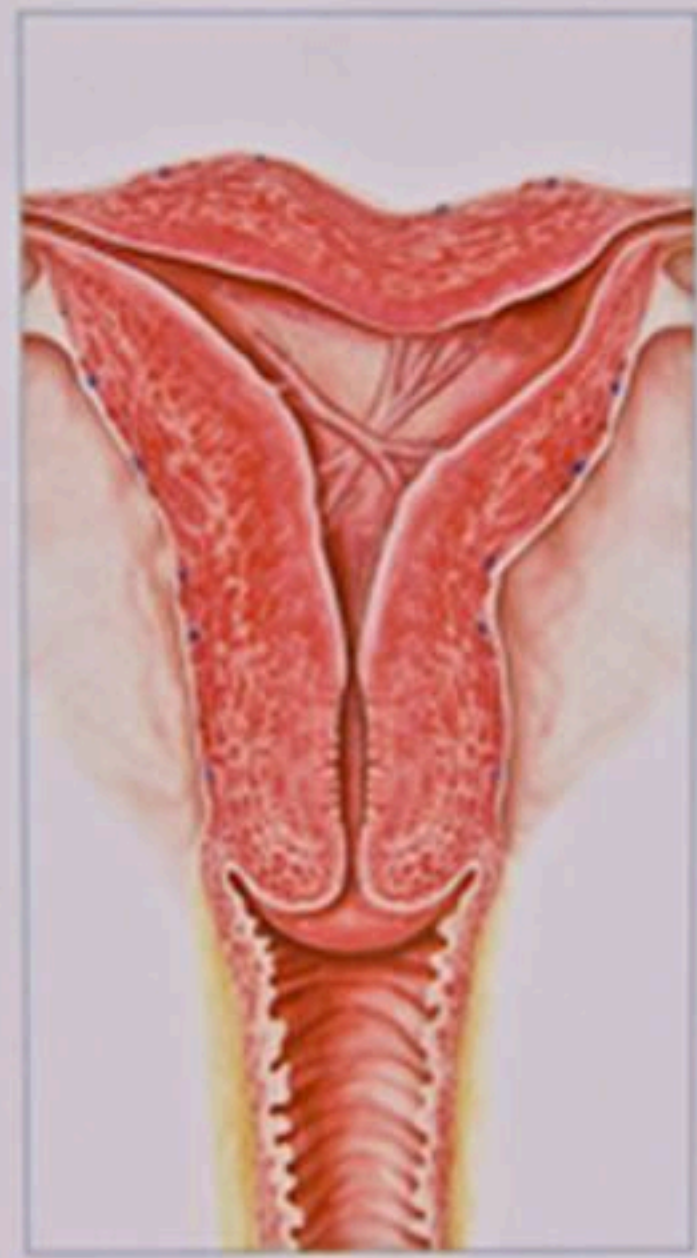

Fundus
Egg
Fallopian tube
Uterine cavity
Endometrium
Myometrium
Ovary
Uterus
Cervix
Vagina

SEPTATE



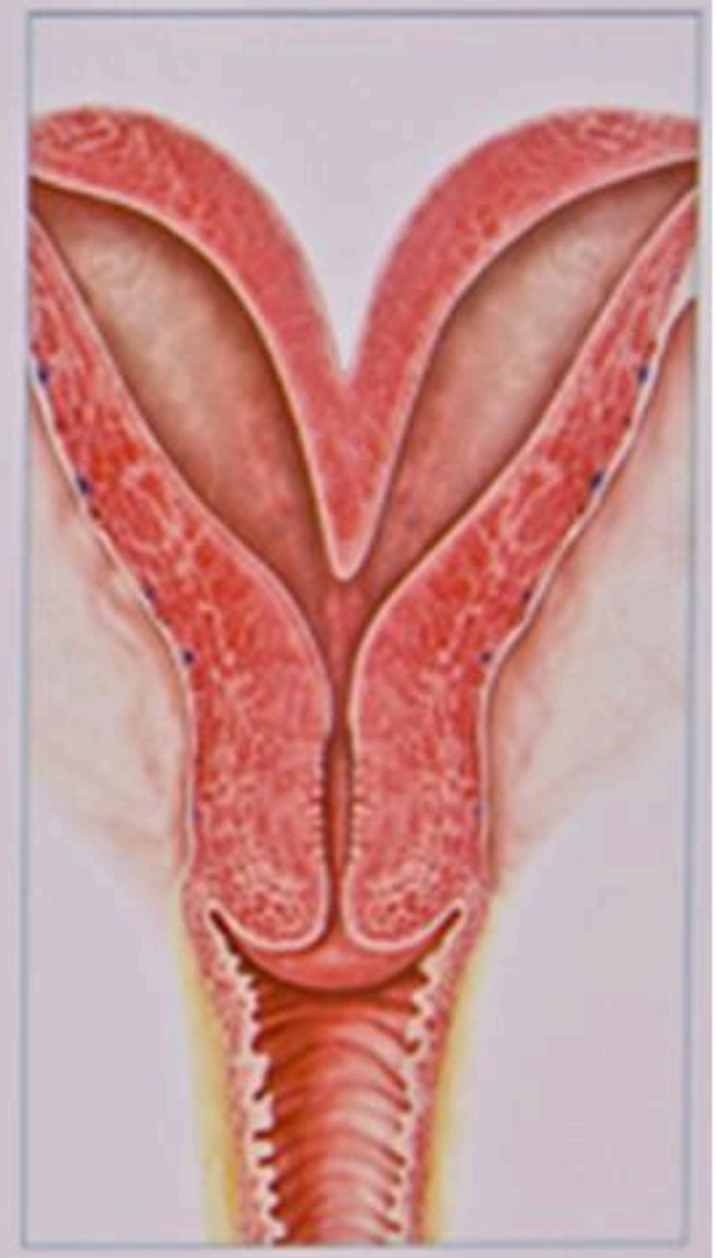
Wedge of fibrous tissue dividing uterine cavity.

ASHERMAN'S SYNDROME

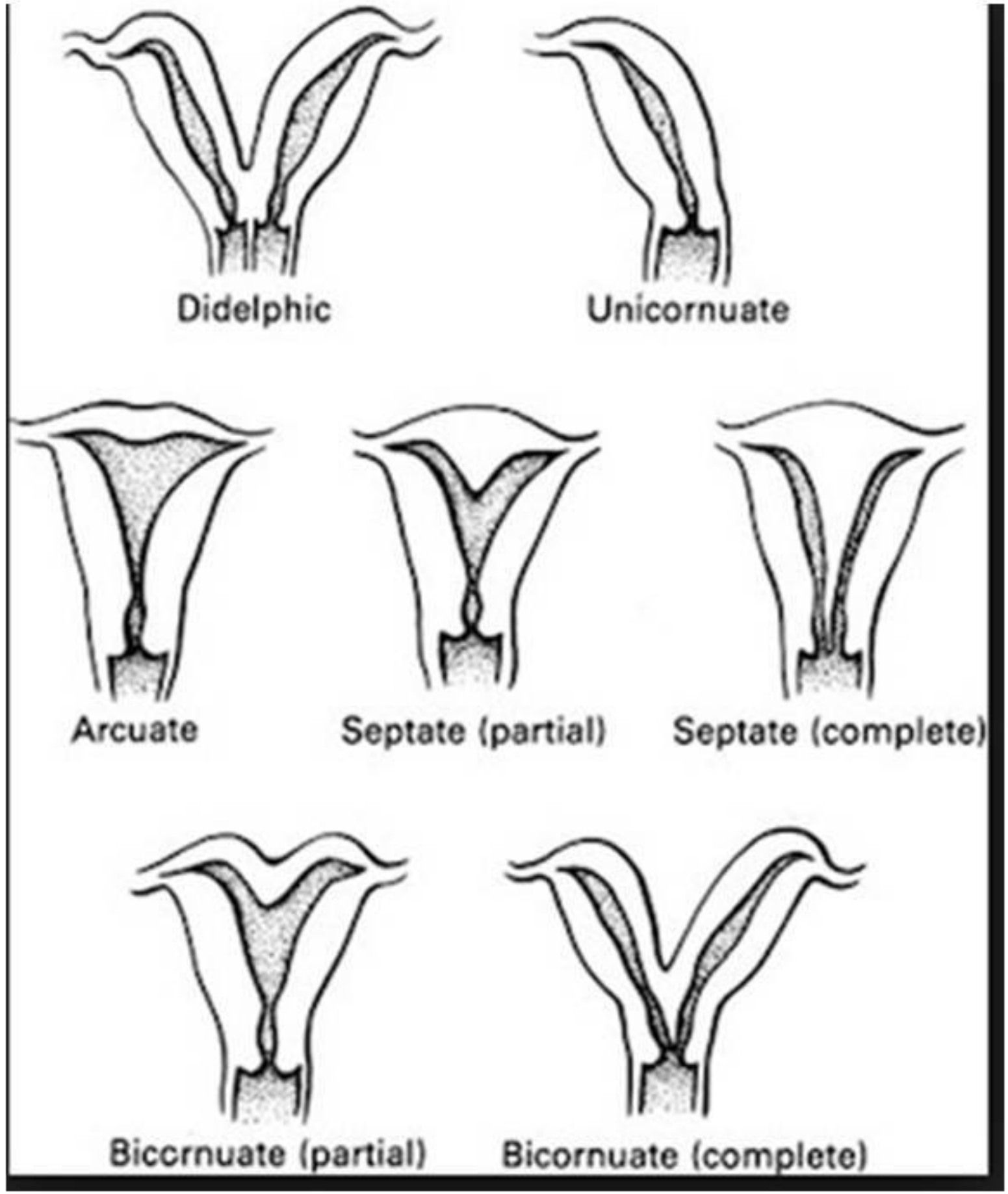


Adhesions (band-like formations) crossing the lining of the uterus.

BICORNATE UTERUS



Incomplete uniting of uterus.



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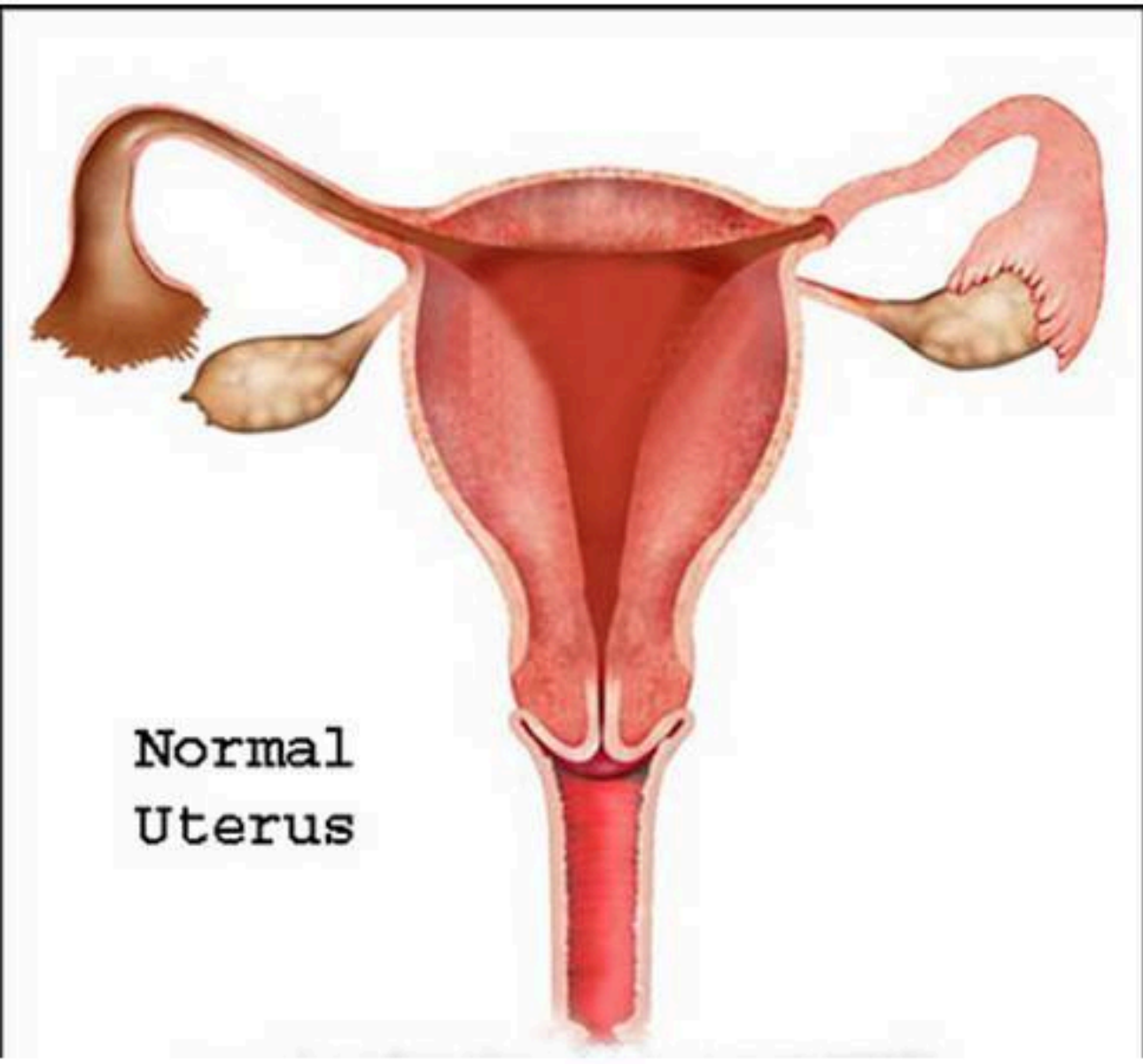

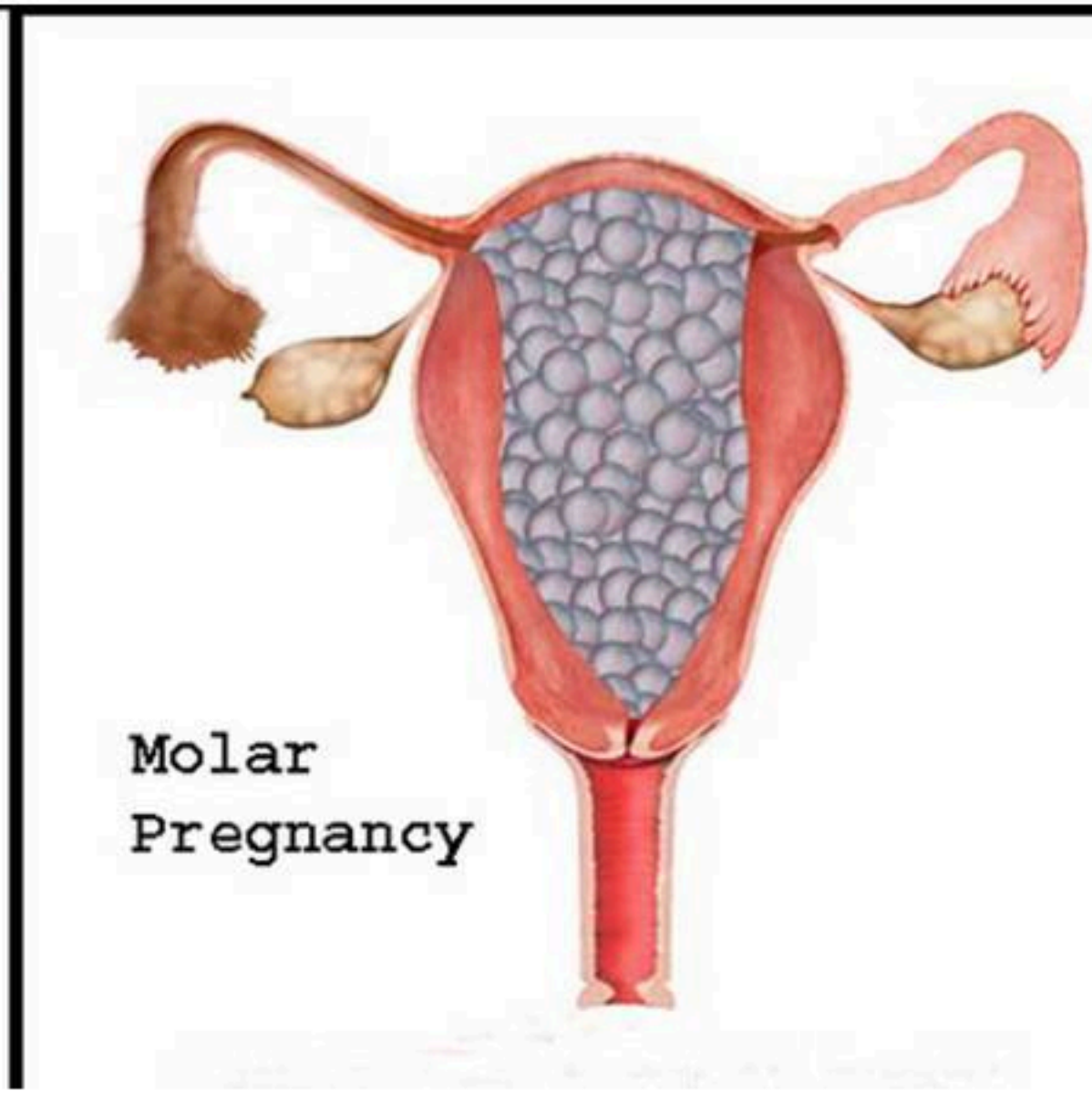

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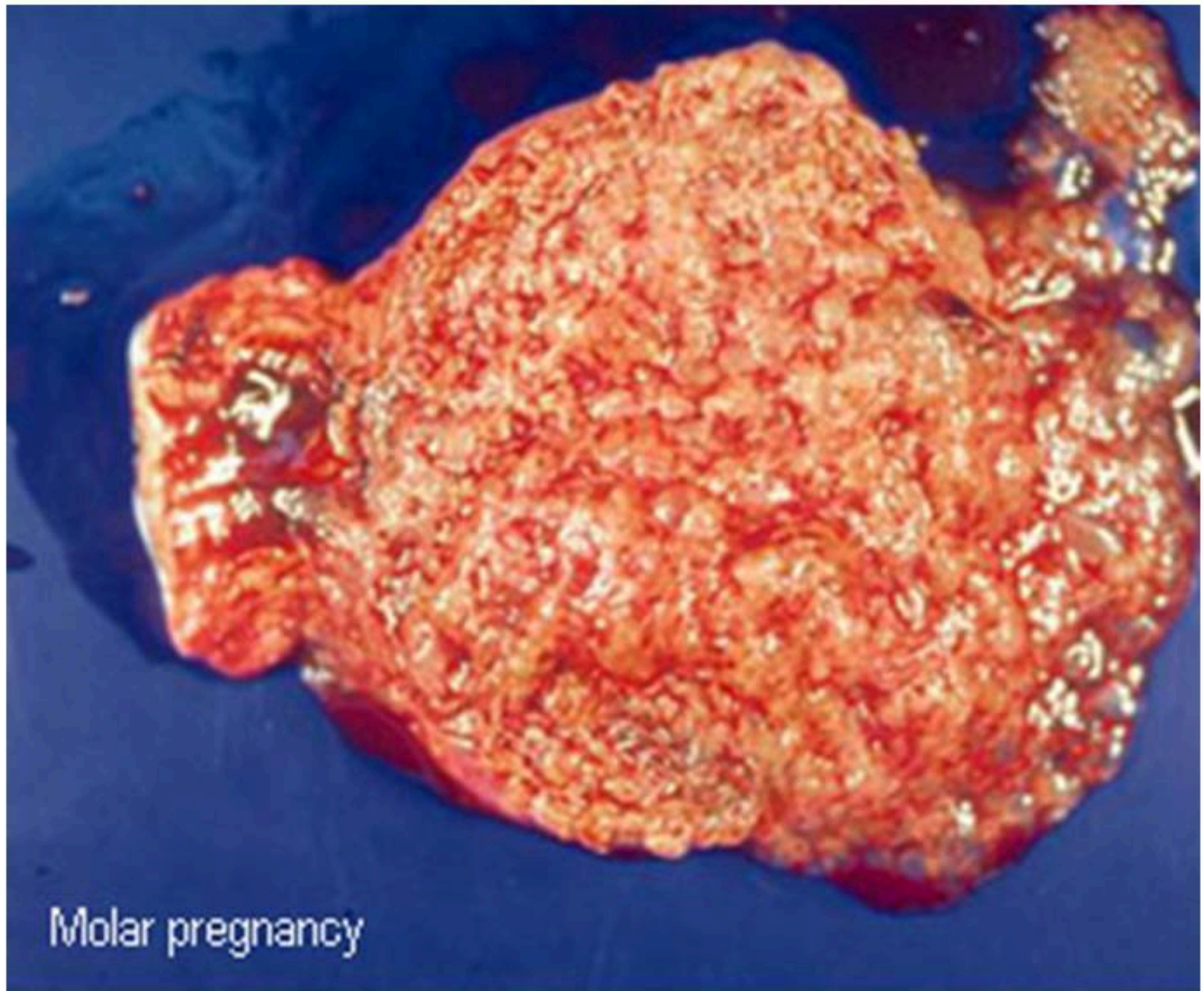
Molar pregnancy



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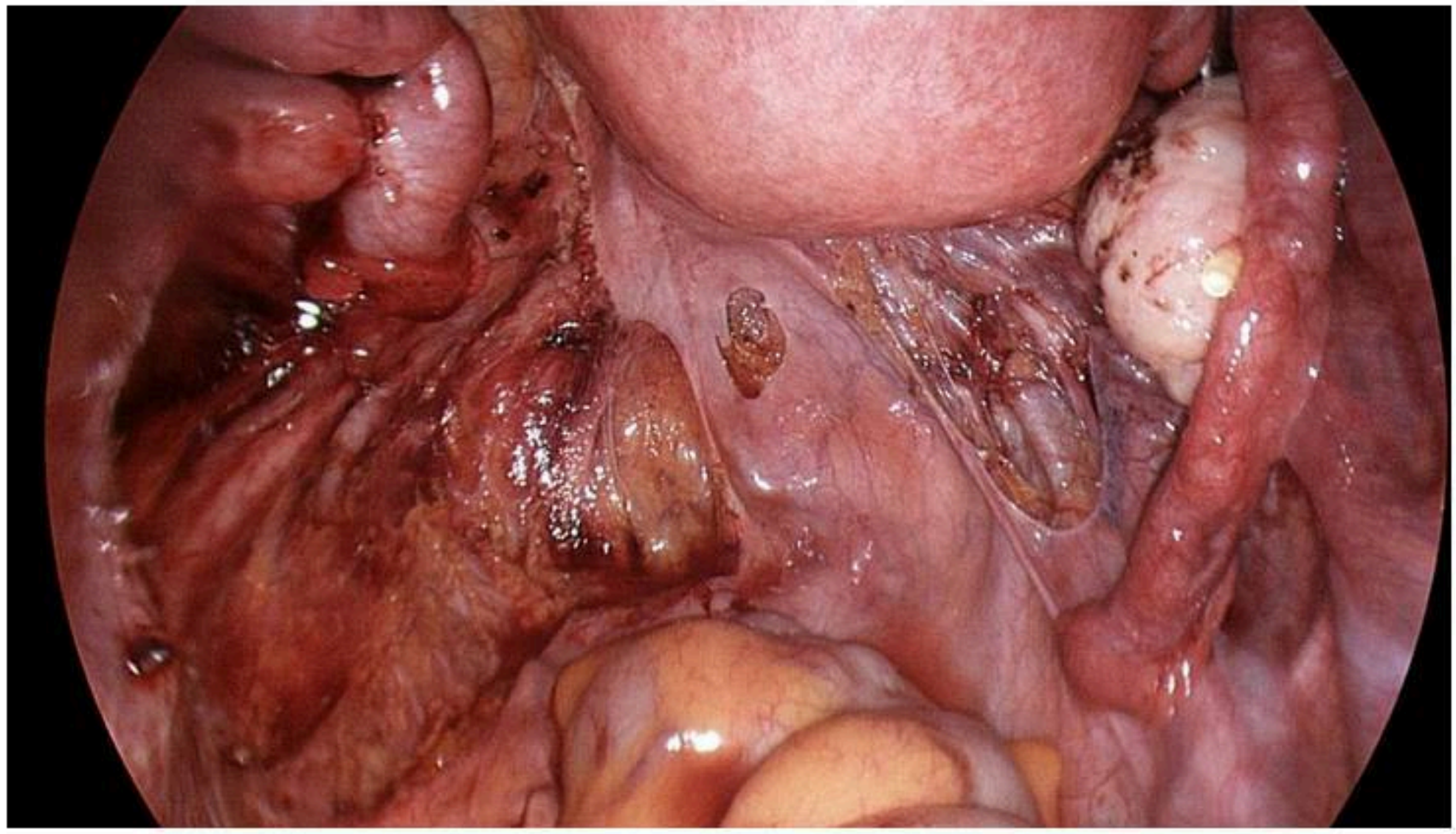
Pelvic endometriosis

- Appearance on Laproscopy: Red, puckered, black 'matchstick', white and fibrous



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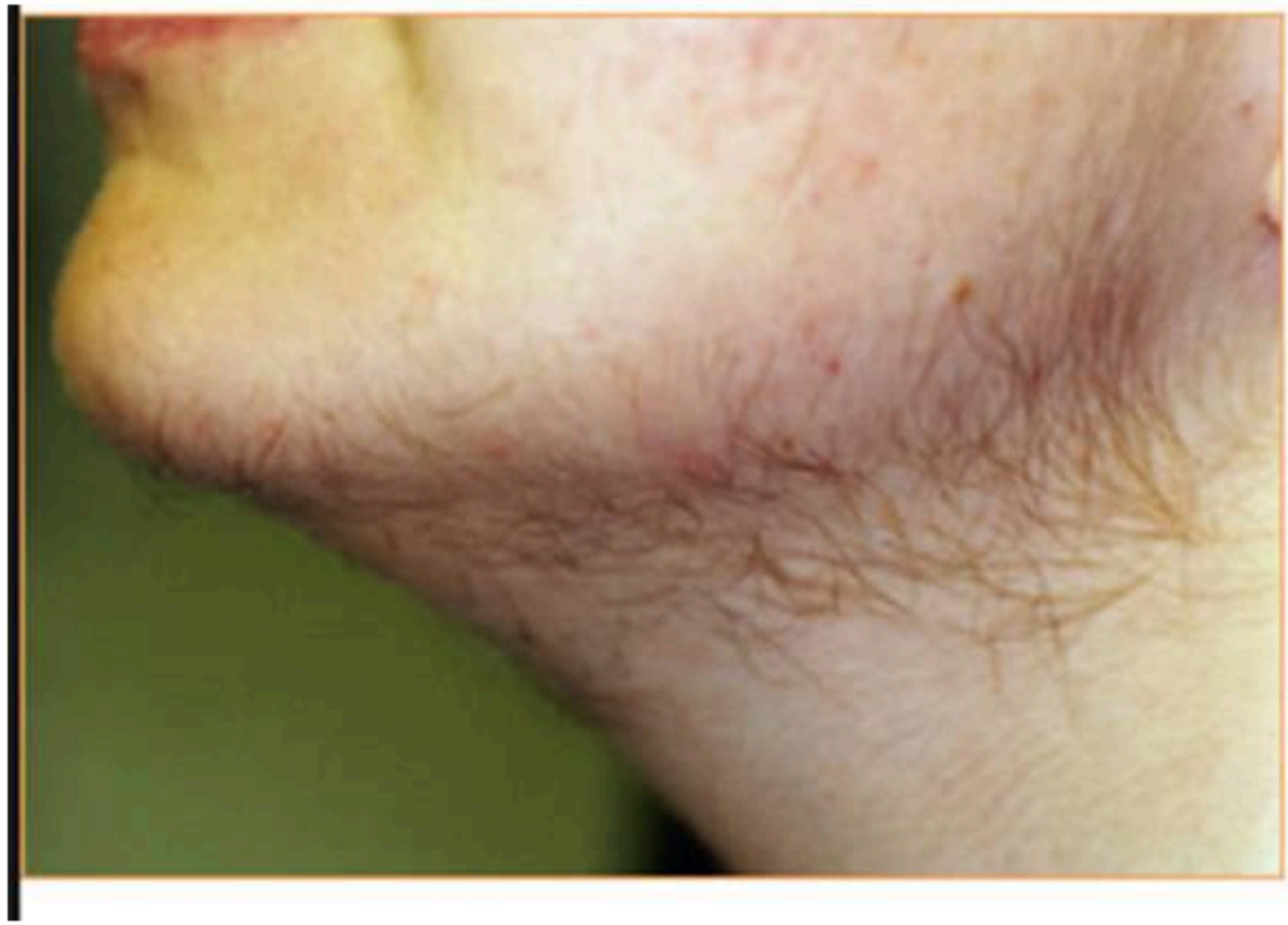
Hirsutism



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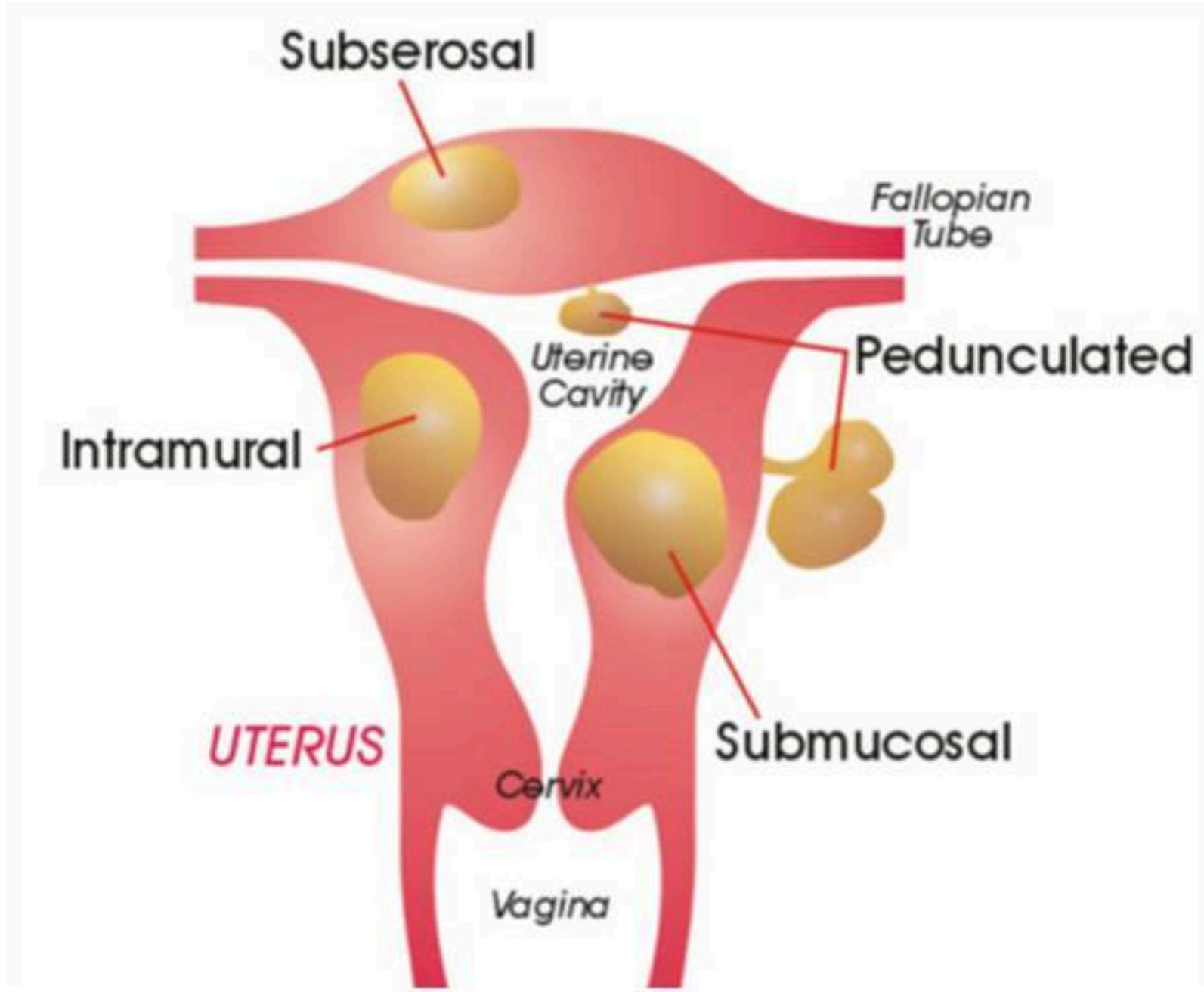
Fibroid uterus



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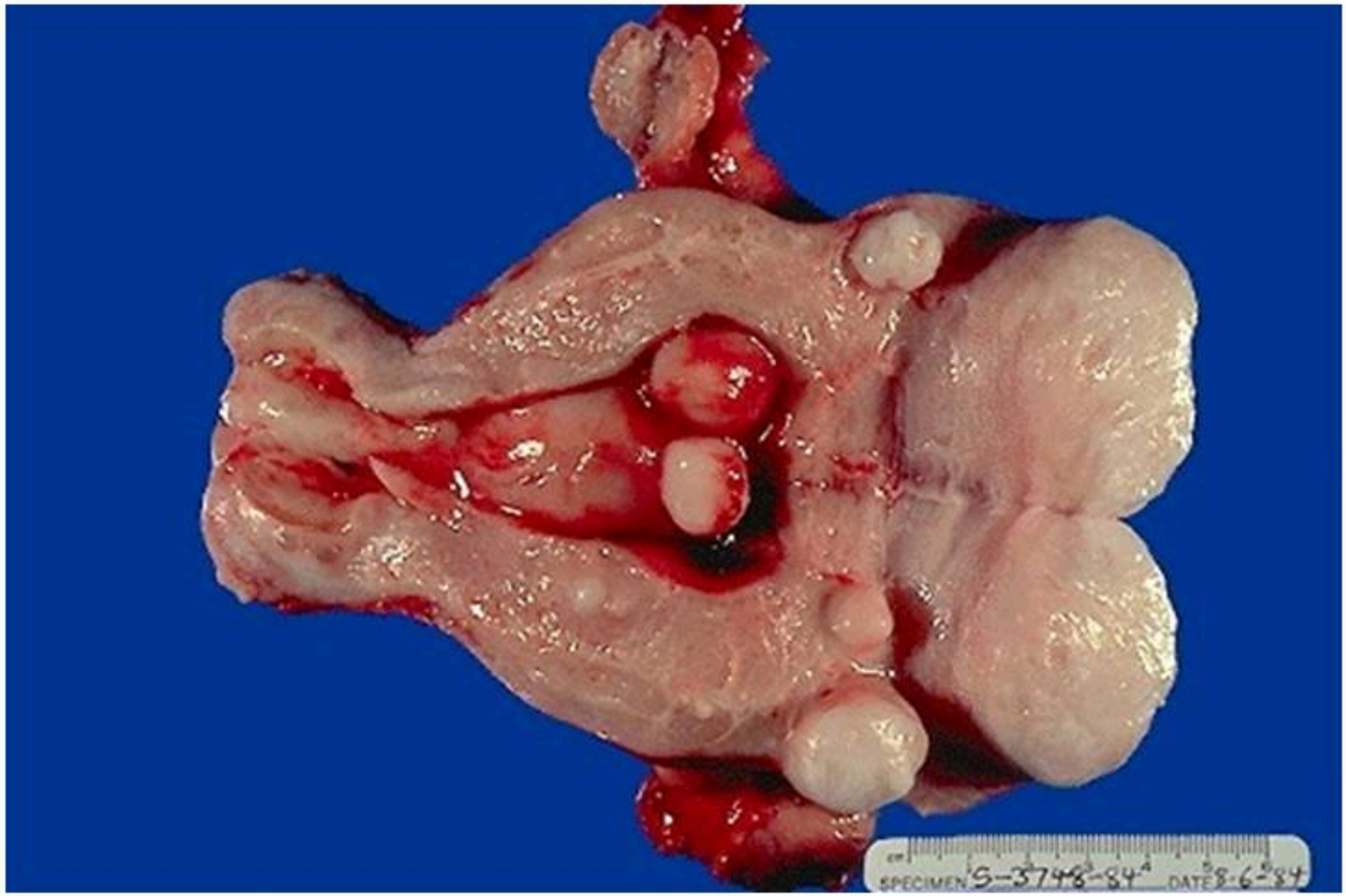
Fibroid uterus (leiomyoma)



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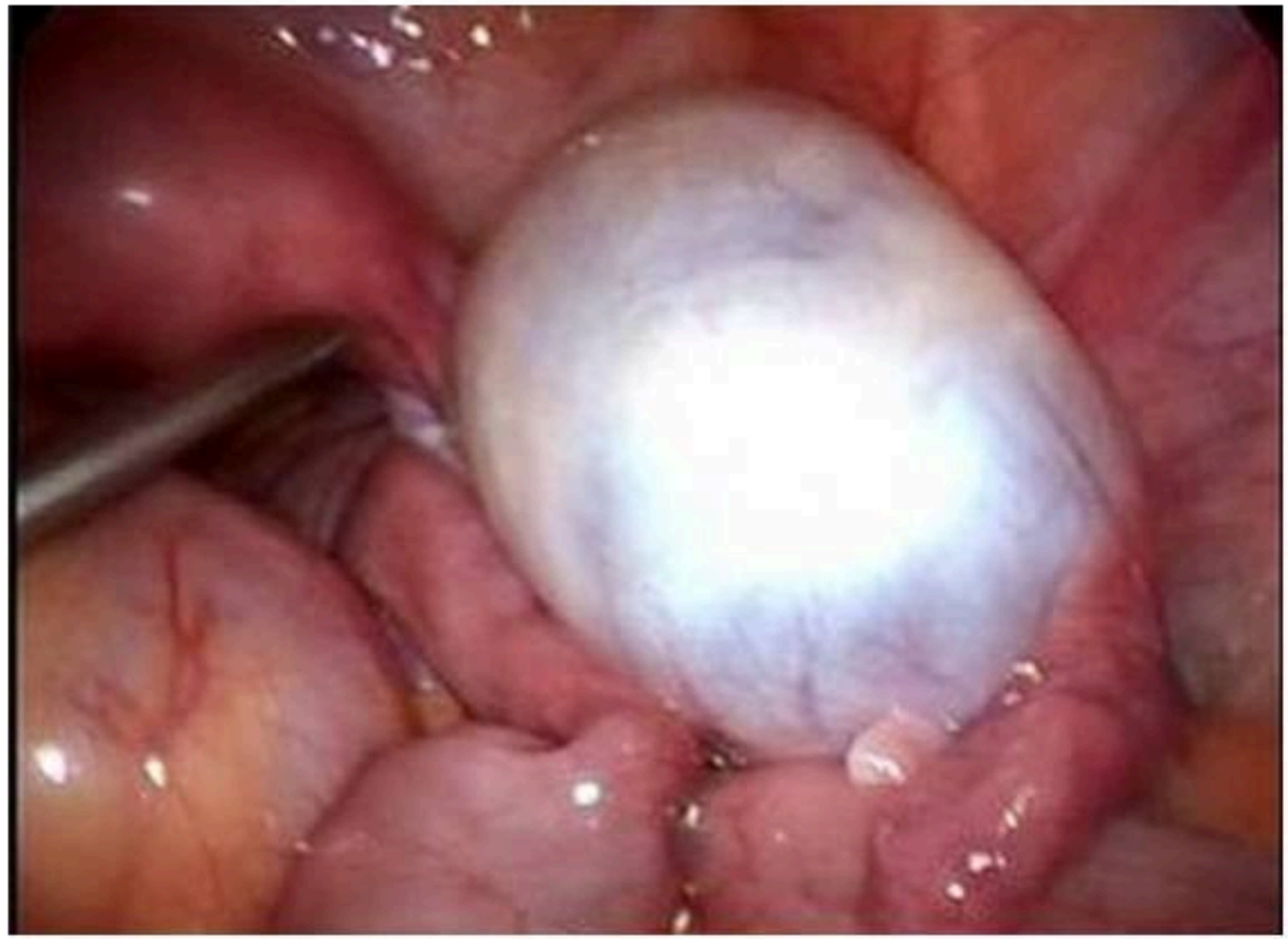
Ovarian cyst



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Ovarian tumor

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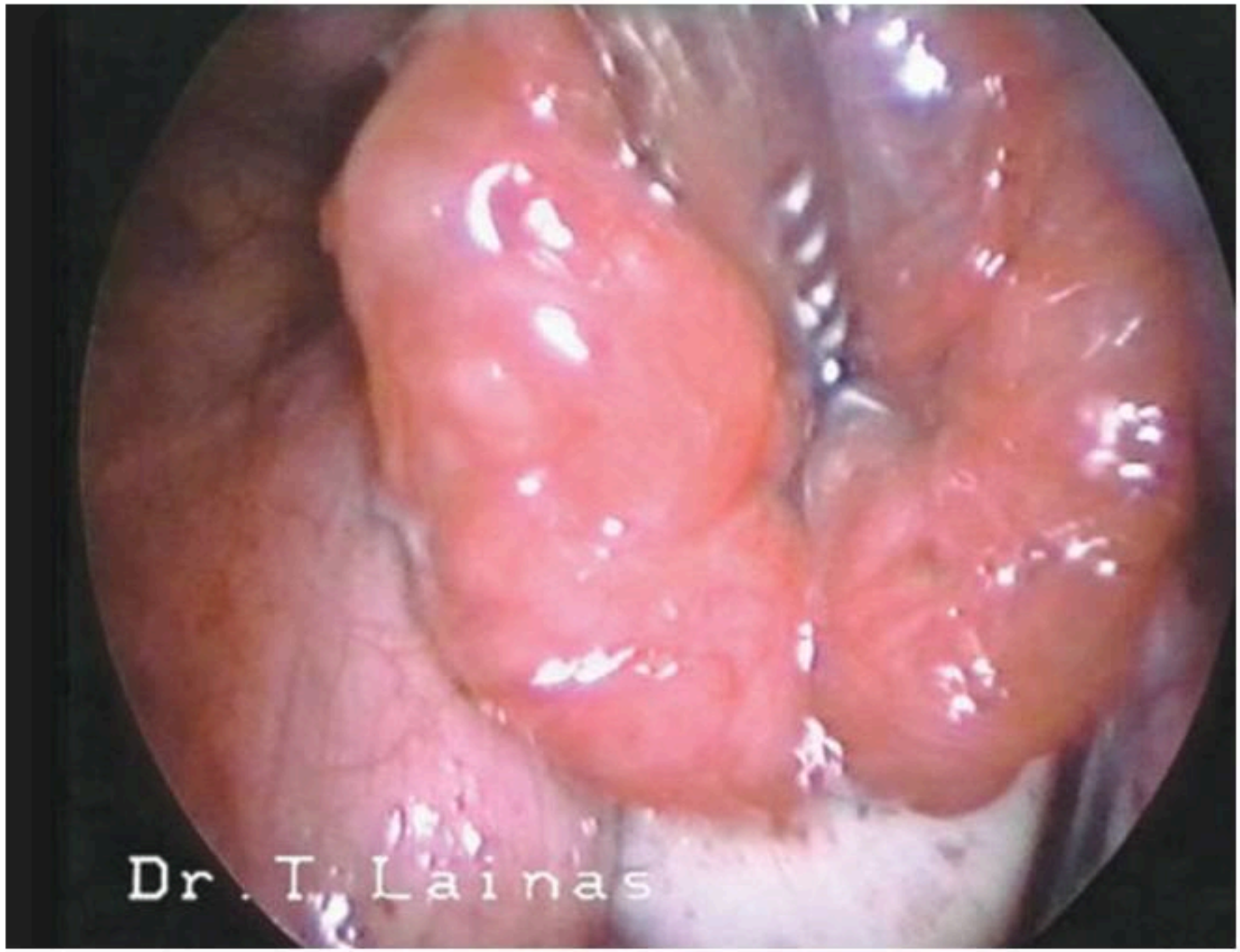
Bilateral hydrosalpinges



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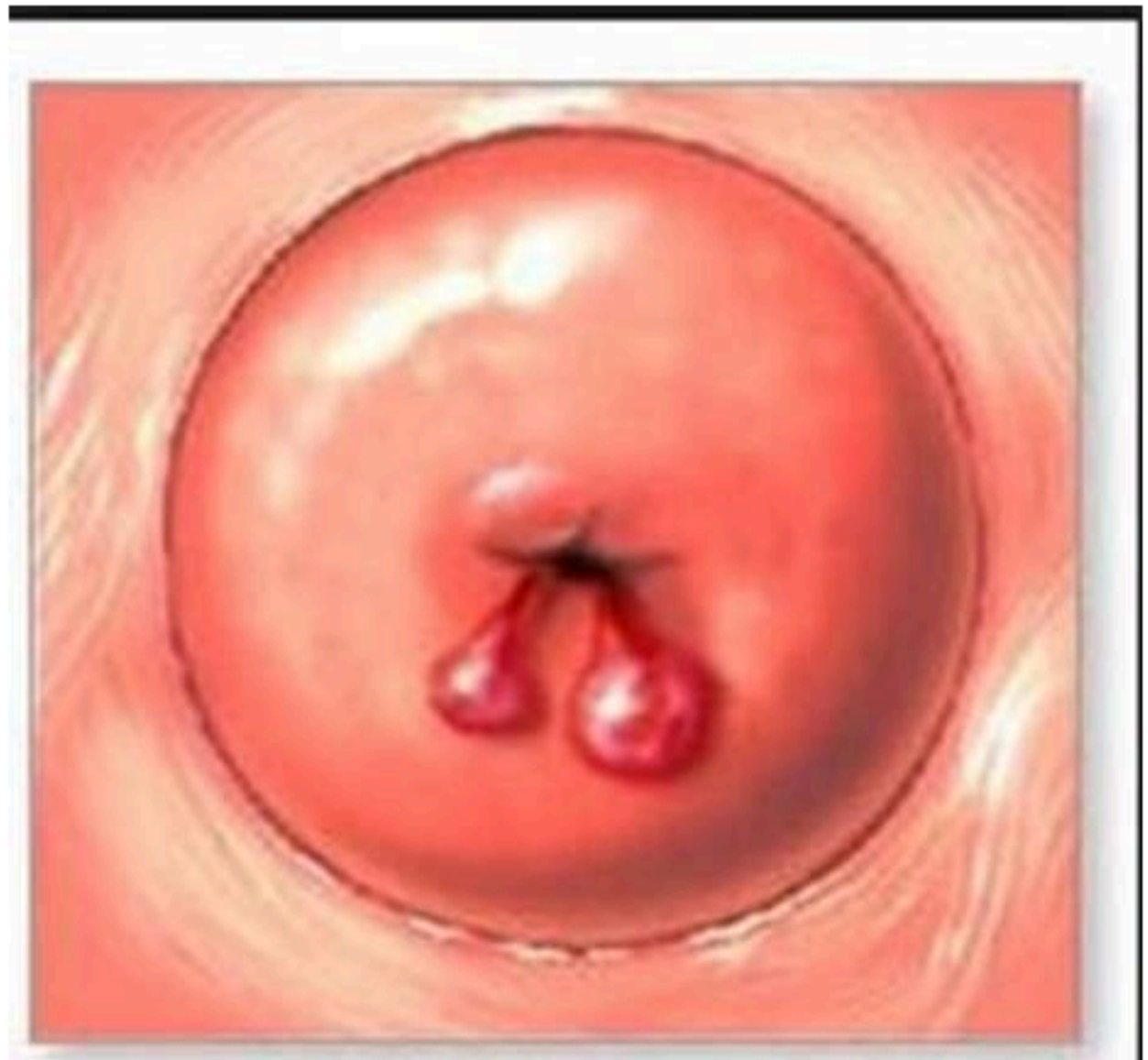
Cervical polyp



Cervical polyps
As viewed through a speculum

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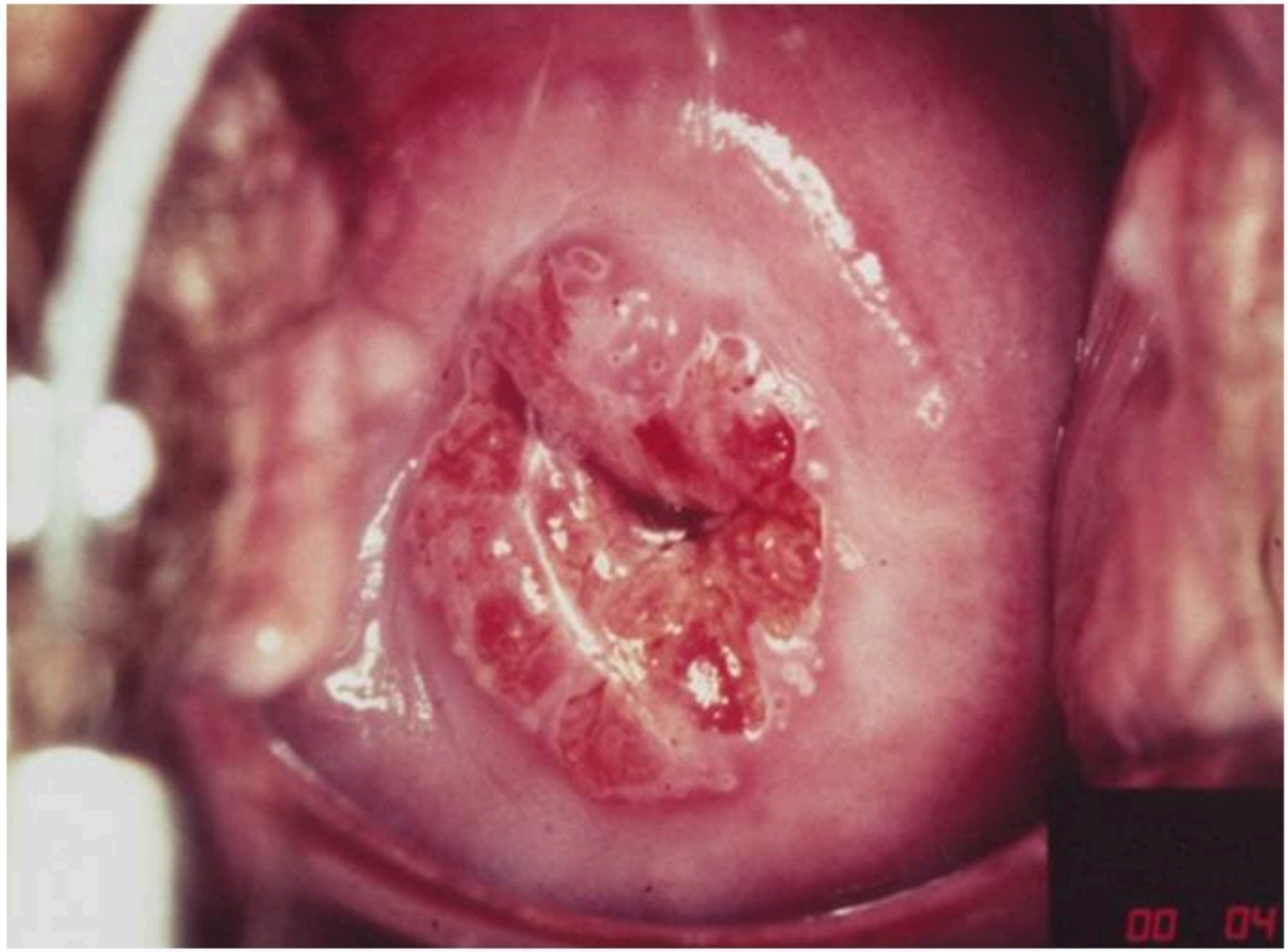
Cervical cancer



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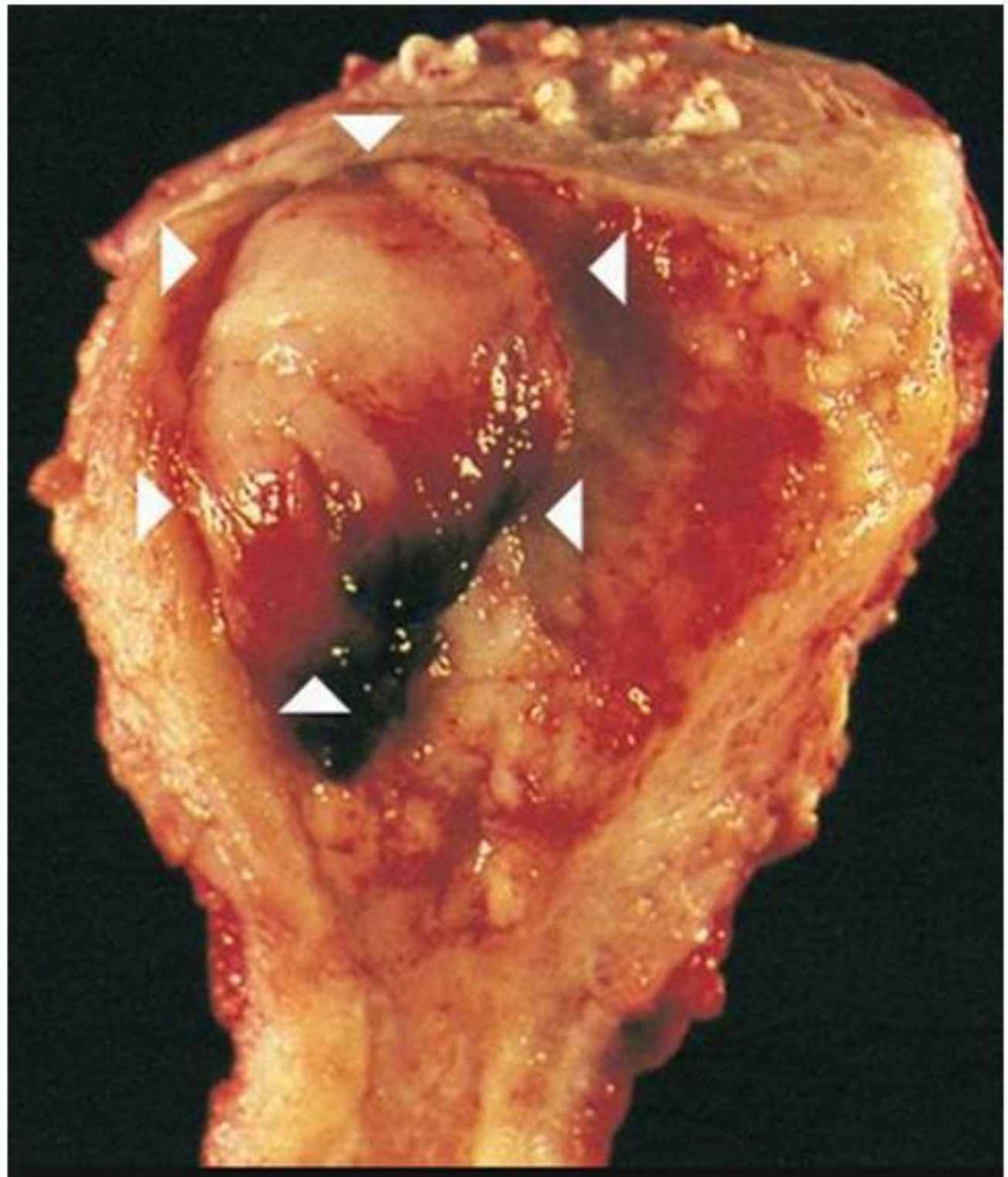
Endometrial cancer



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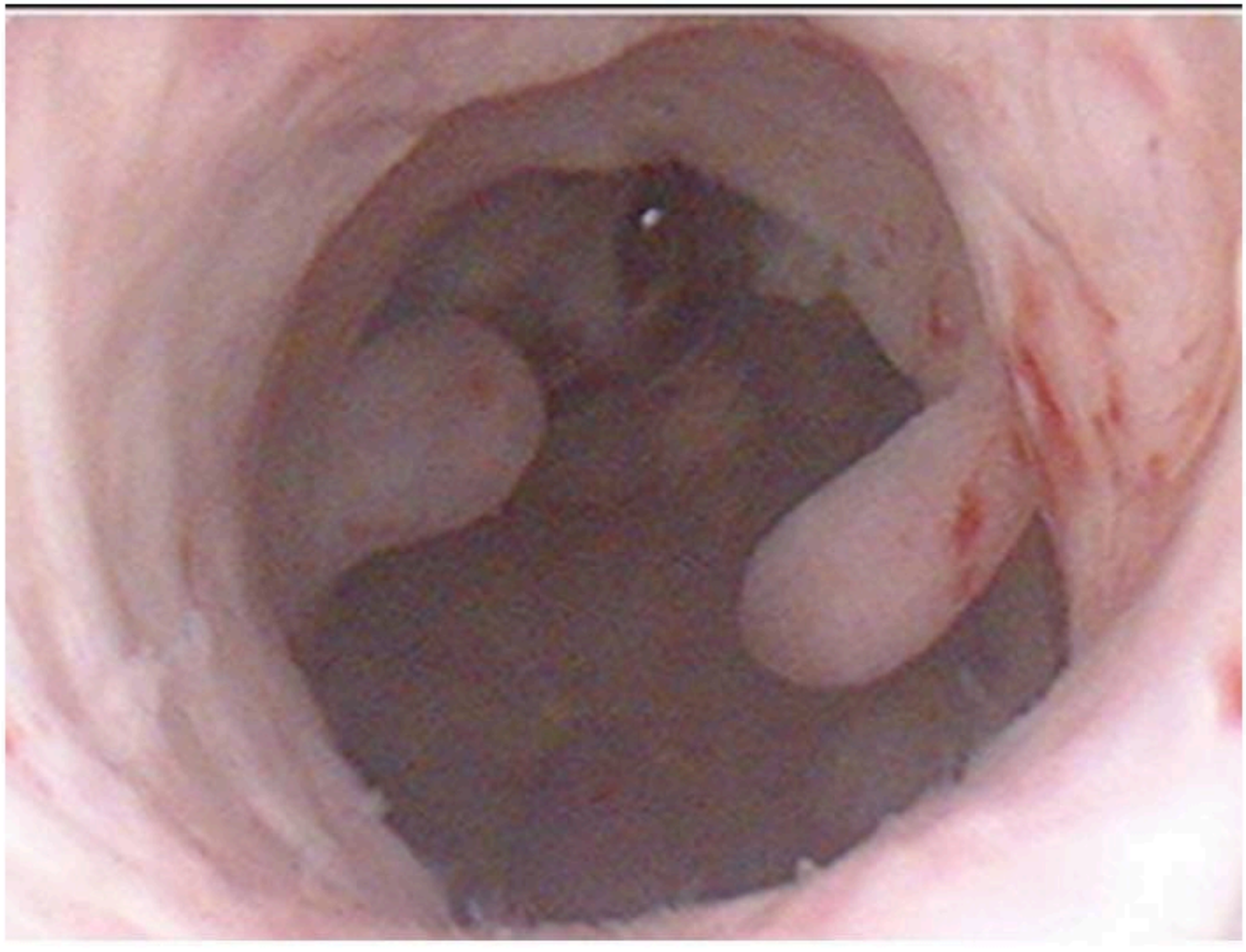
Endometrial polyps



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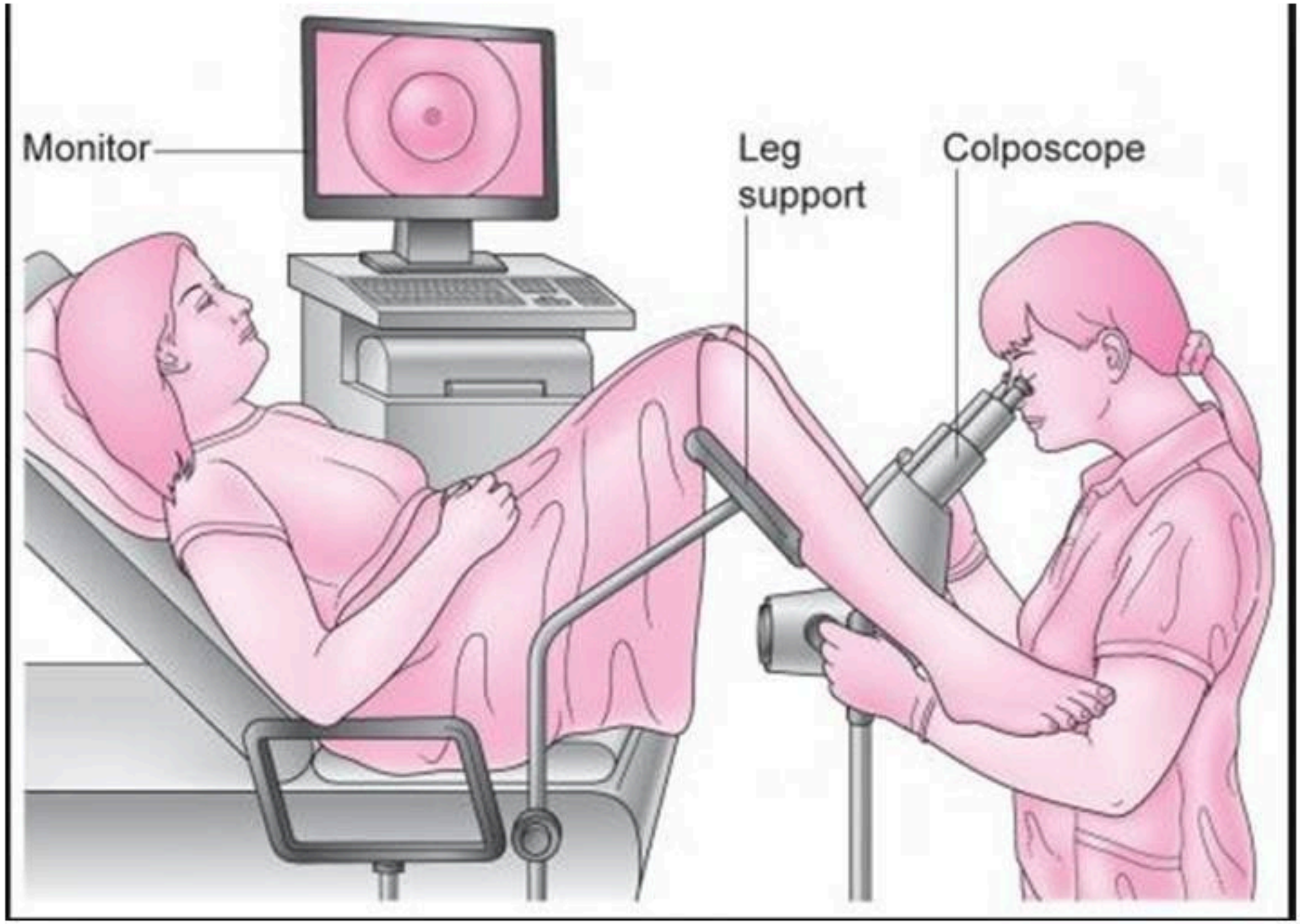
Colposcopy



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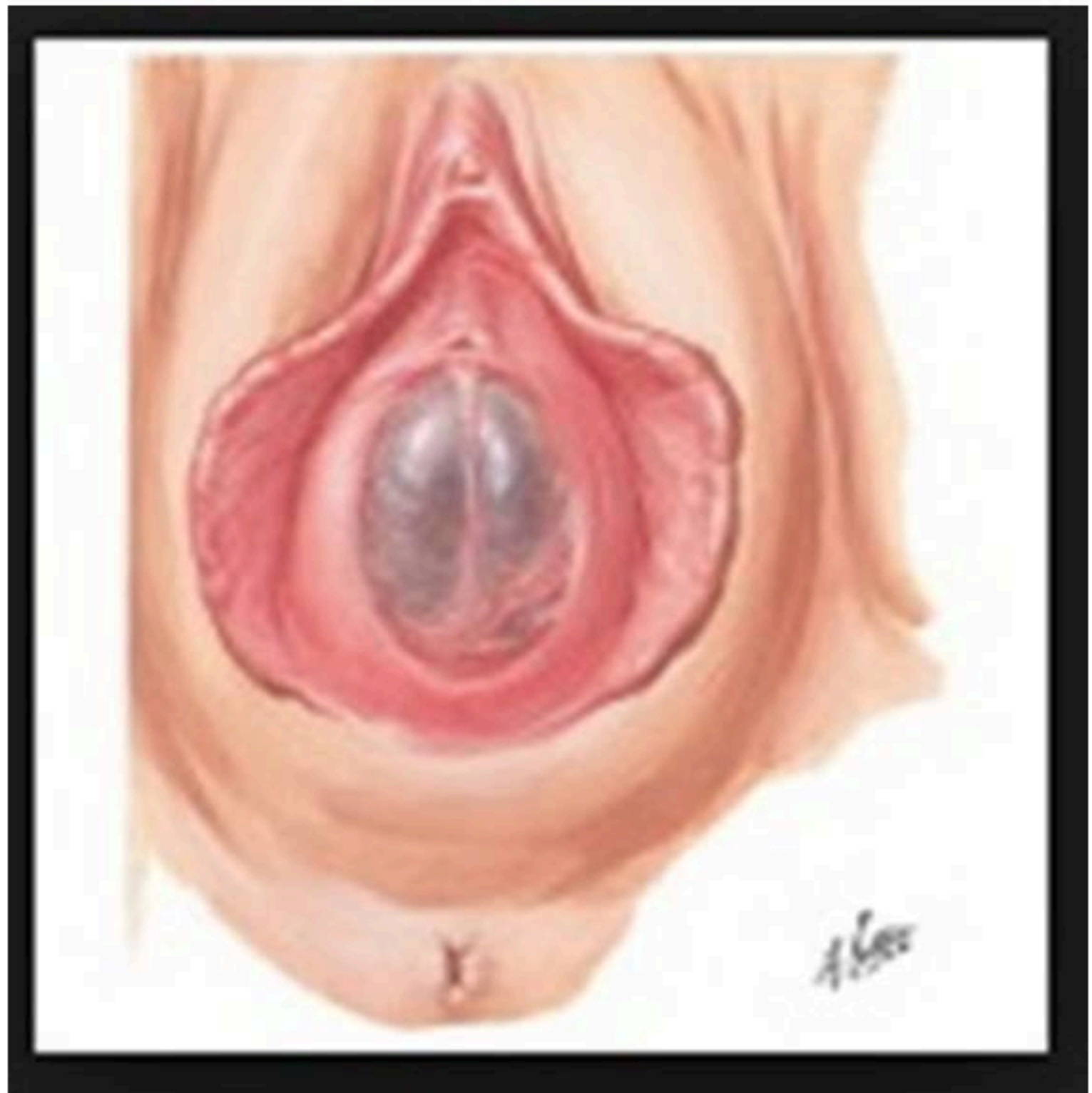
Imperforate hymen



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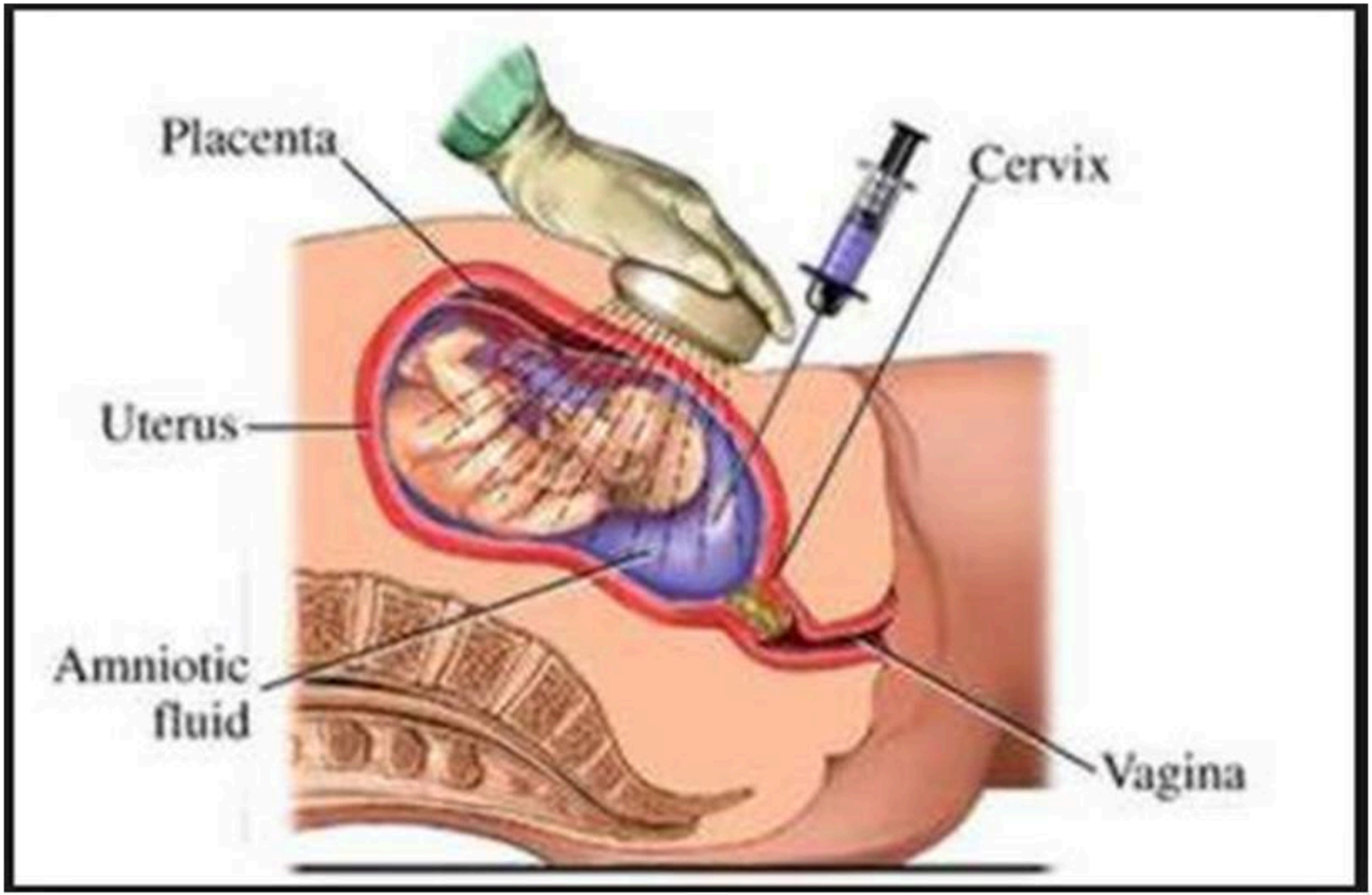
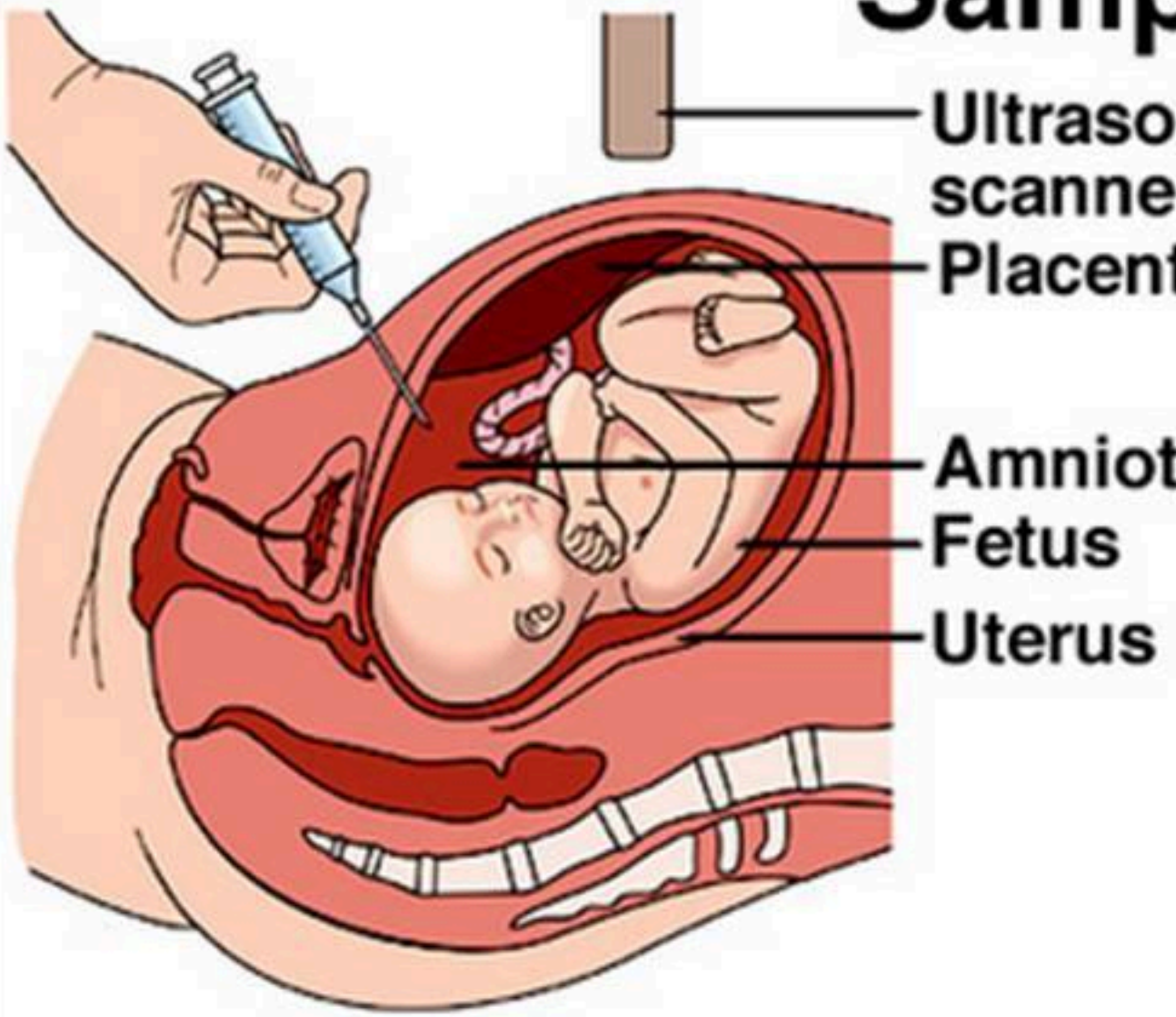
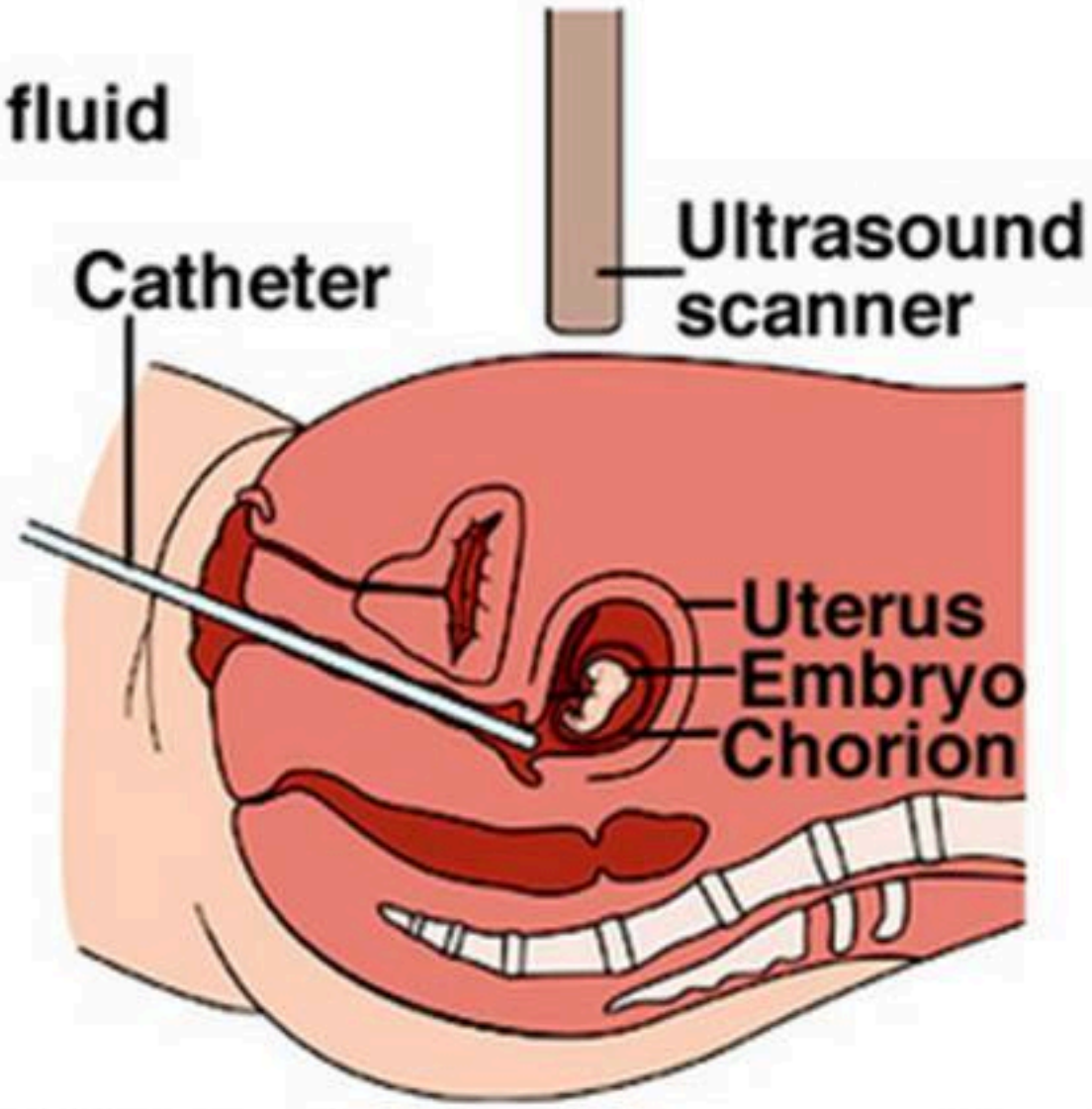
Amniocentesis



Amniocentesis & Chorionic Villus Sampling



(a) Amniocentesis



(b) Chorionic villus sampling

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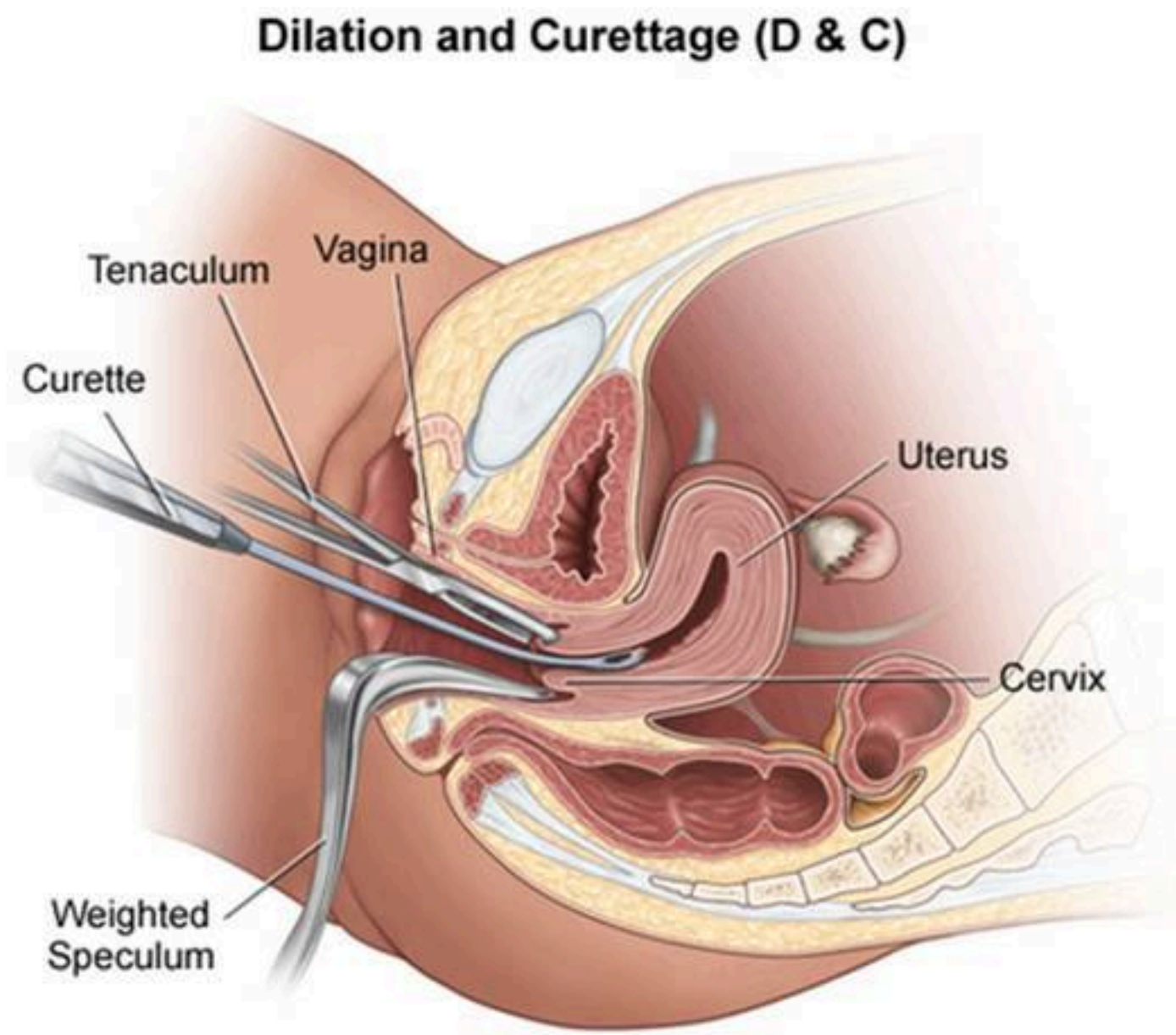
Dilatation & curettage



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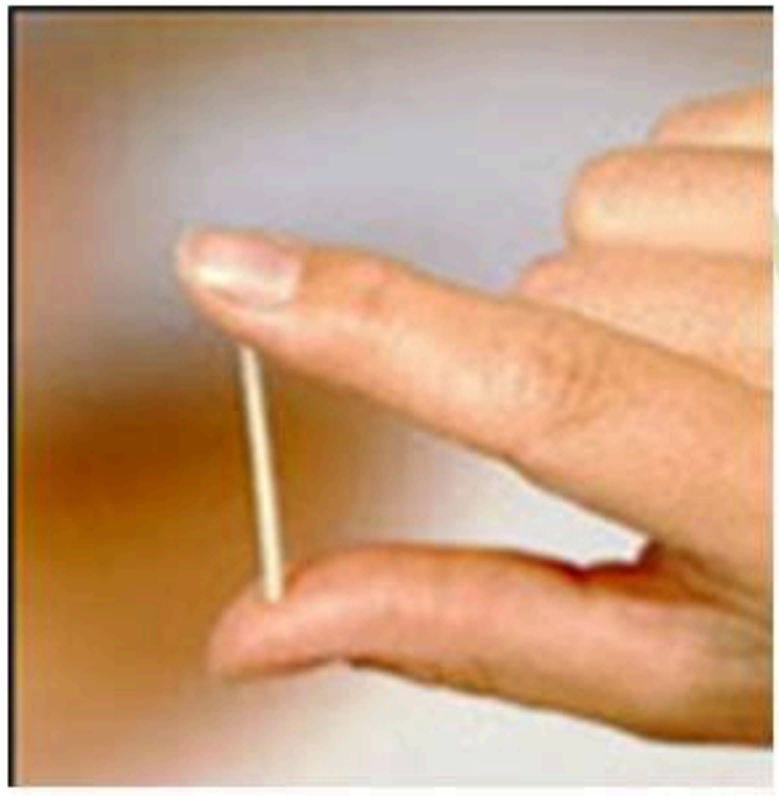
IMPLANON



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diaphragm

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Cervical cap

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Condom

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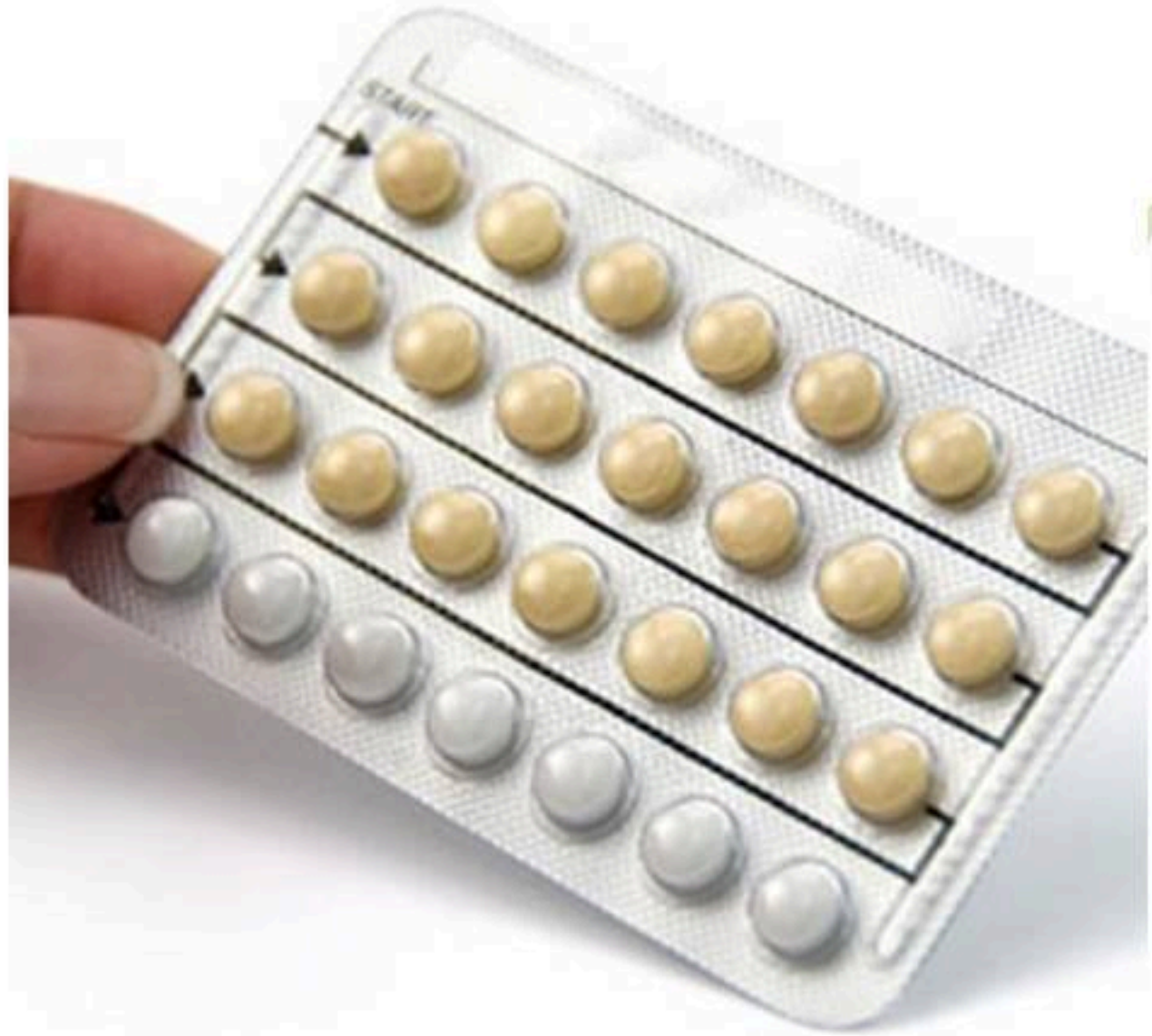
Oral contraceptive pills



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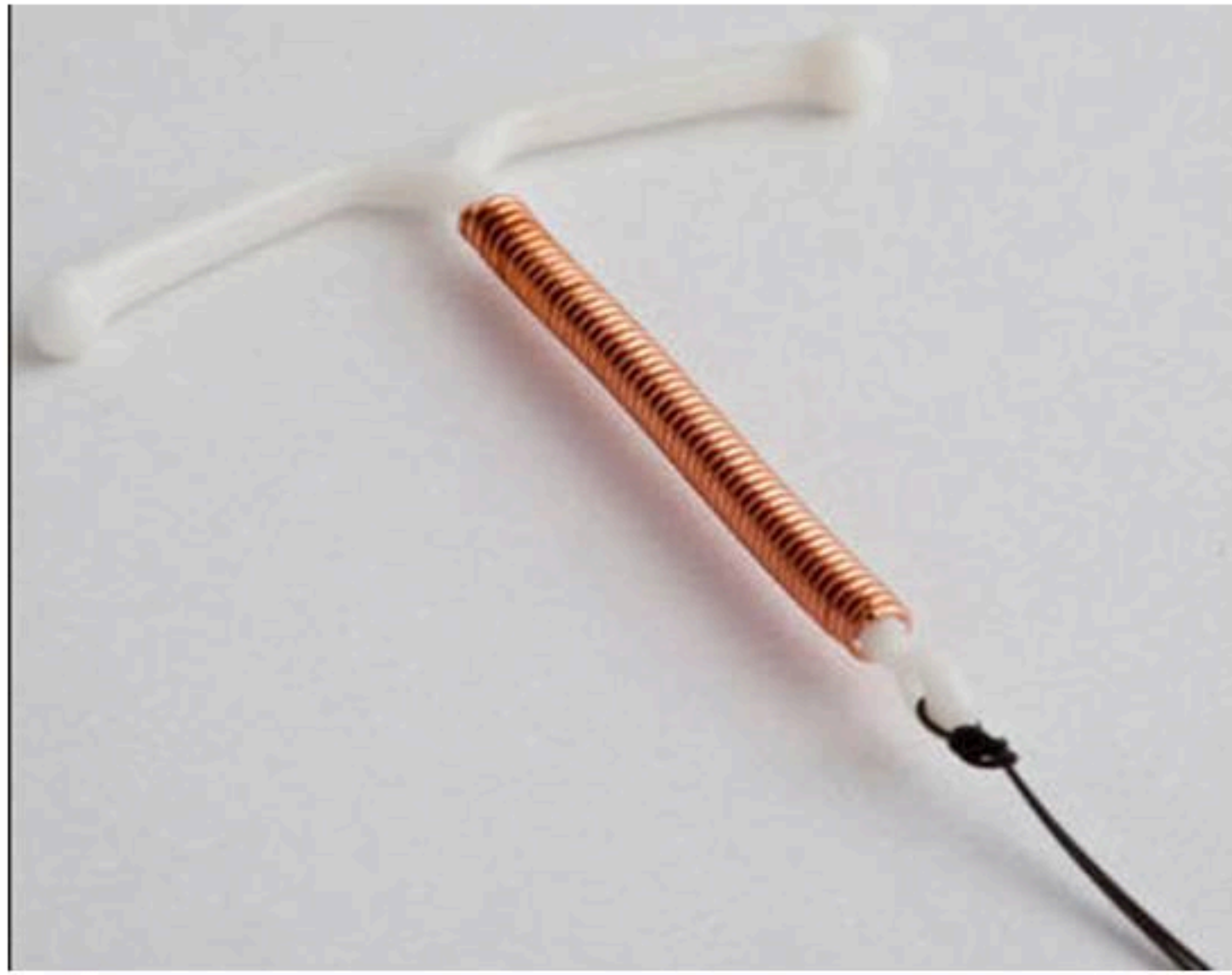
Copper T (IUCD)



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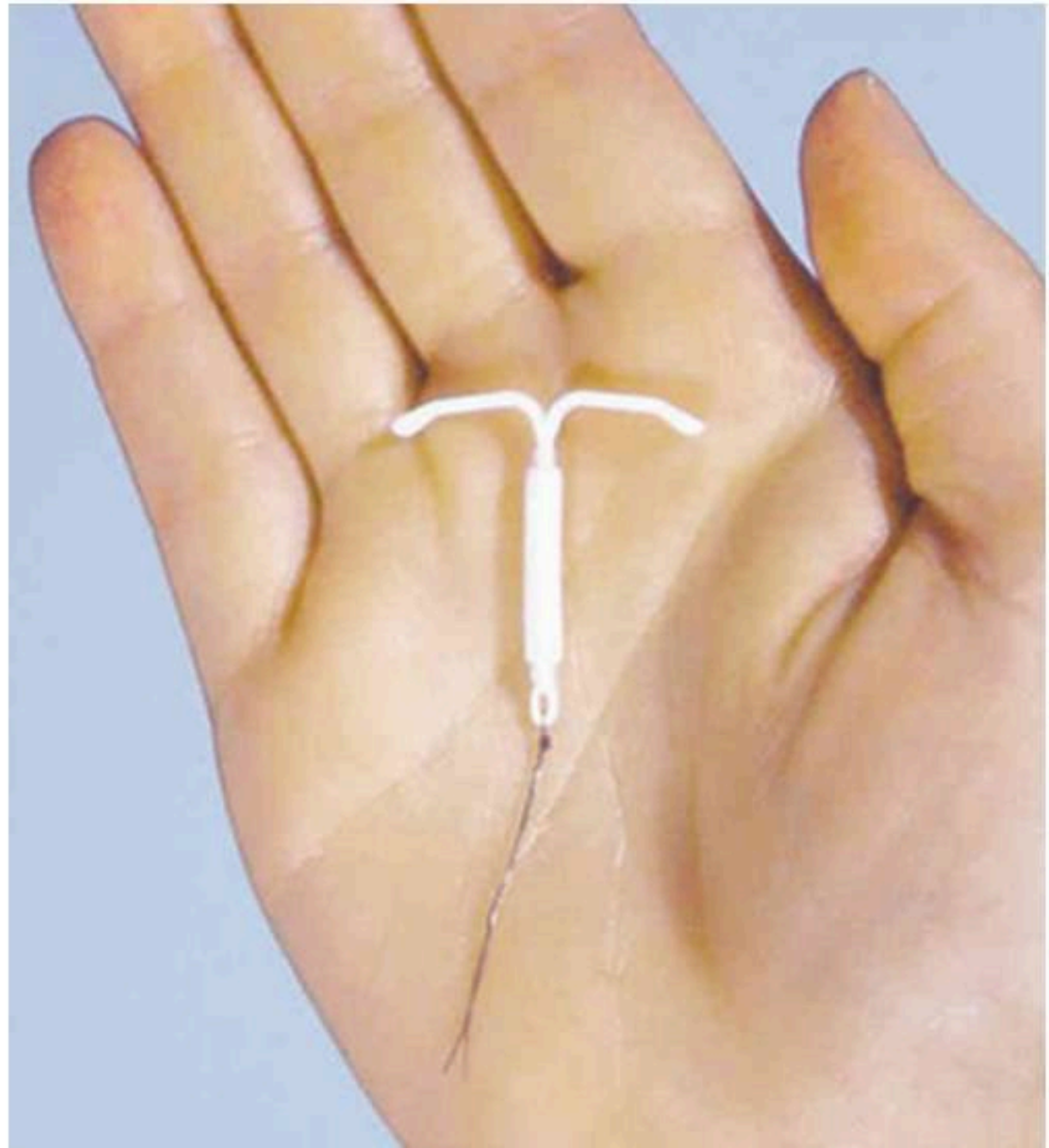
MIRENA (IUD)



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GYNAE INSTRUMENTS & RADIOGRAPHS

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(courtesy slide share etc)

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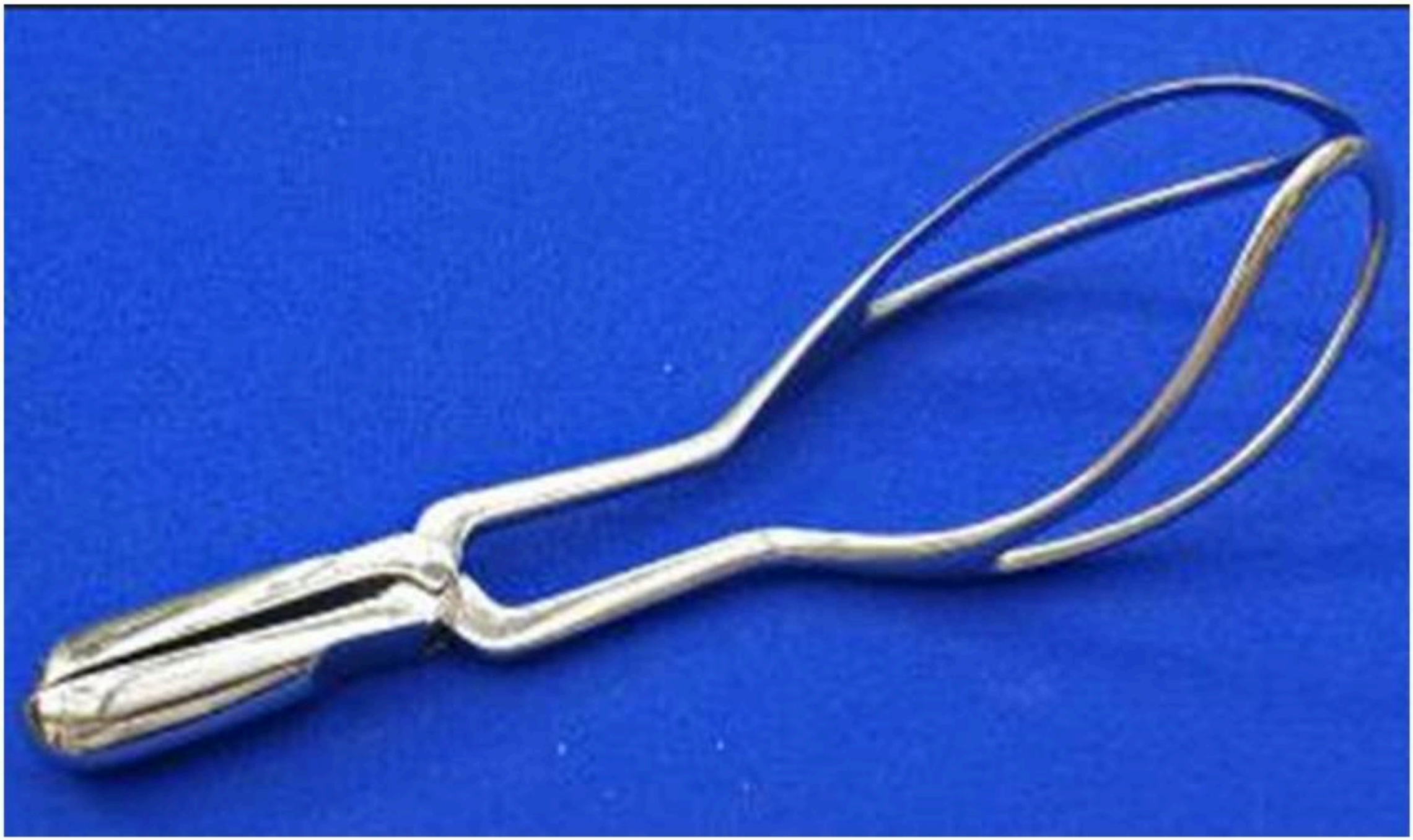
Wrigley's forceps



long curved forceps

- Indications:

1_ Maternal exhaustion

2_ Prolonged second stage

3_ occipito posterior position

4_ After-coming head in breech delivery

CUSCO"S (BIVALVE) SPECULUM

Gynaecological Indications:

1-Examination of vagina & cervix in cases of abnormal vaginal bleeding

2-To take cervical smear for cervical cancer screening.

3-To insert or to remove IUCD.

4-To take vaginal & cervical swab to exclude infections.

5-To allow introduction of uterine sound.

Obstetric Indications:

1-To diagnose PROM in cases with H/O watery vaginal discharge & also to exclude cord prolapse.

2-To exclude local causes of APH.

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CUSCO'S SPECULUM

SIM"S SPECULUM

Indications:

1-To exam the anterior vaginal wall for diagnosis of vesico-vaginal fistula.

2-To diagnose pelvic organ prolapse.

3-To expose the vaginal for fistula repair.

N.B:

Sim"s speculum need assistant during examination of the vagina & the patient should be in left lateral position or Sim"s position.

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ENDOMETRIAL BIOPSY CURETTE

Sharman Endometrial Biopsy Curette

S30.24220 8¾" 223mm

UTERINE CURETTE

Indications:

1-To take an endometrial sample in cases of abnormal vaginal bleeding

2-To detect ovulation in cases of infertility by detection of secretory change of endometriu

3-To remove the decidua (curetage) after evacuation in case of abortion&molar pregnanc

4-To remove retained products of conception in cases of PPH.

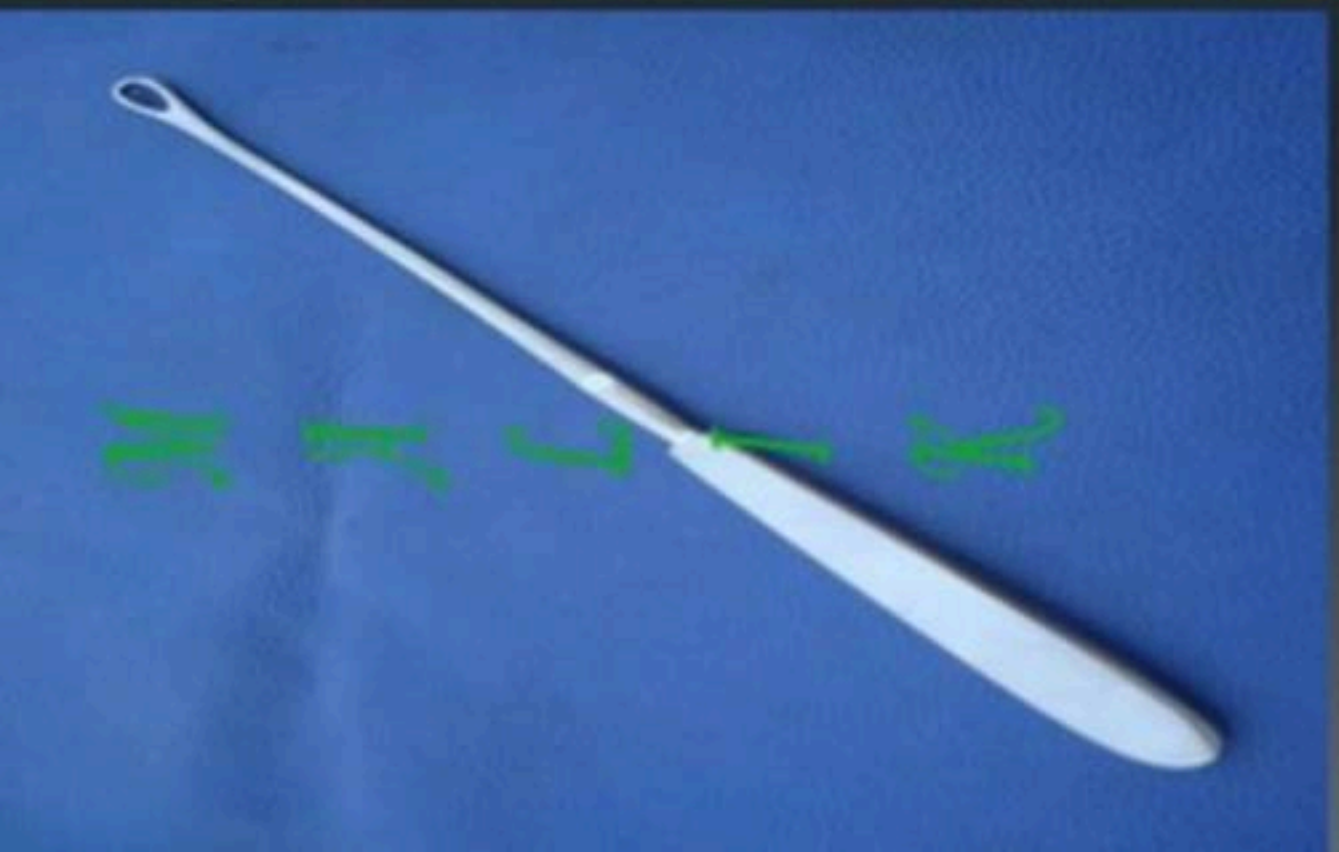
Complications:

1-Permanent amenorrhea & infertility due to removal of basal layer of endometrium.

2-Asherman"ssyndrome.

3-Endomeriosis due to implantation of endometrial tissue in the vagina or perineal scar.

4-Complications of dilatation (cervical trauma).



HEGAR"S DILATOR

Indications:

1-To dilate the cervix for under GA or paracervical block:

a-induction of labour b-taking cervical biopsy c-curettage d-hysteroscopy

2-To diagnose cx-incompetence when *Hegar"s no. 8* passe easily without pain&resistant

Complications:

1-Cercical trauma that may lead to cervical incompetence ,uterine perforation.

2-Bleeding due to cervical lacerations.

- There is different sizes from 3-12 mm ,no. 7-10 for curettage.

double end

Single end

RUBIN"S CANNULA

Indications:

To inject a dye into the cervix to perform hysterosalpingogram (HSG) to detect patency of Fallopian tubes in cases of infertility & also for diagnosis of: cervical incompetence ,congenital anomalies of the uterus ,Asherman"s syndrome.

Ventous for vacuum delivary

- **Indication :**

1-delay second labour stage 2- fetal distress

- **Requirment :**

1- cx full dilators 2- fetal head engagment 3- good uterus contraction

- **C\ I :**

1- fetal scalp bleeding 2- <34 wk g 3- malepresentation

If ventous failed don't try forecepe or repeat ventous twice

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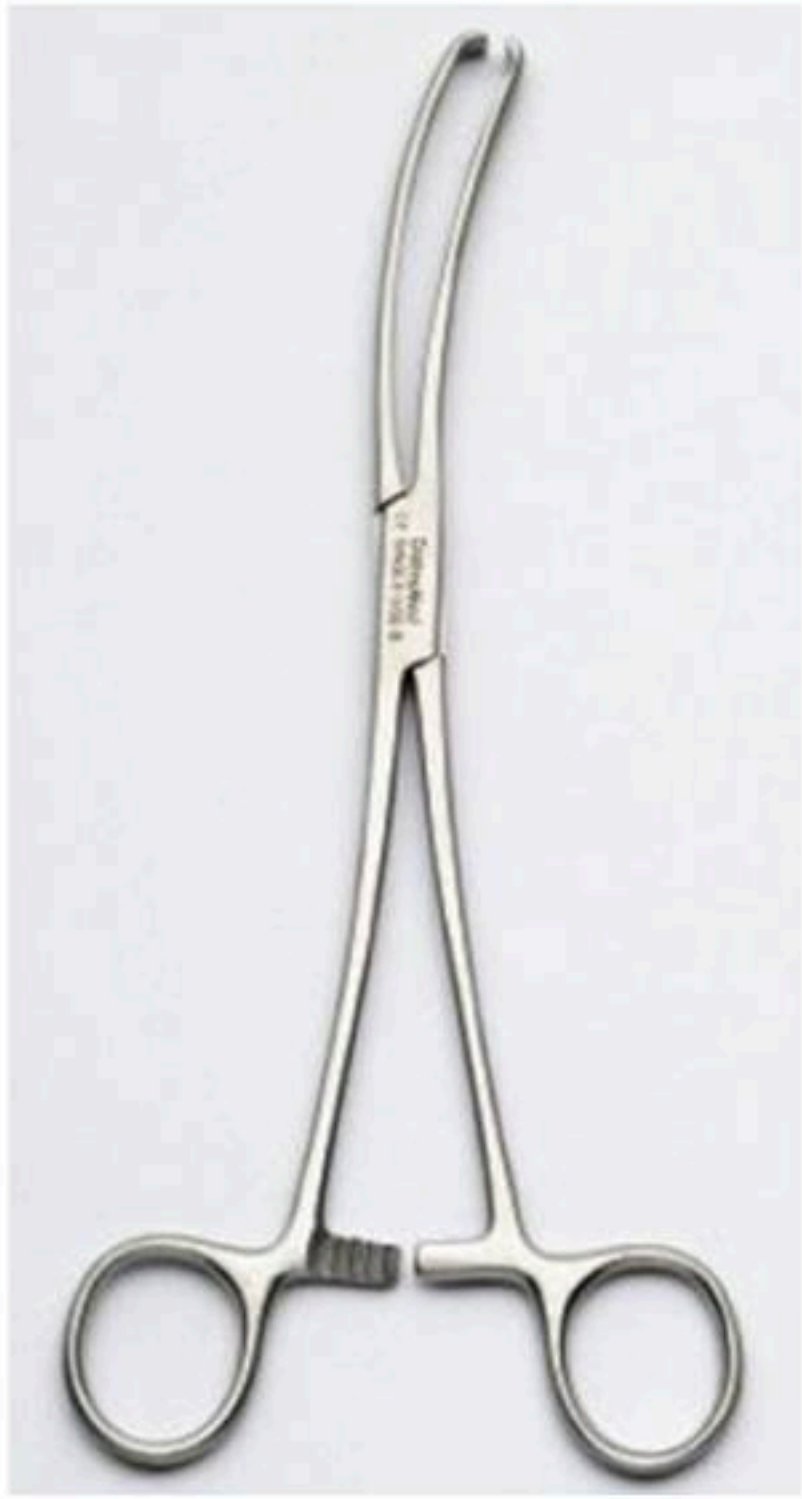
Vulsellum



VULSELLUM FORCEPS

Indications:

1-To grasp the cervical lips to visualize the cervix or during vaginal hysterectomy .

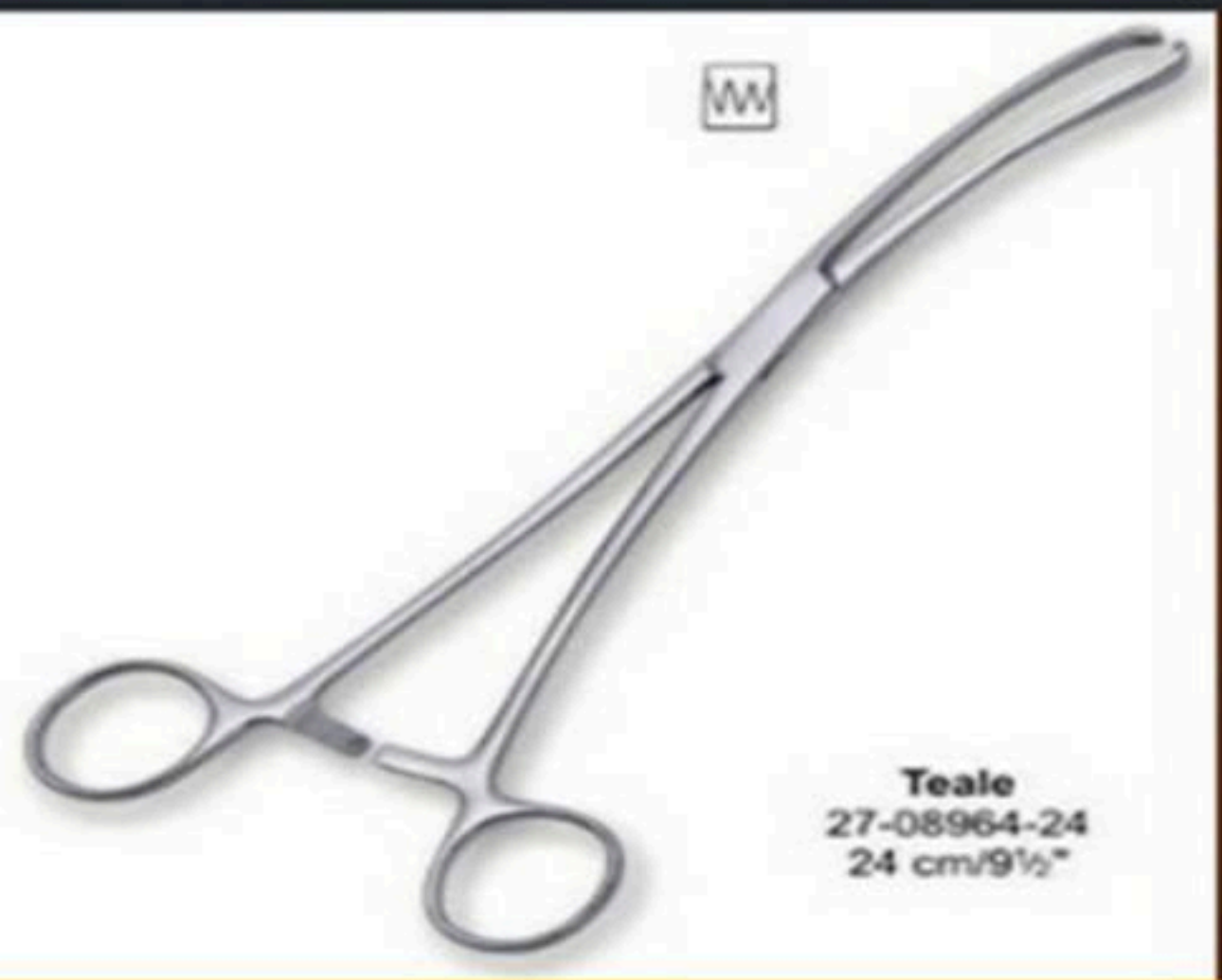
2-To grasp a fibroid polyp during vaginal myomectomy.

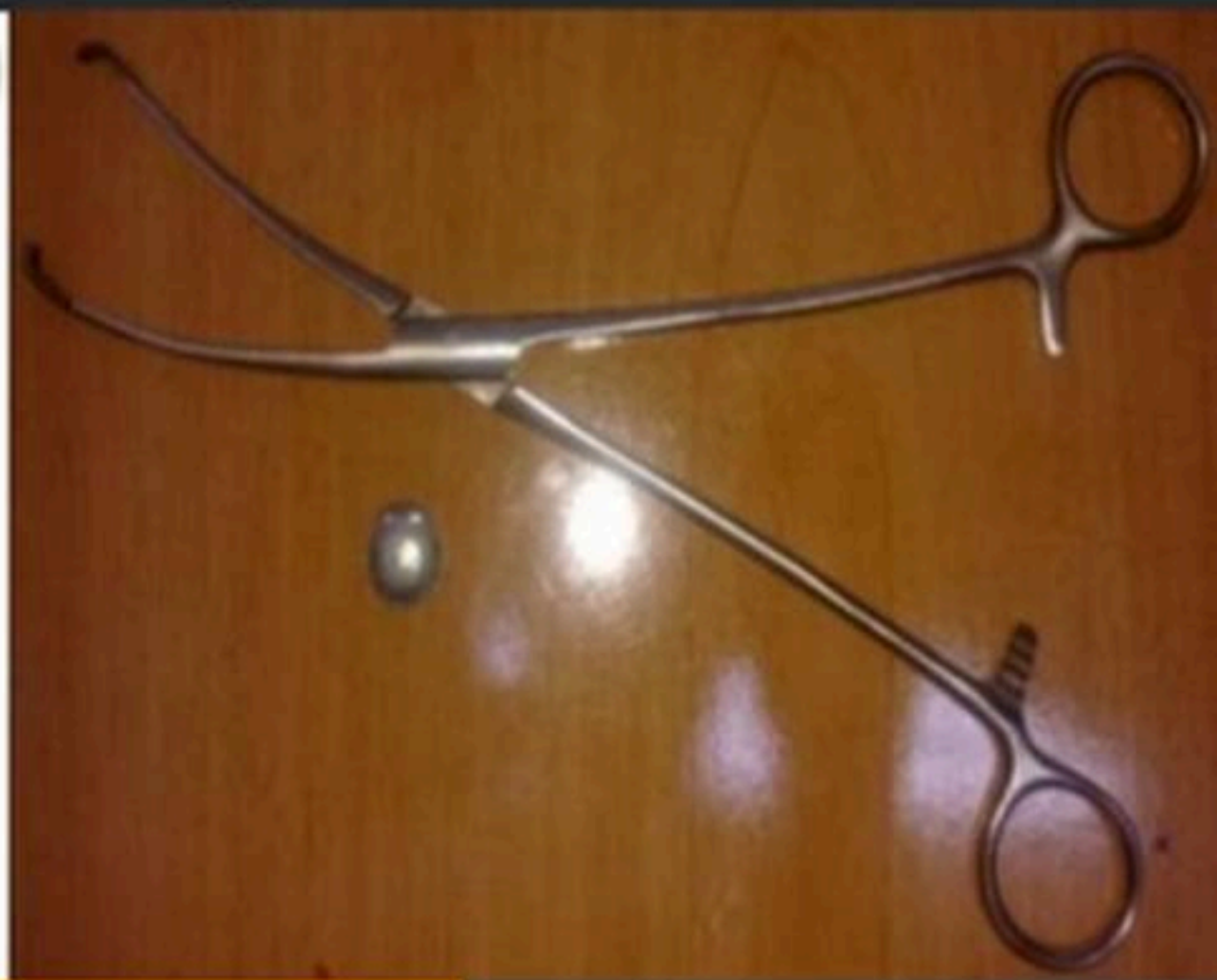
N.B:

-It may be single-toothed ,double-toothed or multiple-toothed.

-*Should not used during pregnancy due to risk of bleeding.*

-It causes laceration of the cervix causing bleeding.





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Sponge holding forceps

SPONGE HOLDER FORCEPS

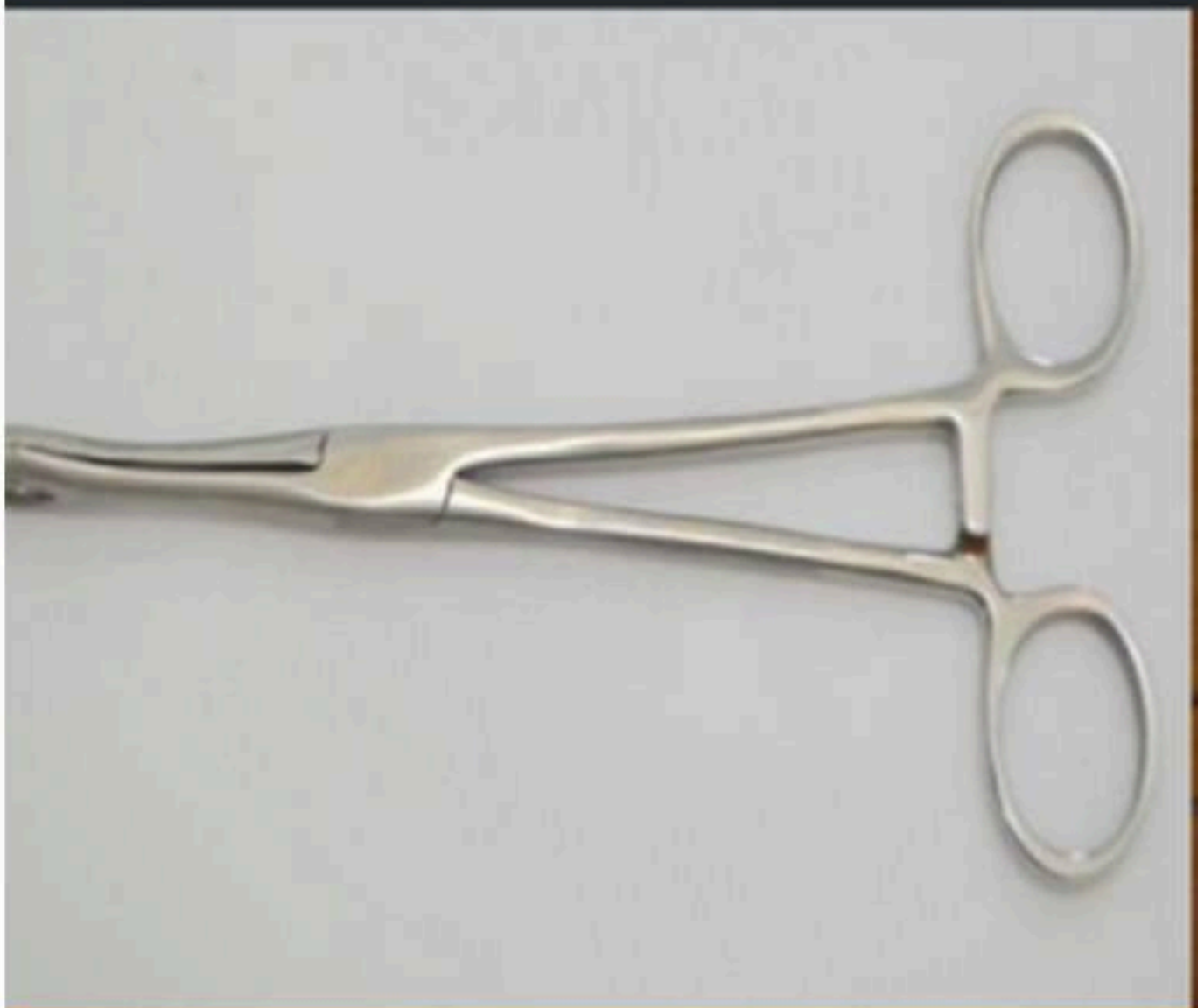
Indications:

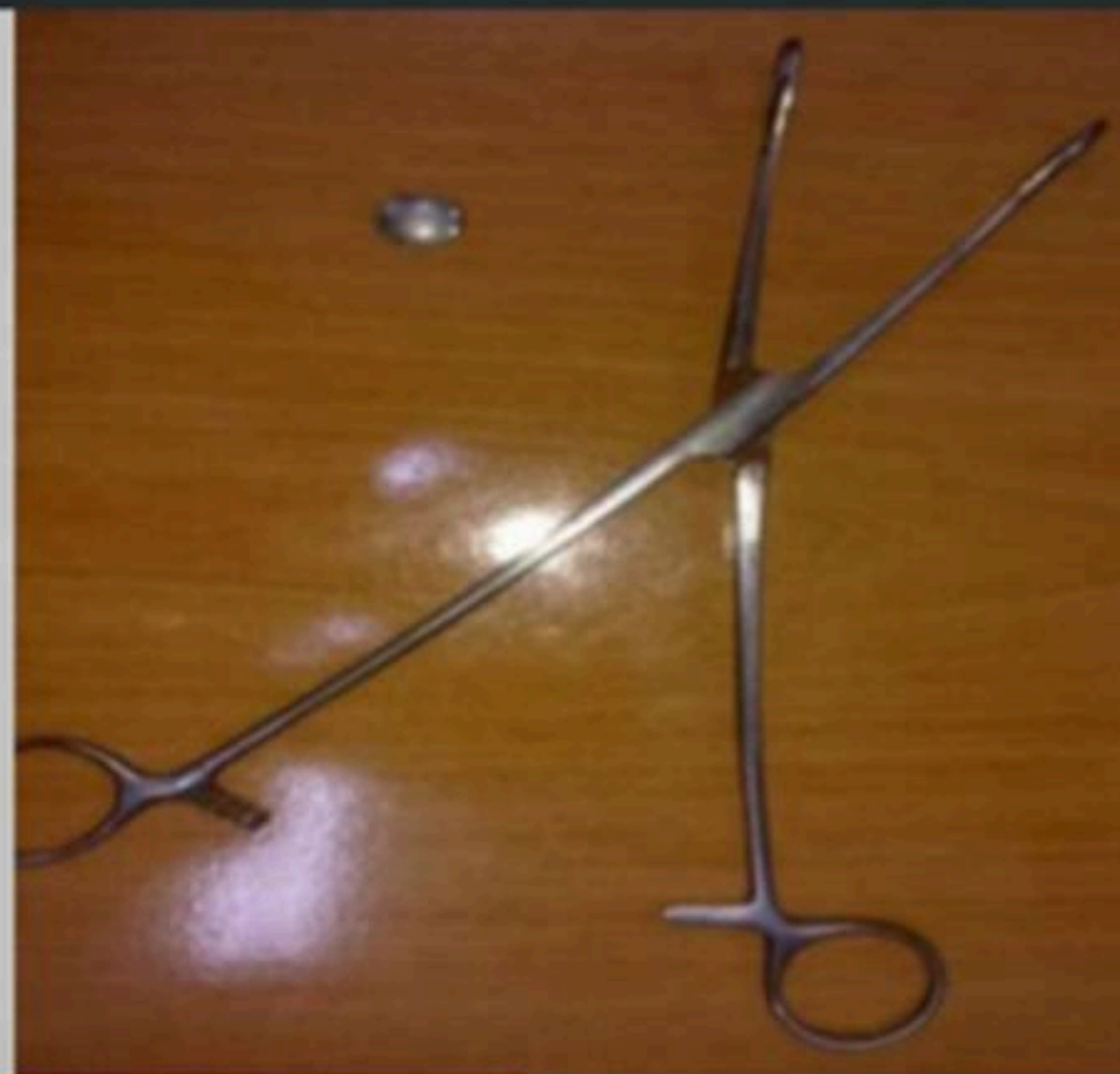
1-To hold gauzes during sterilization & cleaning of skin before surgery.

2-For removal of IUCD.

3-To grasp the ant. Cervical lip during removal of product of conception as vulsellum forceps causes bleeding due to high vascularity of the cervix during the pregnancy.

N.B: *It has a lock*.





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UTERINE SOUND

UTERINE SOUND

Indications:

1-To measure the length of the uterine cavity.

2-To know the position & direction of the uterus in case of retroversion.

3-To differentiate between a polyp arising from the cervical canal or body of the uterus.

4-To measure the length of the cervical canal.

Complications:

1-Shock due to pain.

2-Ascending infections.

3-Perforation of the uterus.

4-Abortion if introduced into a pregnant uterus.

OVUM FORCEPS

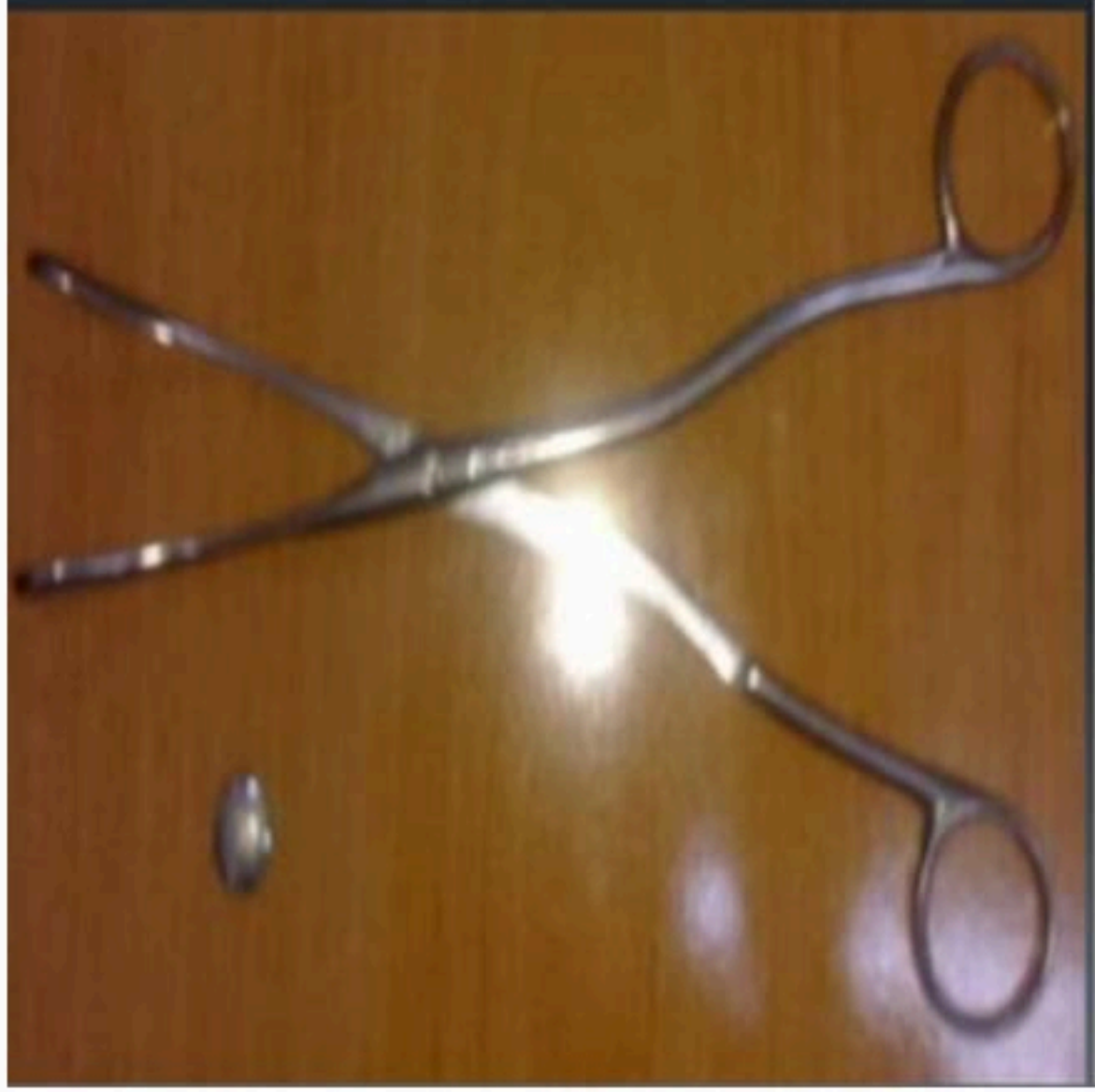
Indications:

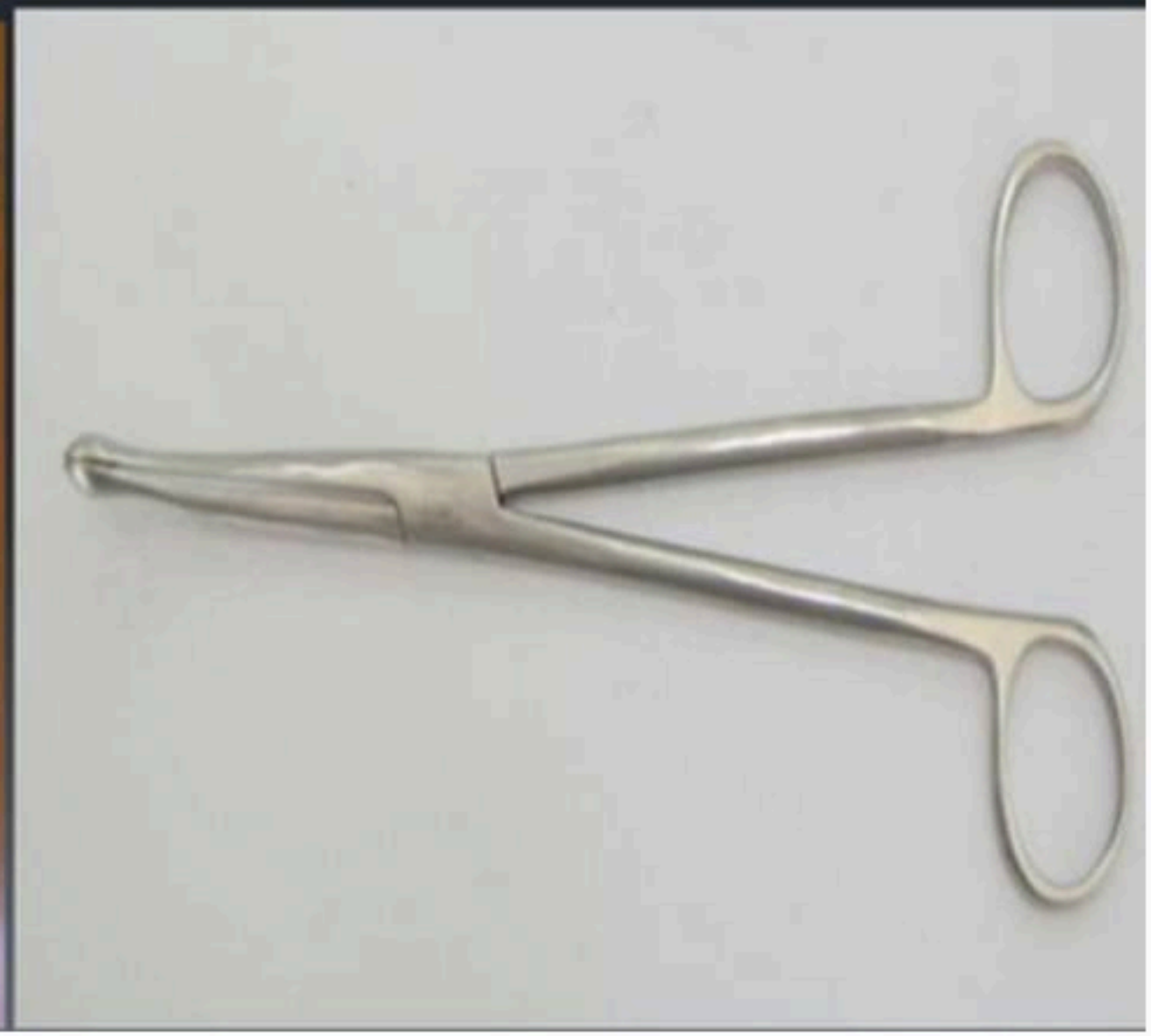
1-To remove products of conception. 2-To evacuate the uterus after abortion.

Complications:

Perforation of the uterus.

It has no lock.





KOHER"S FORCEPS

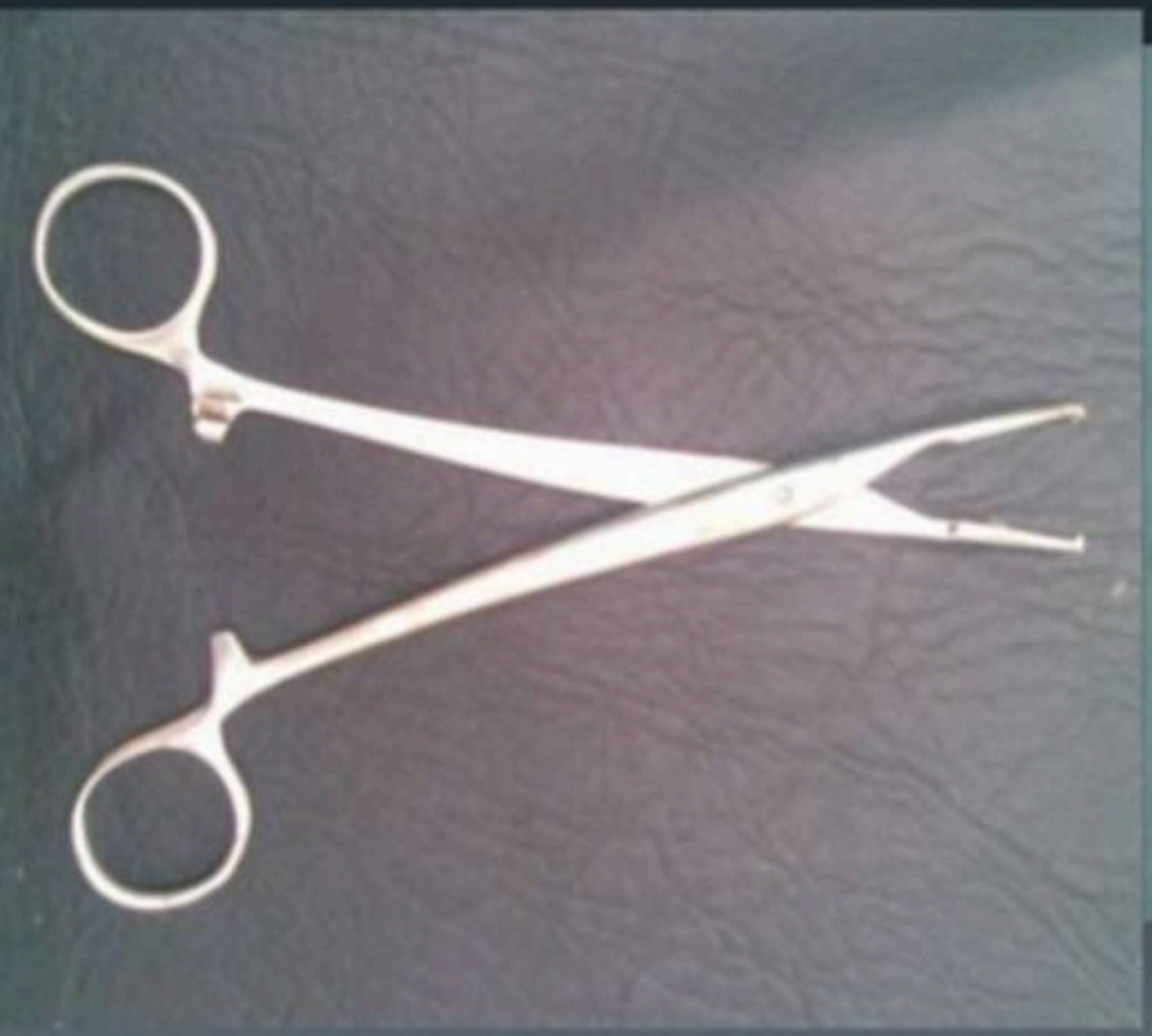
Indications:

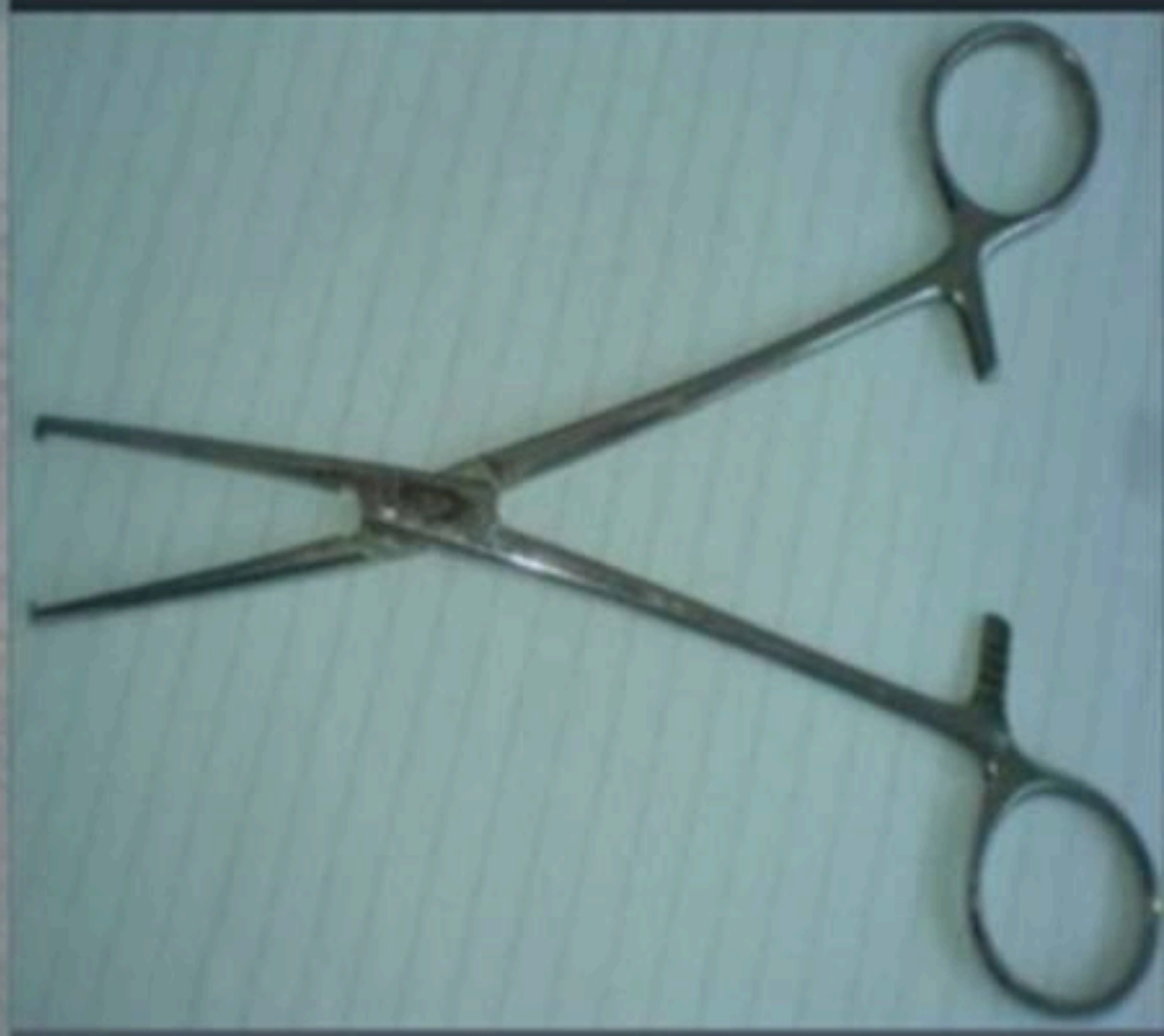
1-To perform artificial rupture of membranes (ARM) for induction of labour.

2-To hold sheaths of rectus muscle during C-section.

N.B:

It has toothed ends ,one end with single tooth & other end with two teeth. It has a lock.





PAPICOCK FORCEPS

Indications:

To hold soft tissues like bowel ,appendix or Fallopian tubes during abdominal surgery.

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Pinard's fetoscope

Indications:

To auscultate fetal heart sound.

ALLIES"S FORCEPS

Indications:

1-To hold peritoneum during c-section.

2-To remove a cervical polyp,

3-During tubal ligation & abdominal hysterectomy

N.B: *It has a lock & toothed ends (3 teeth on one end & 2 teeth on the other).*

GREEN-ARMYTAGE
Uterine Haemostatic Forceps

SD4-260

CE

GREEN ARMYTAGE HAEMOSTATIC FORCEPS

THIS FORCEPS ARE USED IN LOWER SEGMENT CAESEAREAN SECTION.

ITS FUNCTION ARE HAEMOSTASIS AND TO CATCH HOLD OF THEE ABDOMINAL SHEATH

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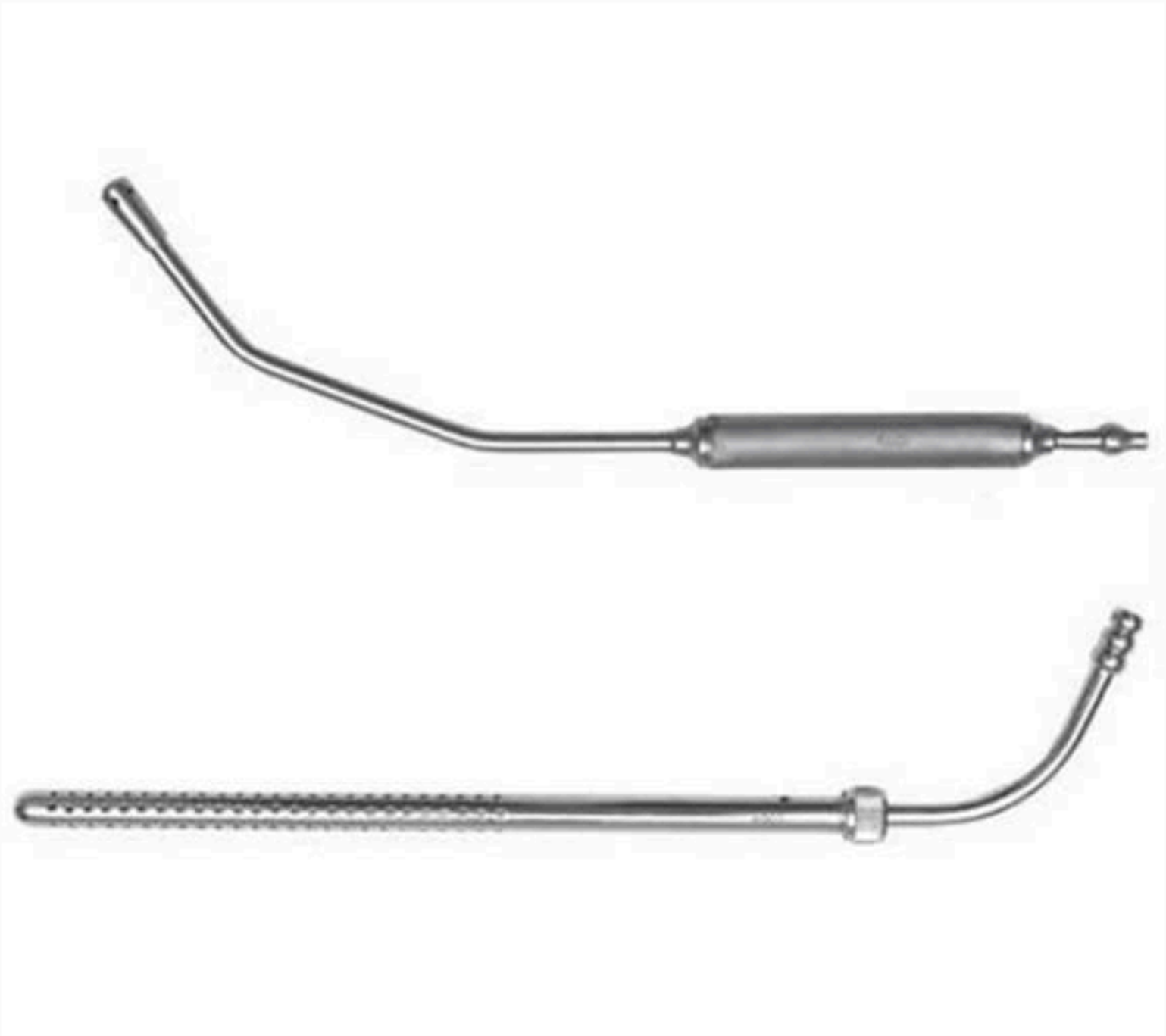
Suction canulla



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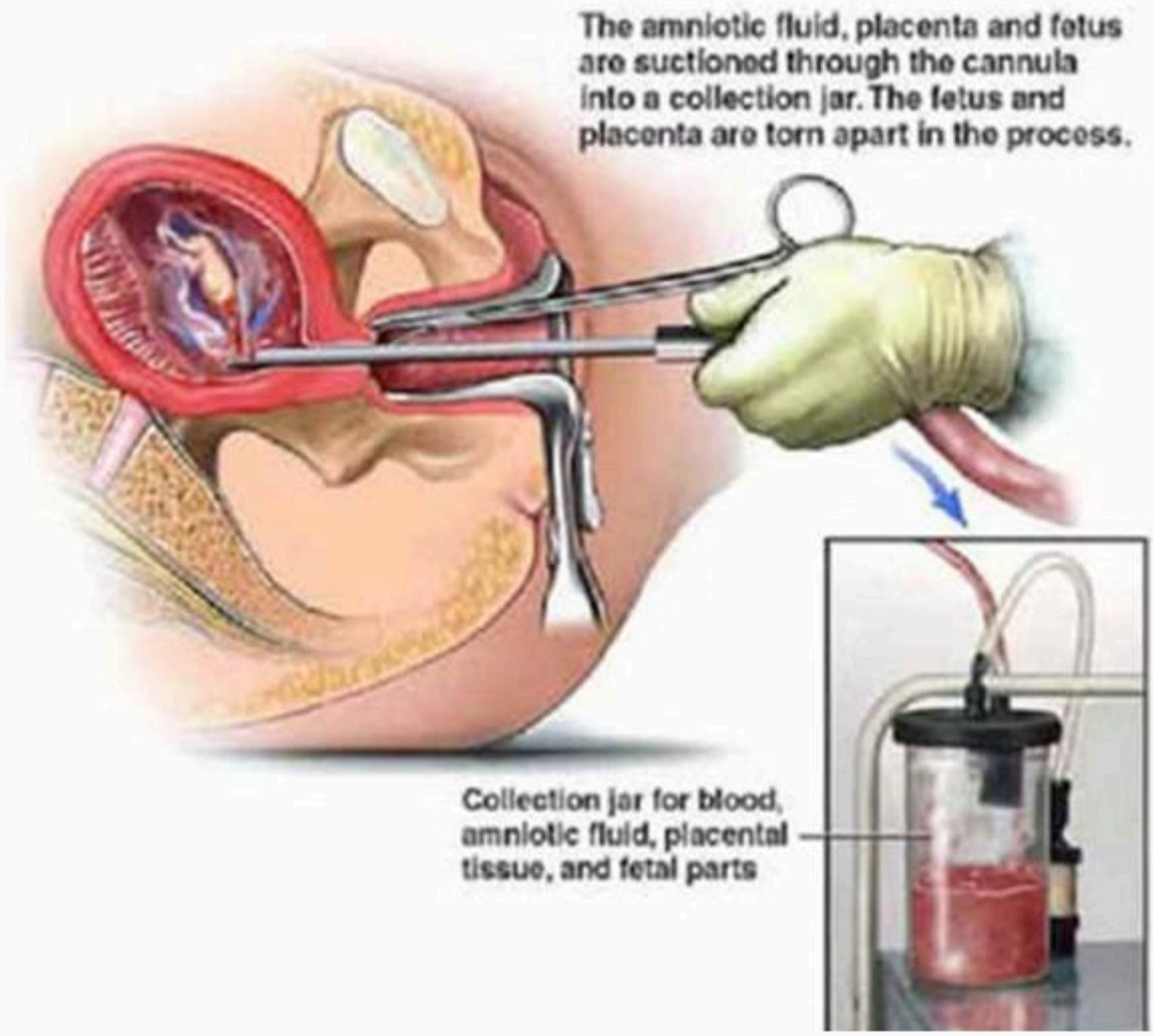
Suction evacuation



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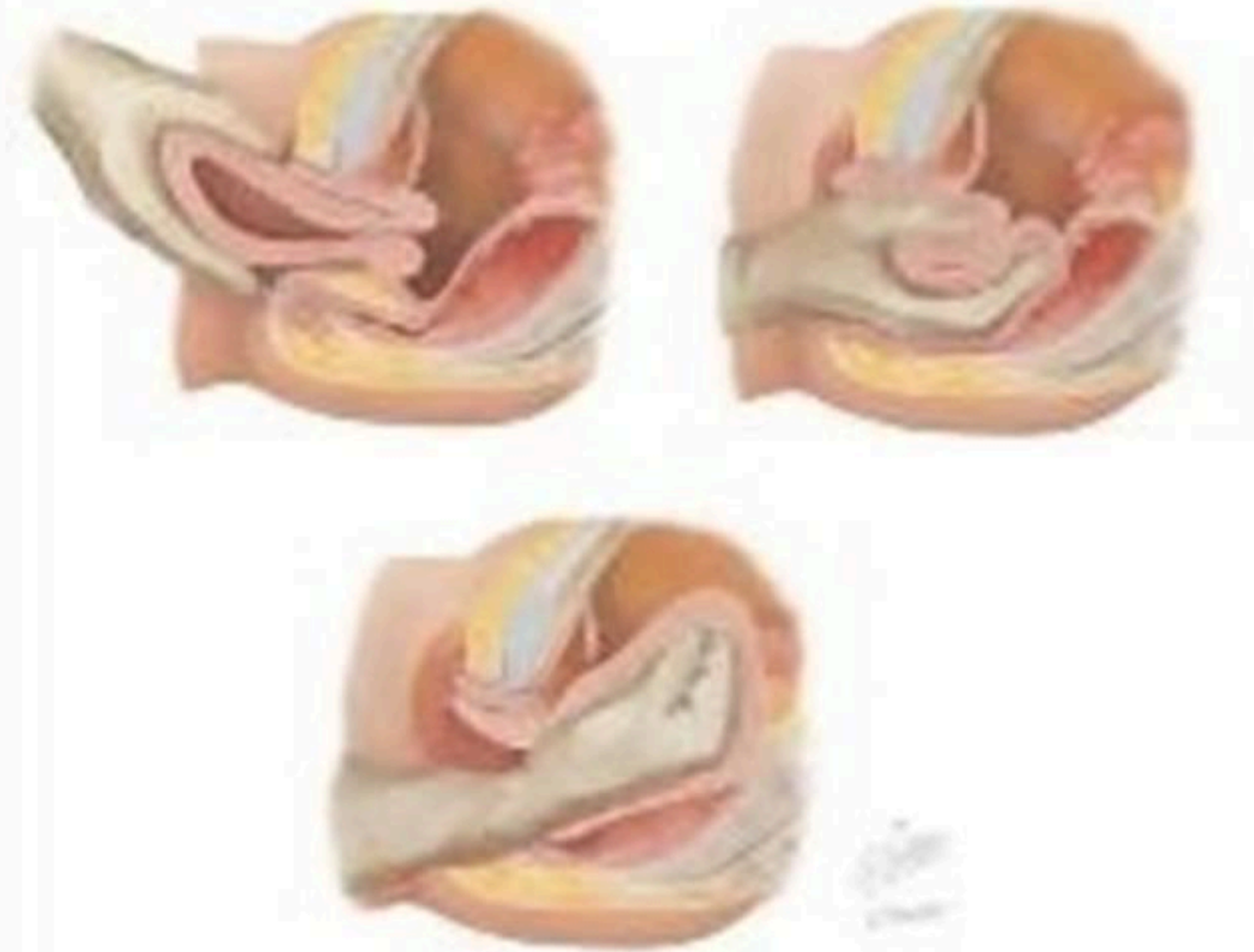
Uterine inversion



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Sonicade for fetal heart sound

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Injection syntocinon

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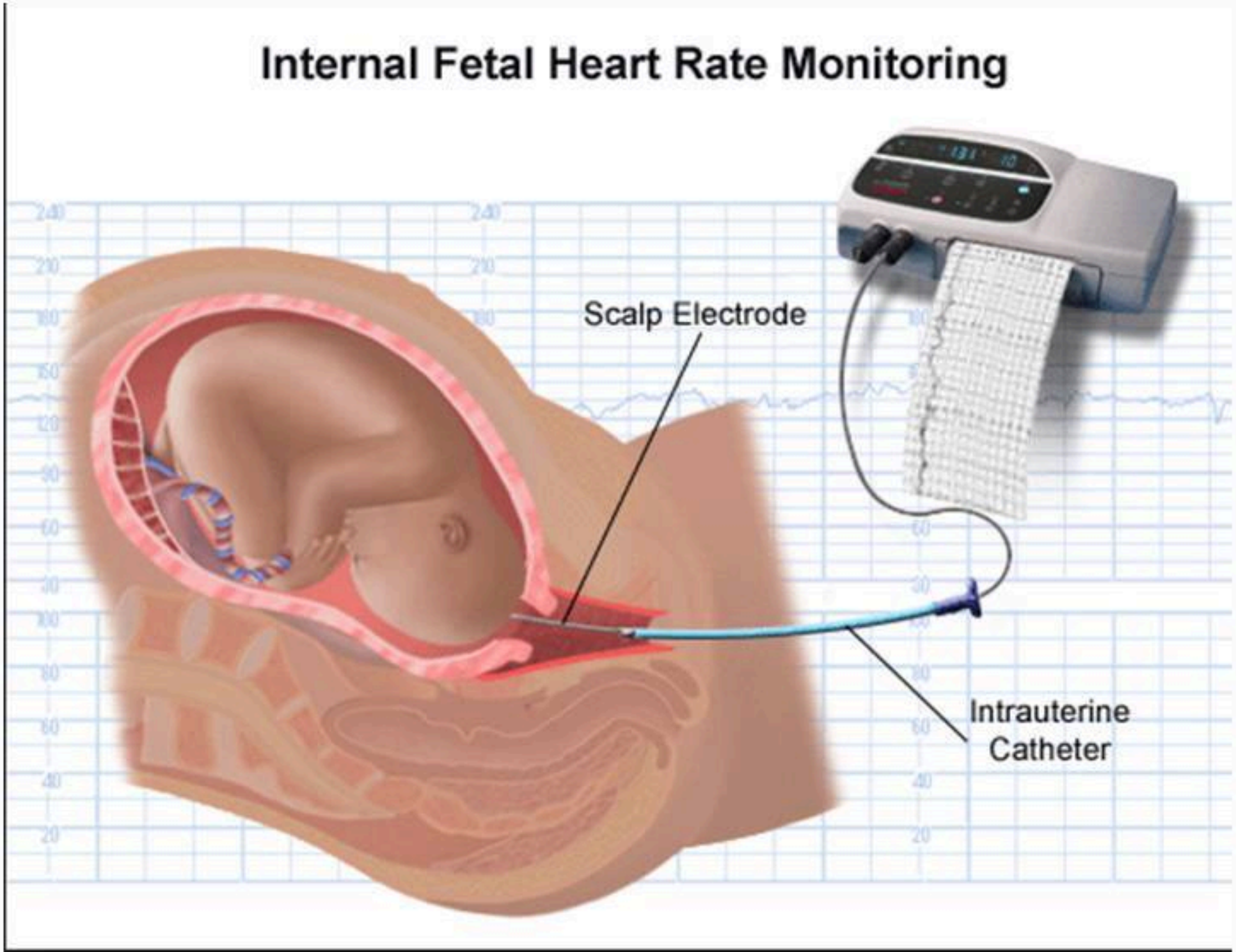
Fetal scalp electrode



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Vaginal pessaries

A vaginal pessary is a removable device placed into the vagina. It is designed to support areas of pelvic organ prolapse, to reduce the protrusion of pelvic structures into the vagina.

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Cord clamp

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Episiotomy scissors

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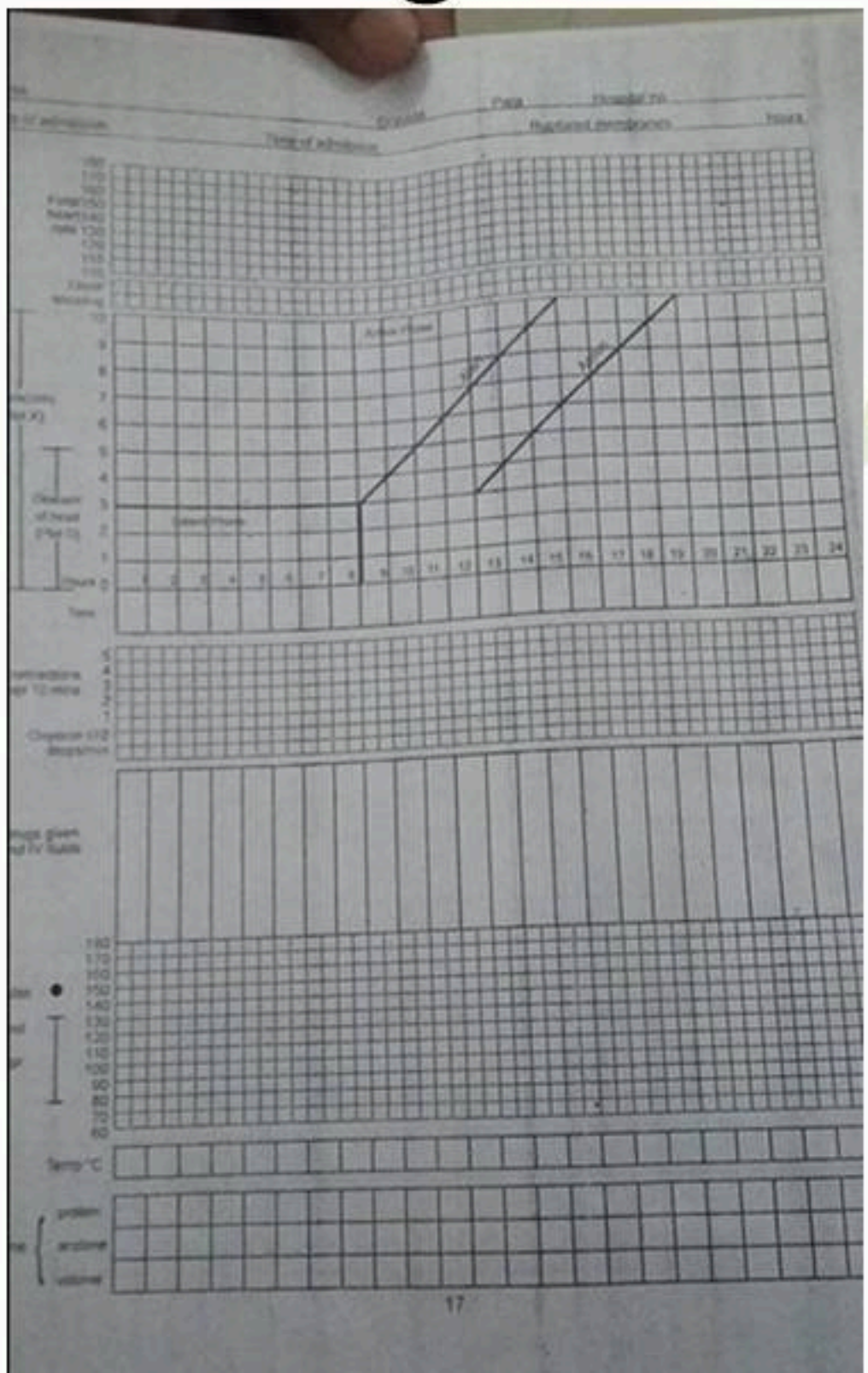
Partogram



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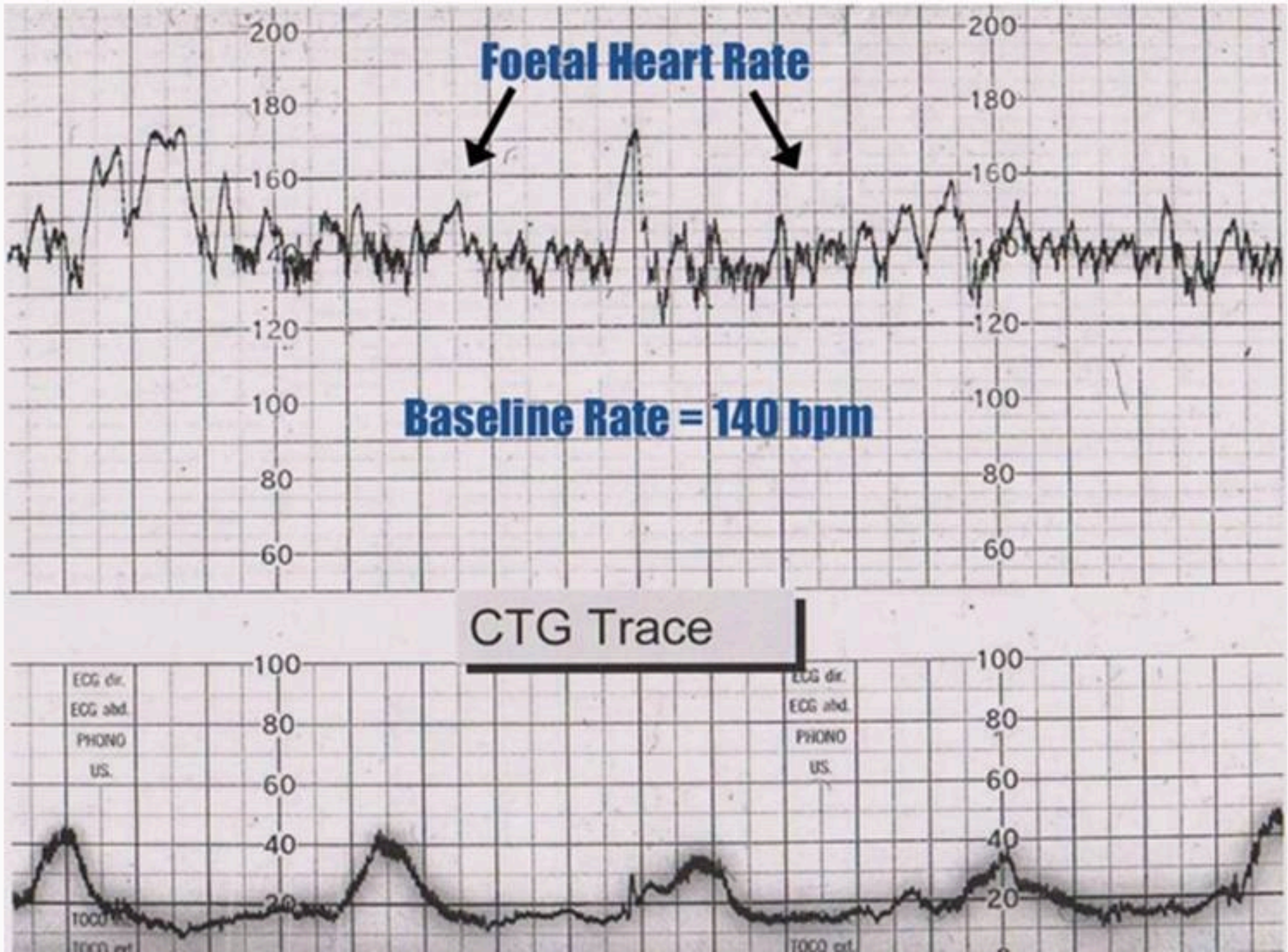
CTG



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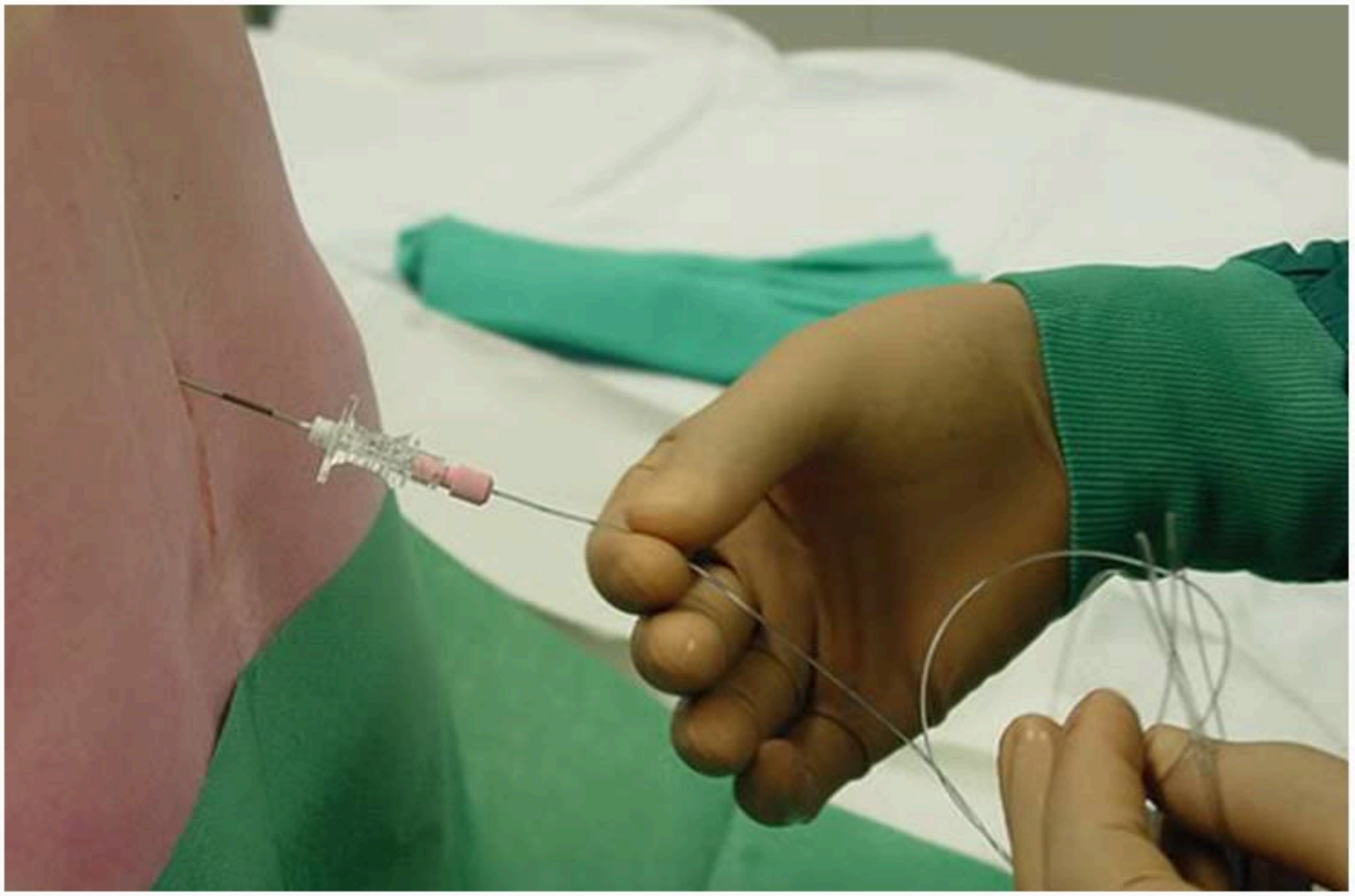
EPIDURAL CATHETER & TOUHY



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INJECTION DEPO-PROVERA

aka DMPA

(Depot MedroxyProgesterone Acetate)

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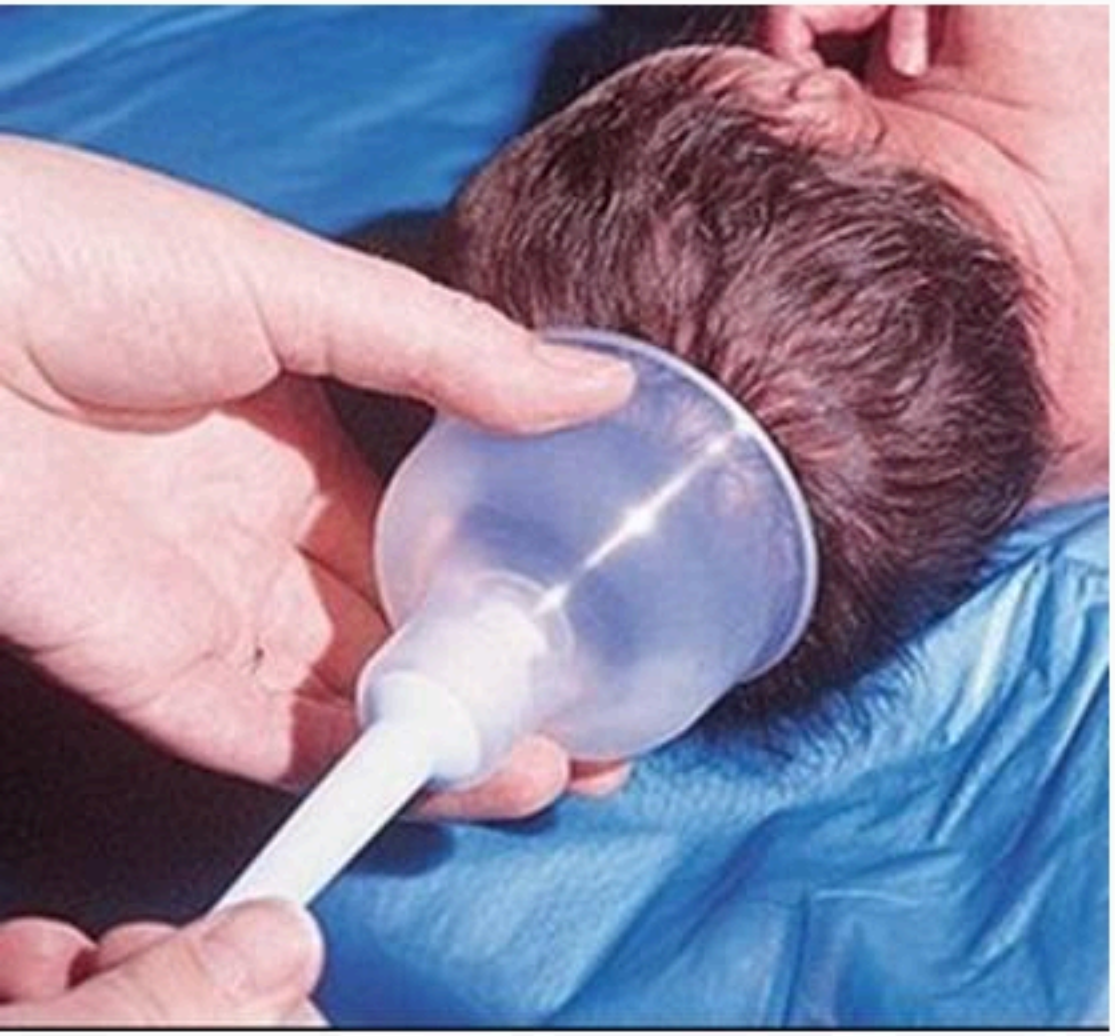
VACUUM EXTRACTOR CUP



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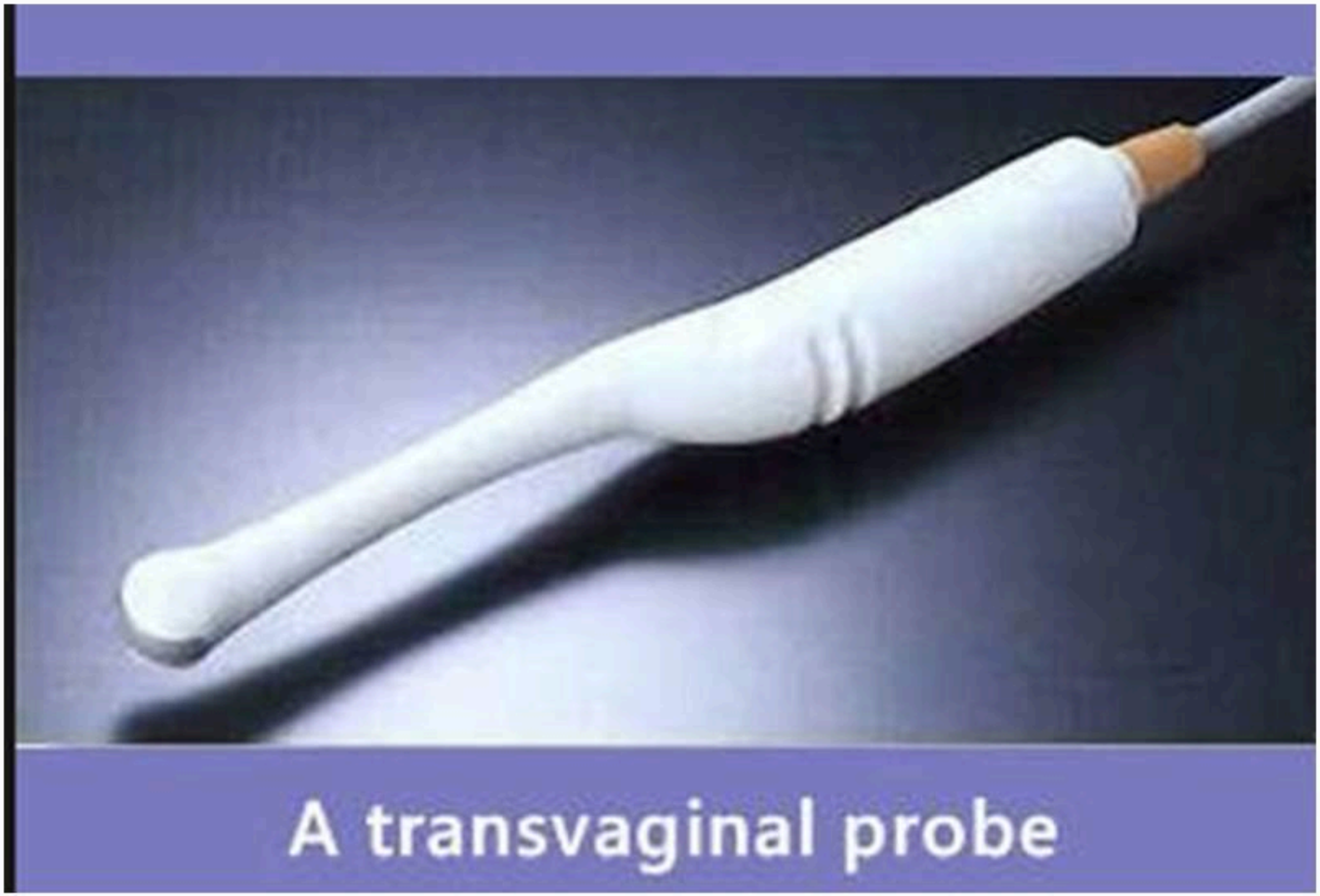
Transvaginal USG probe



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MBBS MADE EASY

RADIOGRAPHS

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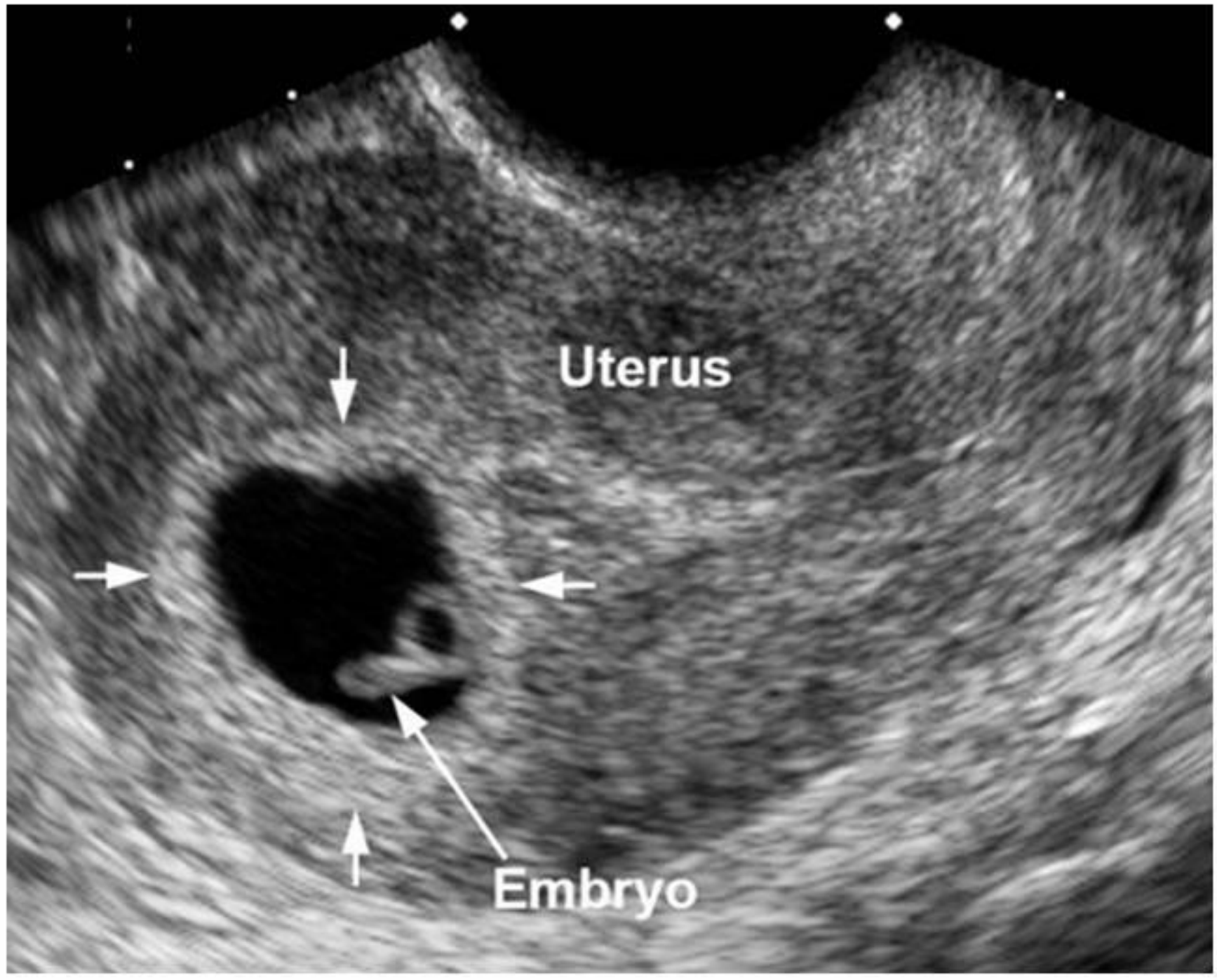
Normal pregnancy (6 weeks)



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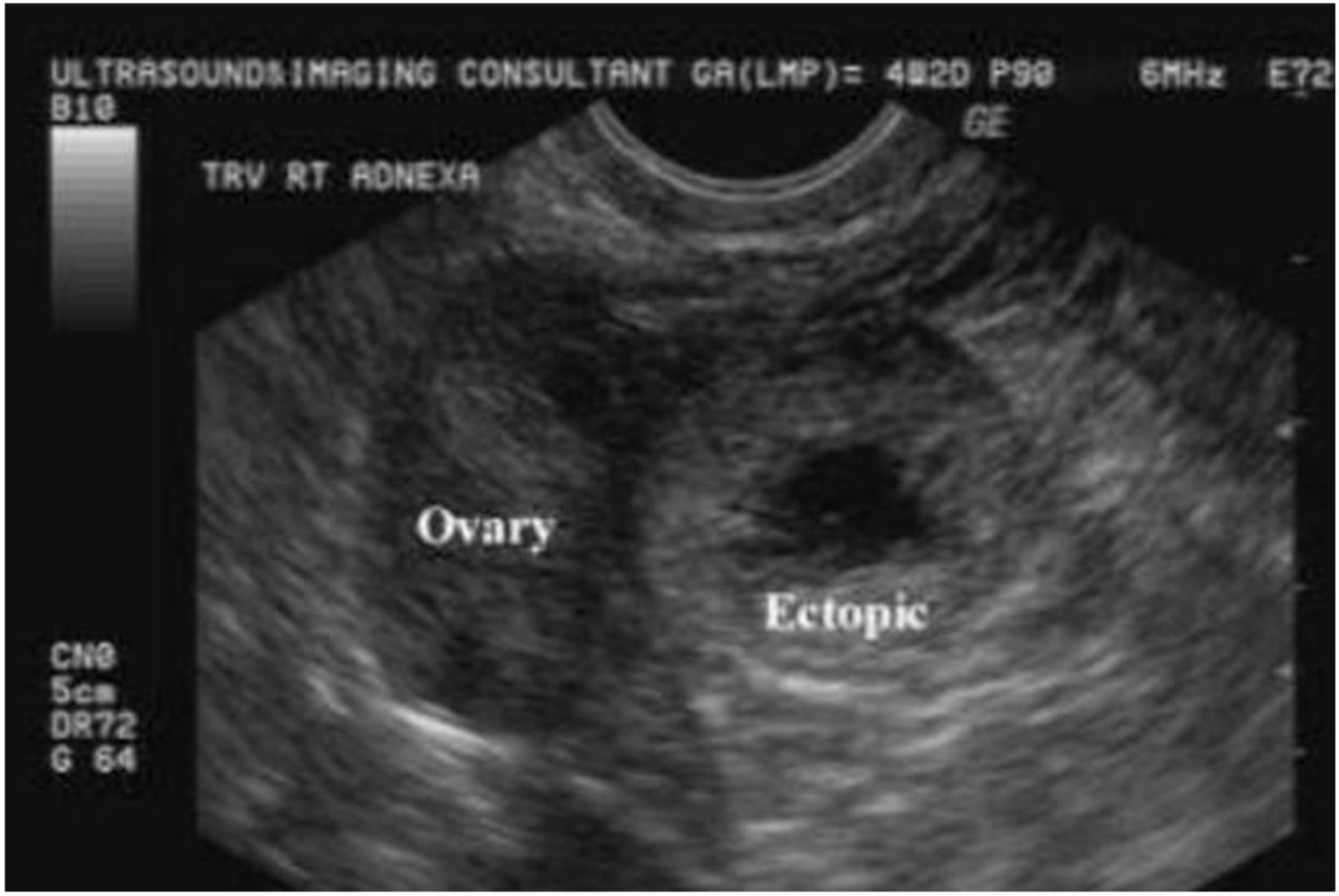
Ectopic pregnancy



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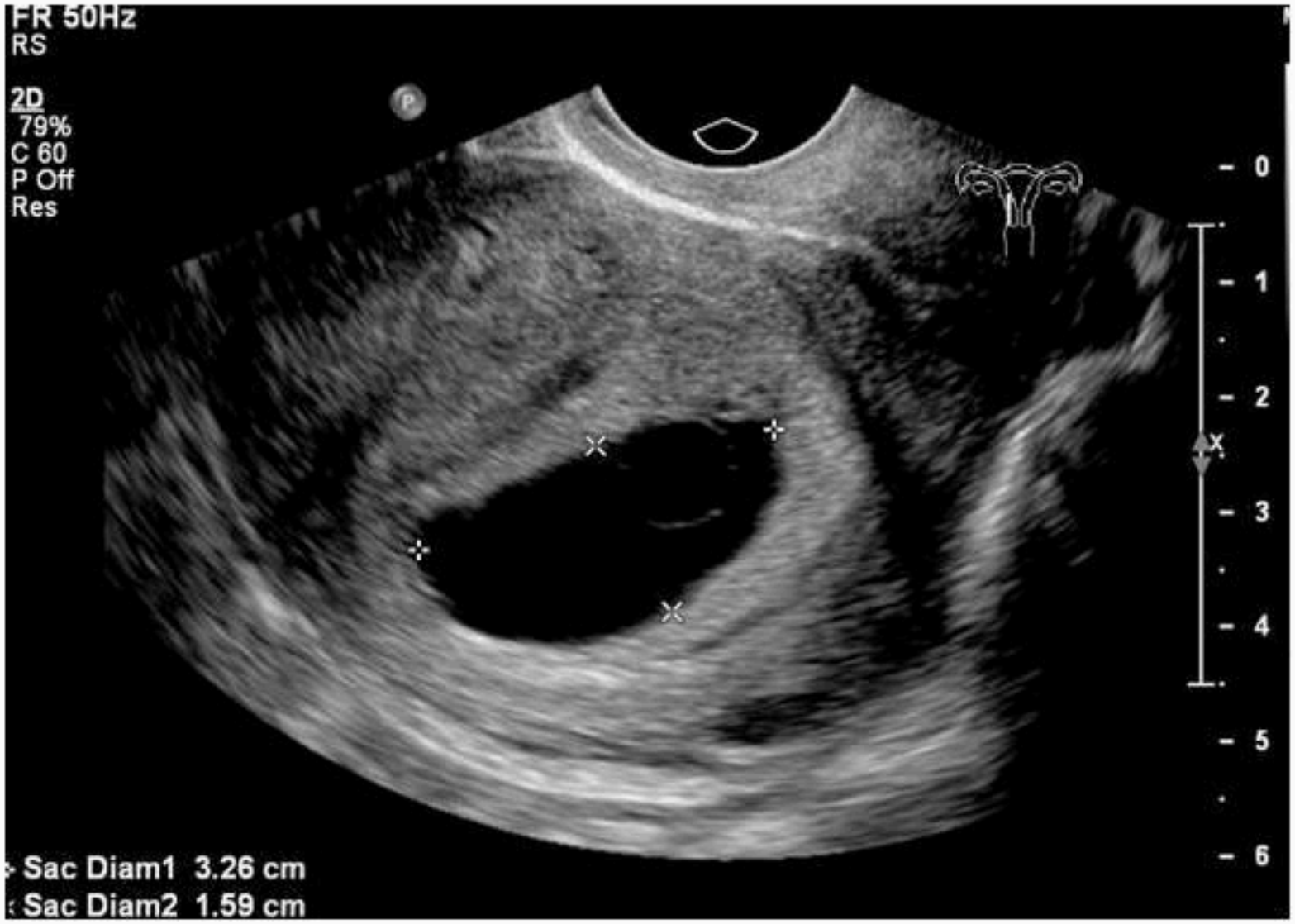
Anembryonic sac



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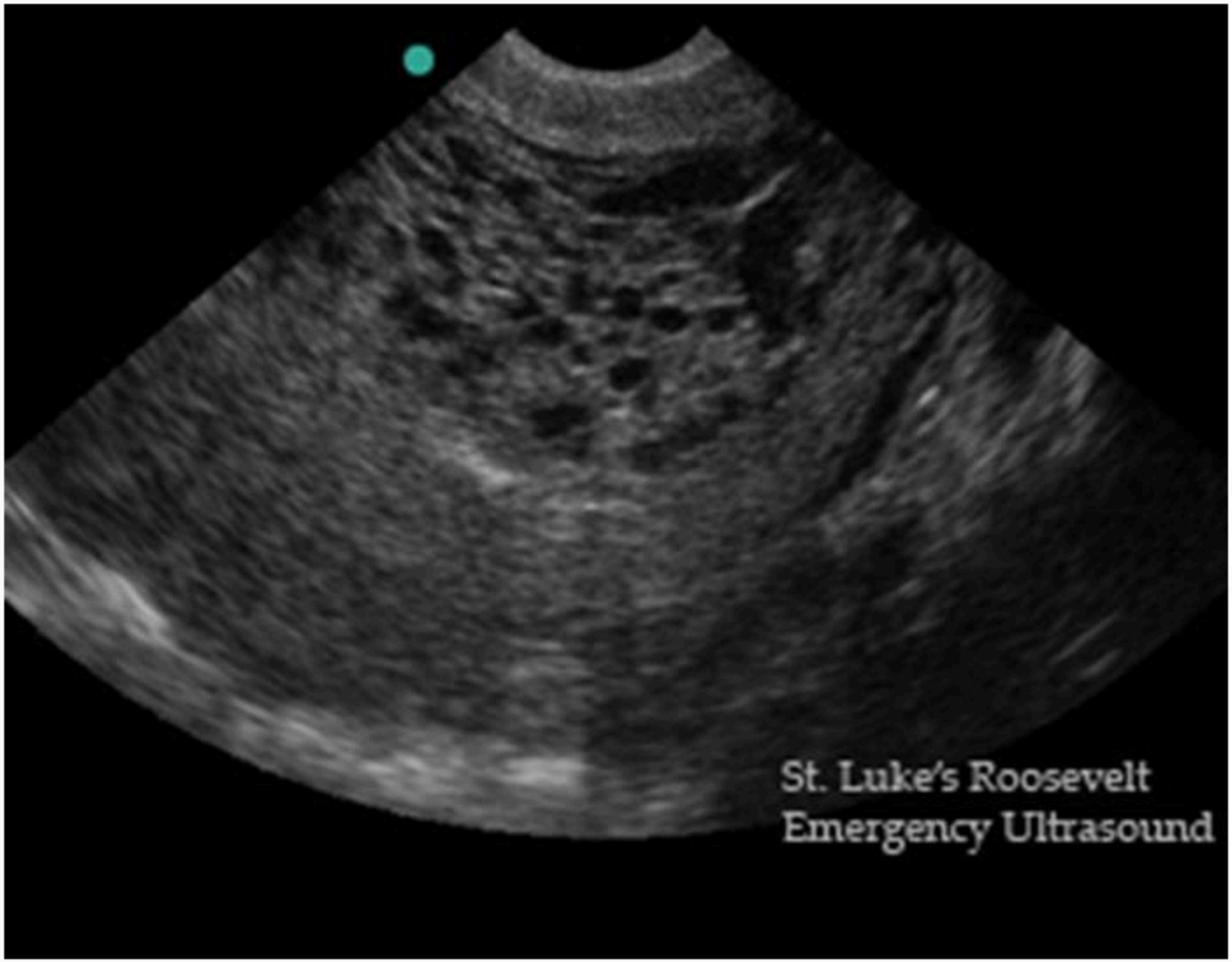
Molar pregnancy



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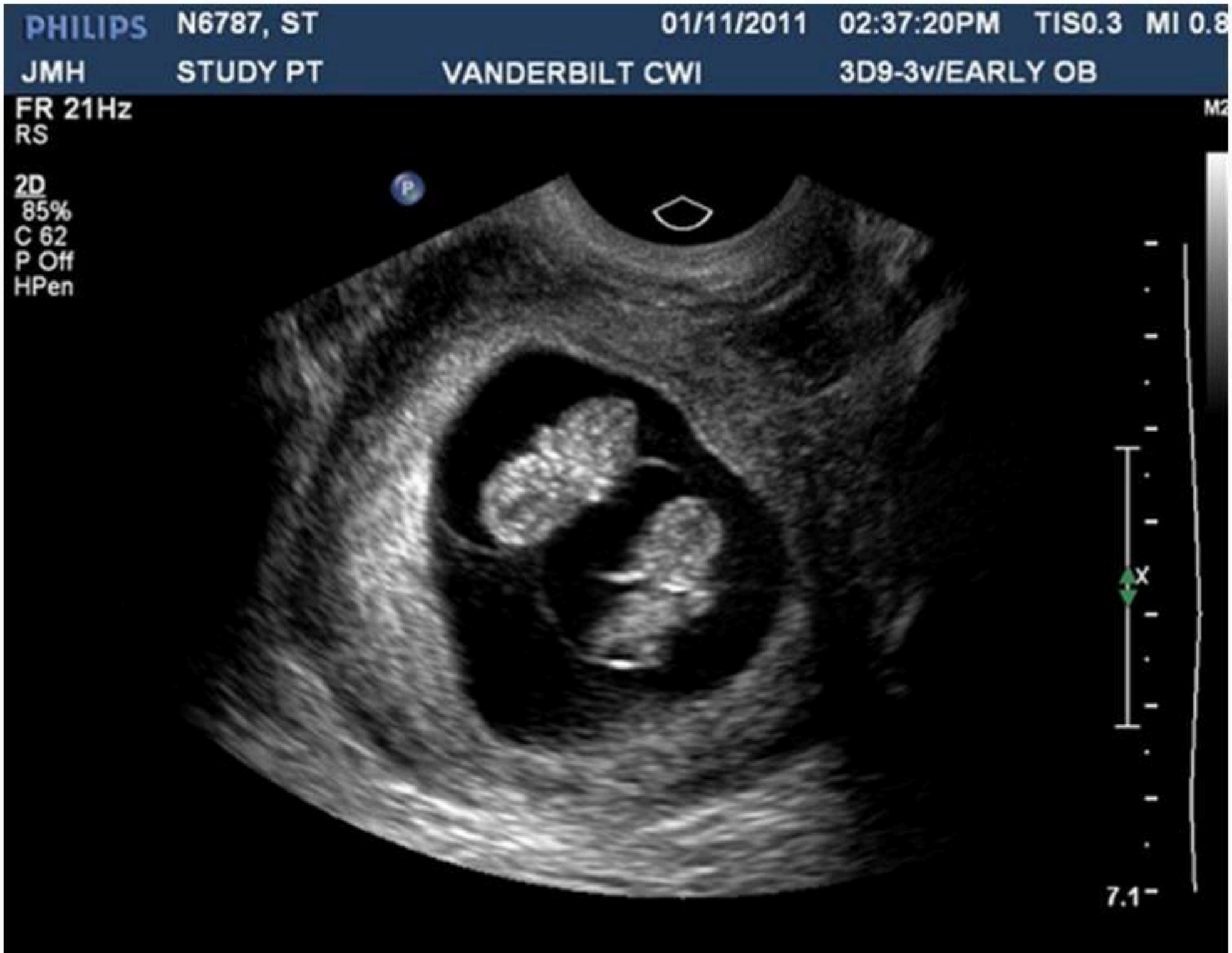
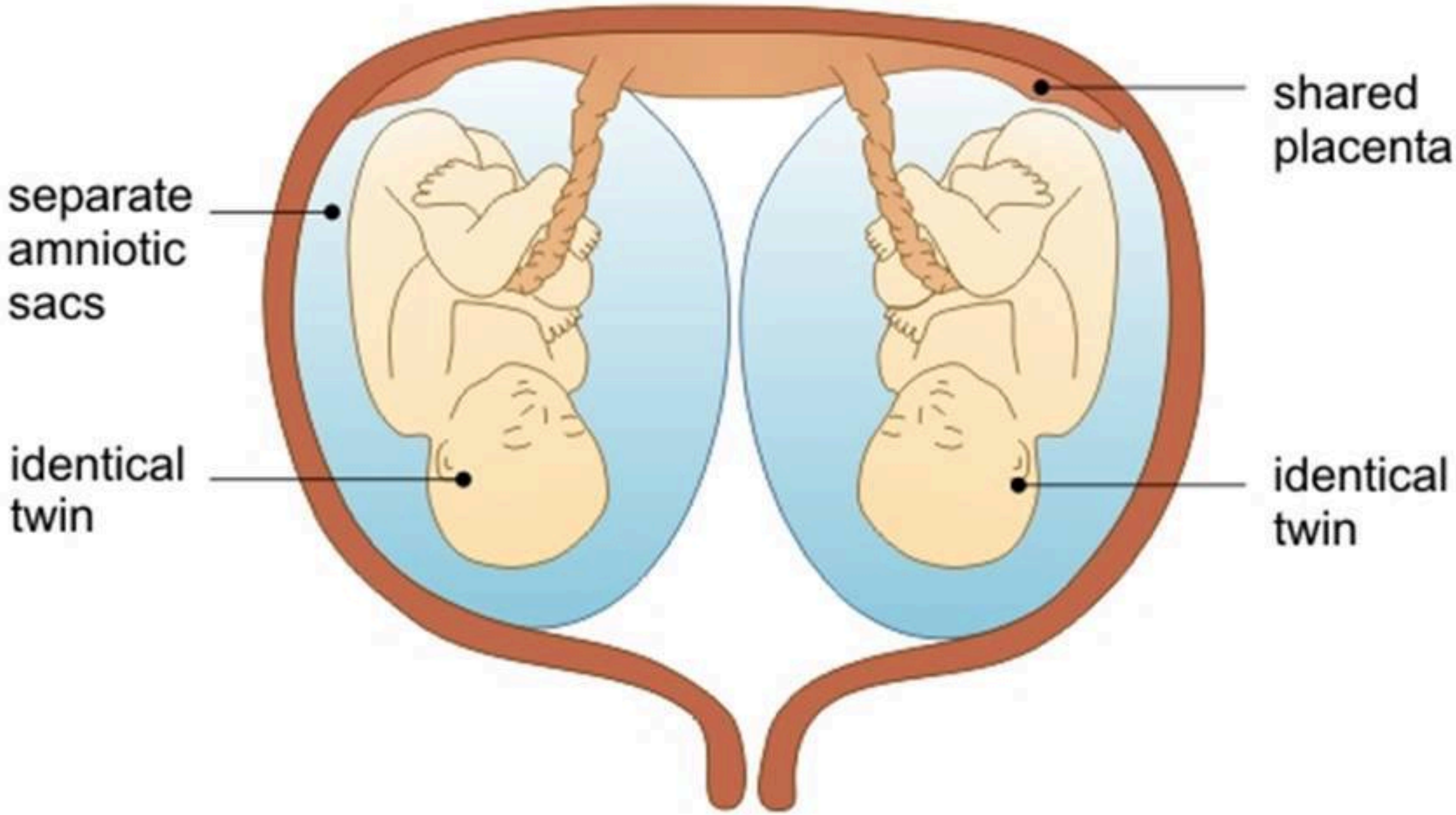
RAWALPINDI MEDICAL COLLEGE

diamniotic monochorionic twins



BY MARYAM MALIK
RAWALPINDI MEDICAL COLLEGE

diamniotic monochorionic twins



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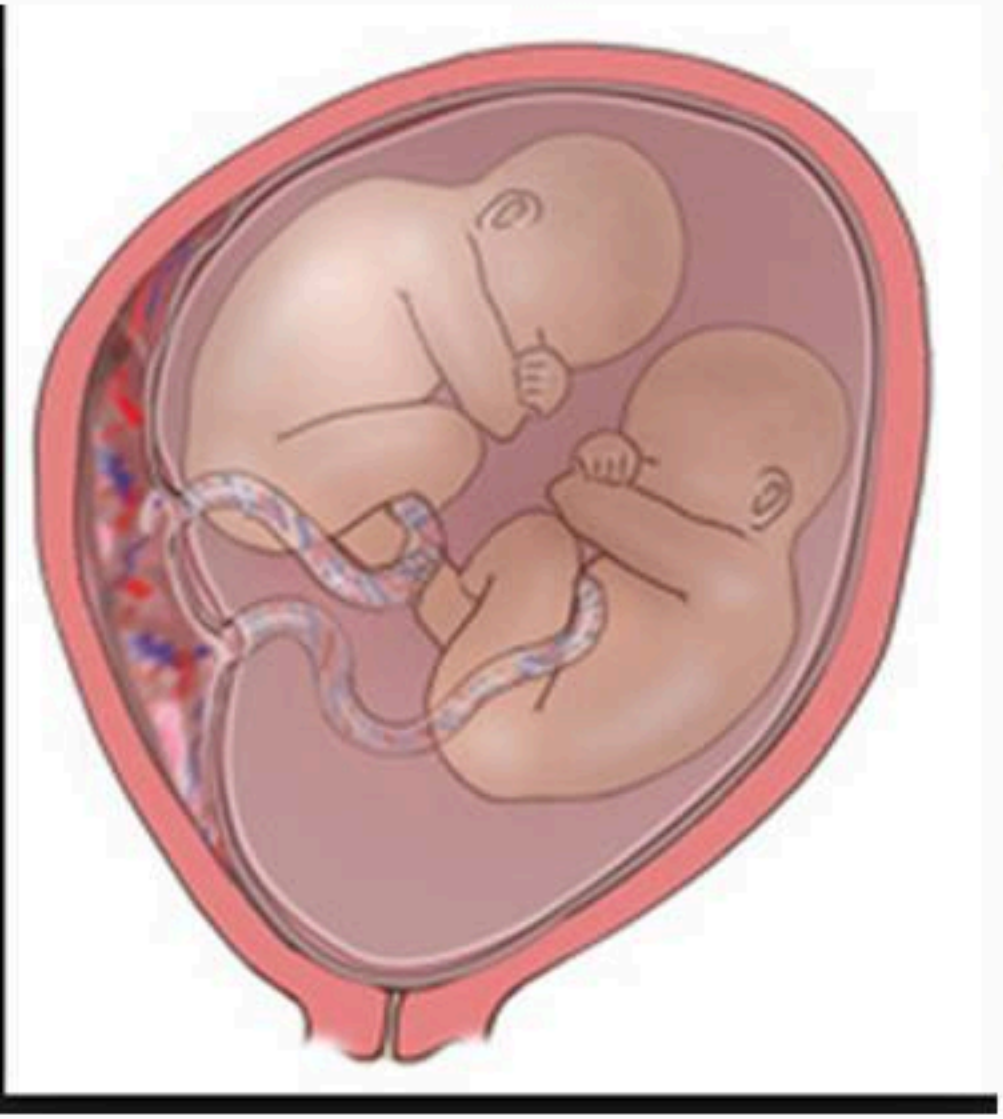
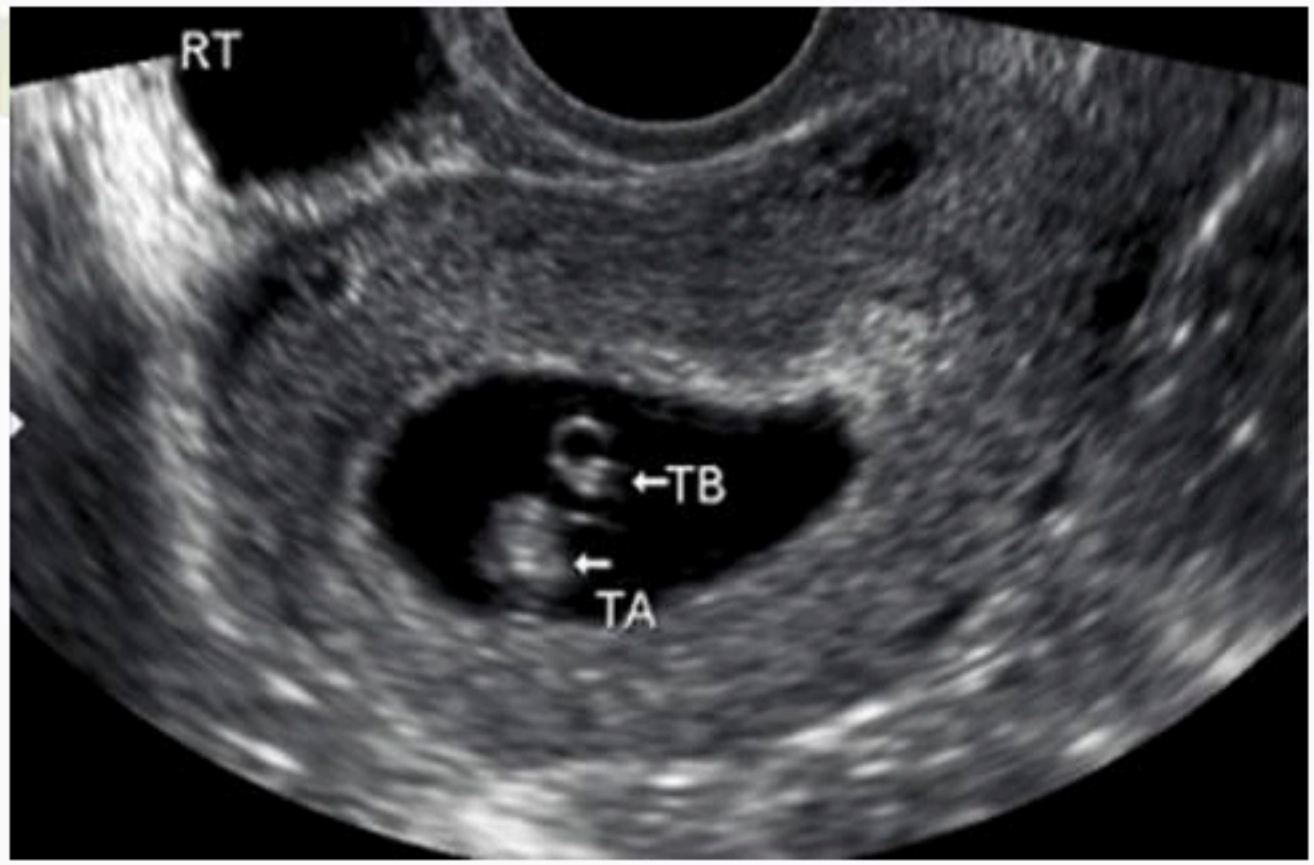
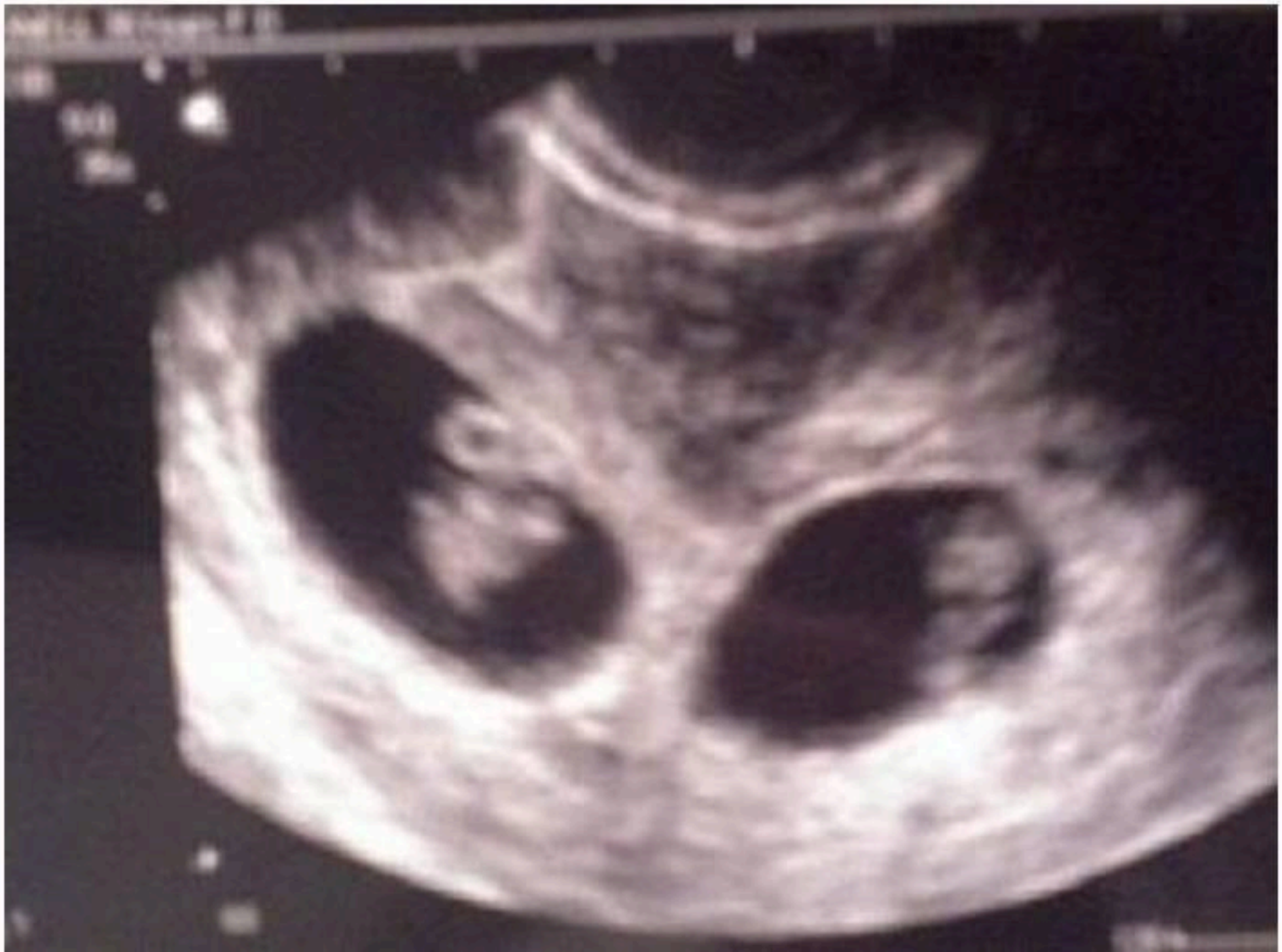
Monoamniotic monochorionic twins





BY MARYAM MALIK
RAWALPINDI MEDICAL COLLEGE

diamniotic dichorionic twins



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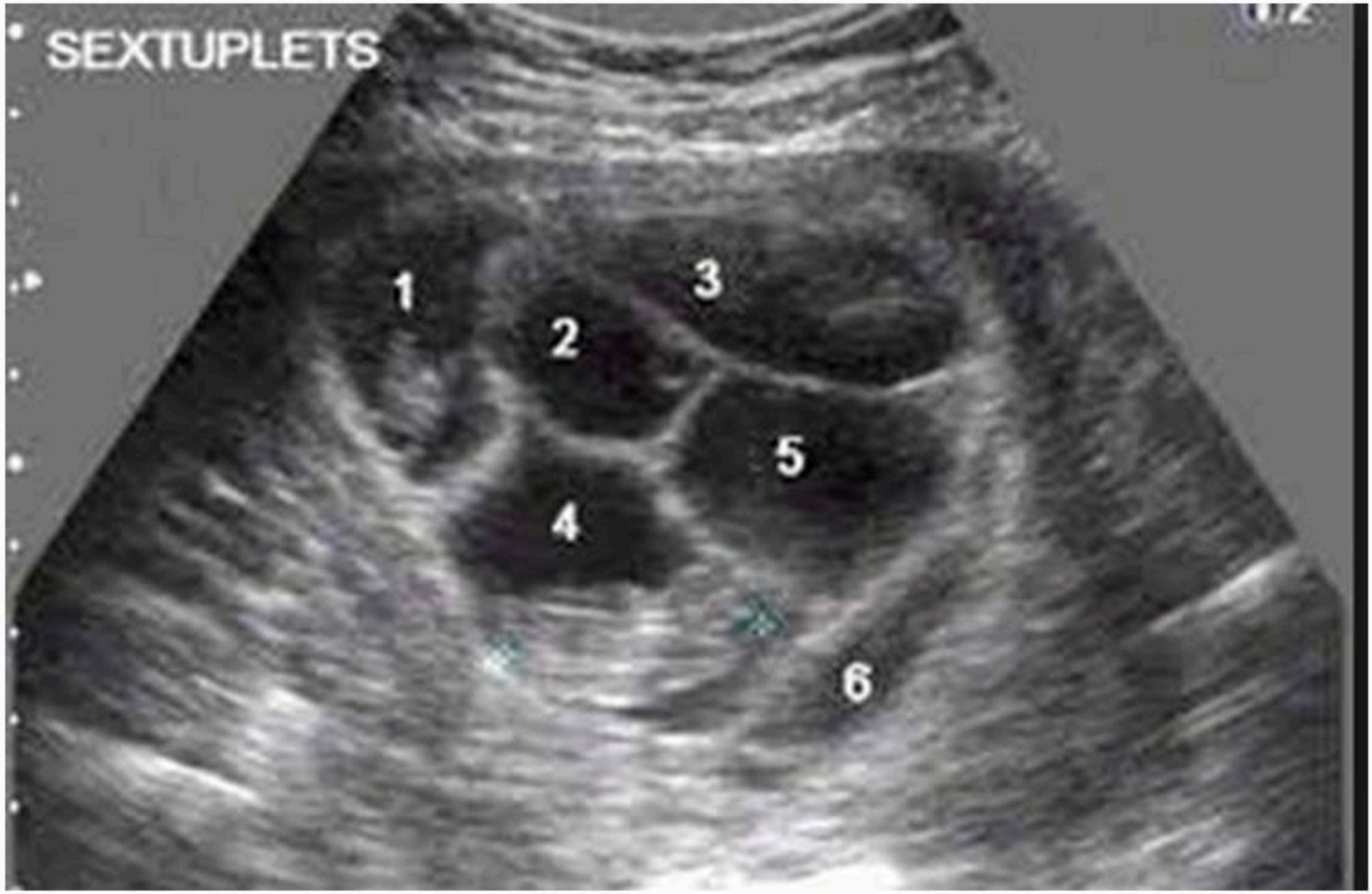
Multiple pregnancy



BY MARYAM MALIK
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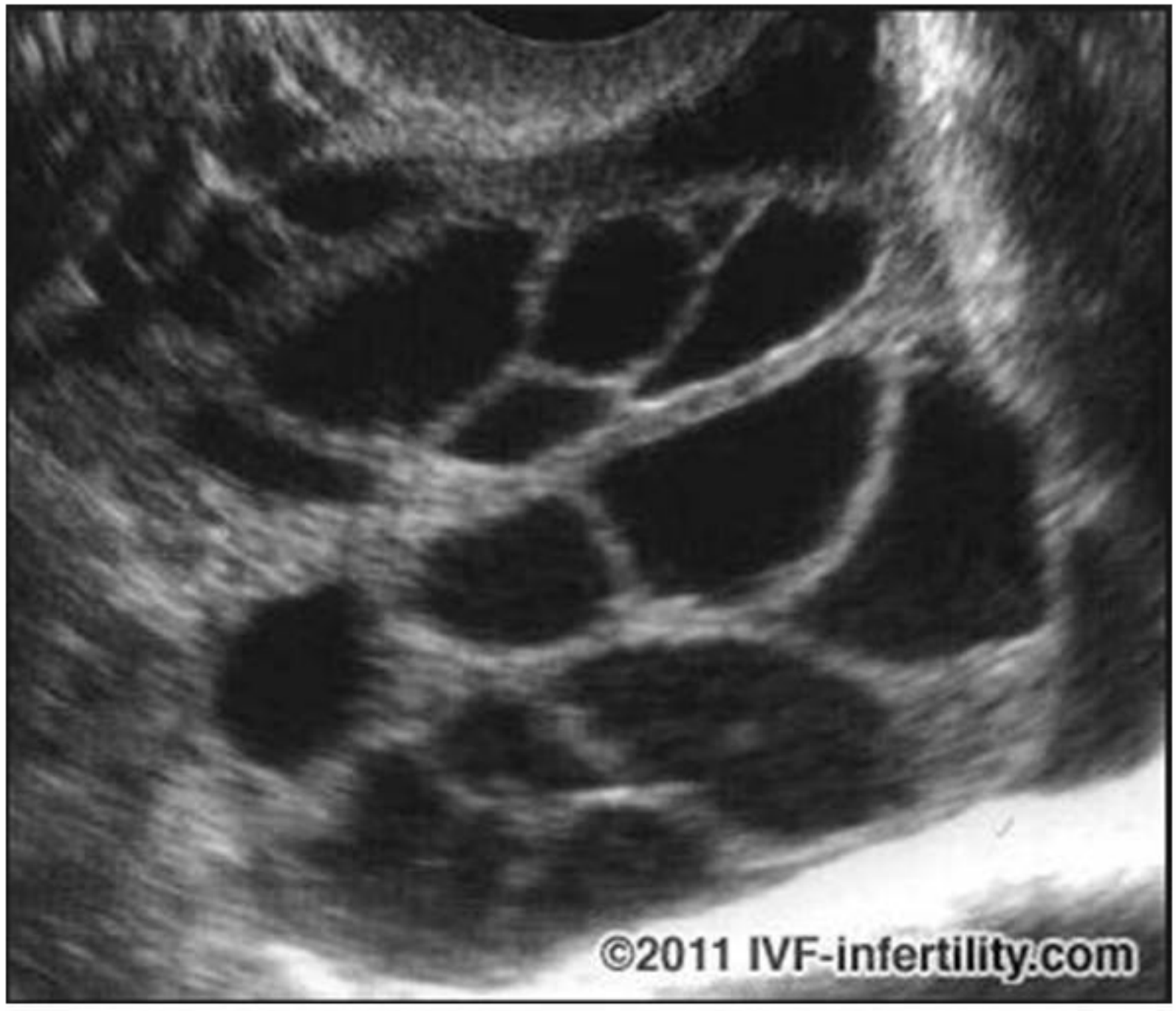
Ovarian hyper stimulation syndrome (OHSS)



BY MARYAM MALIK
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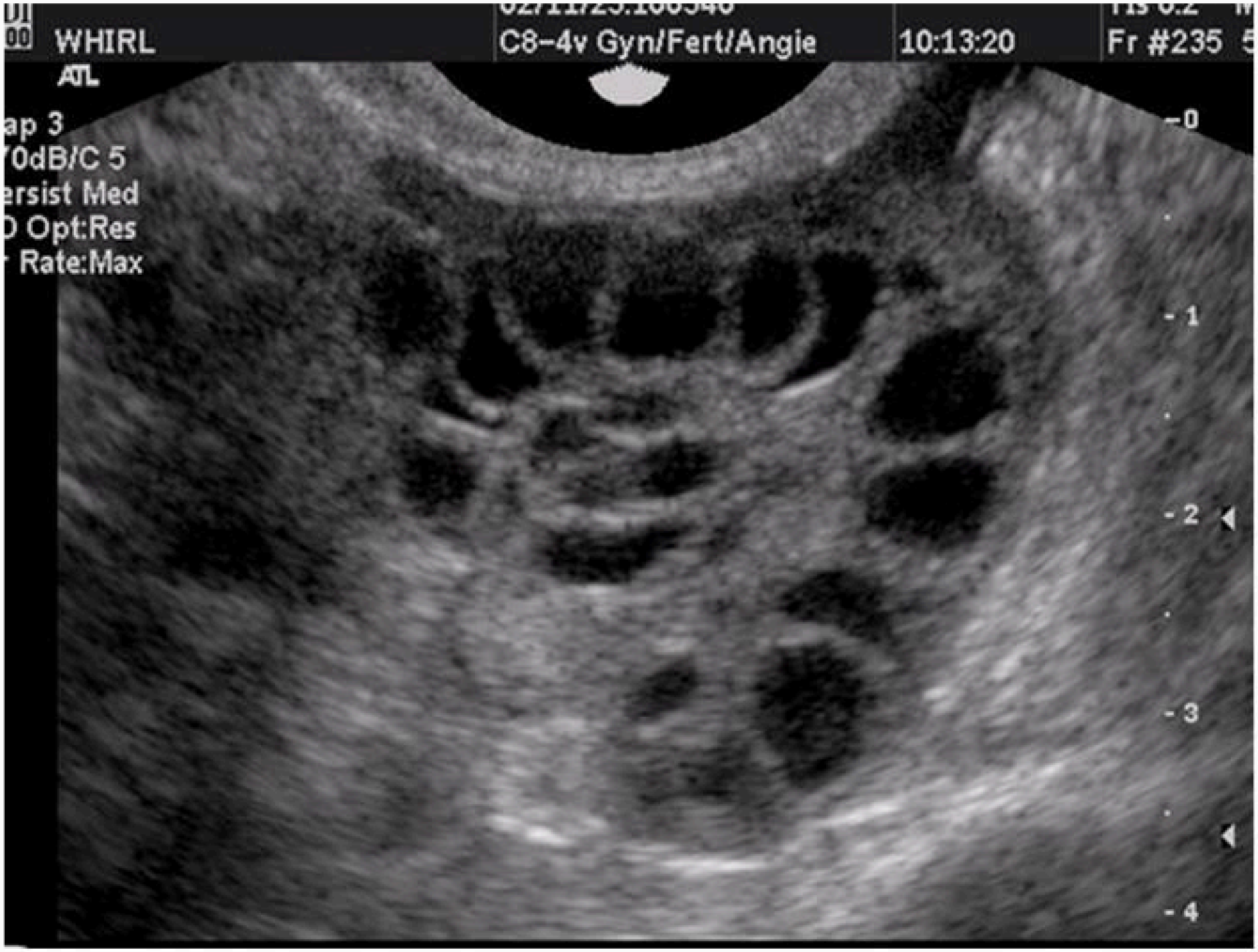
Polycystic ovaries



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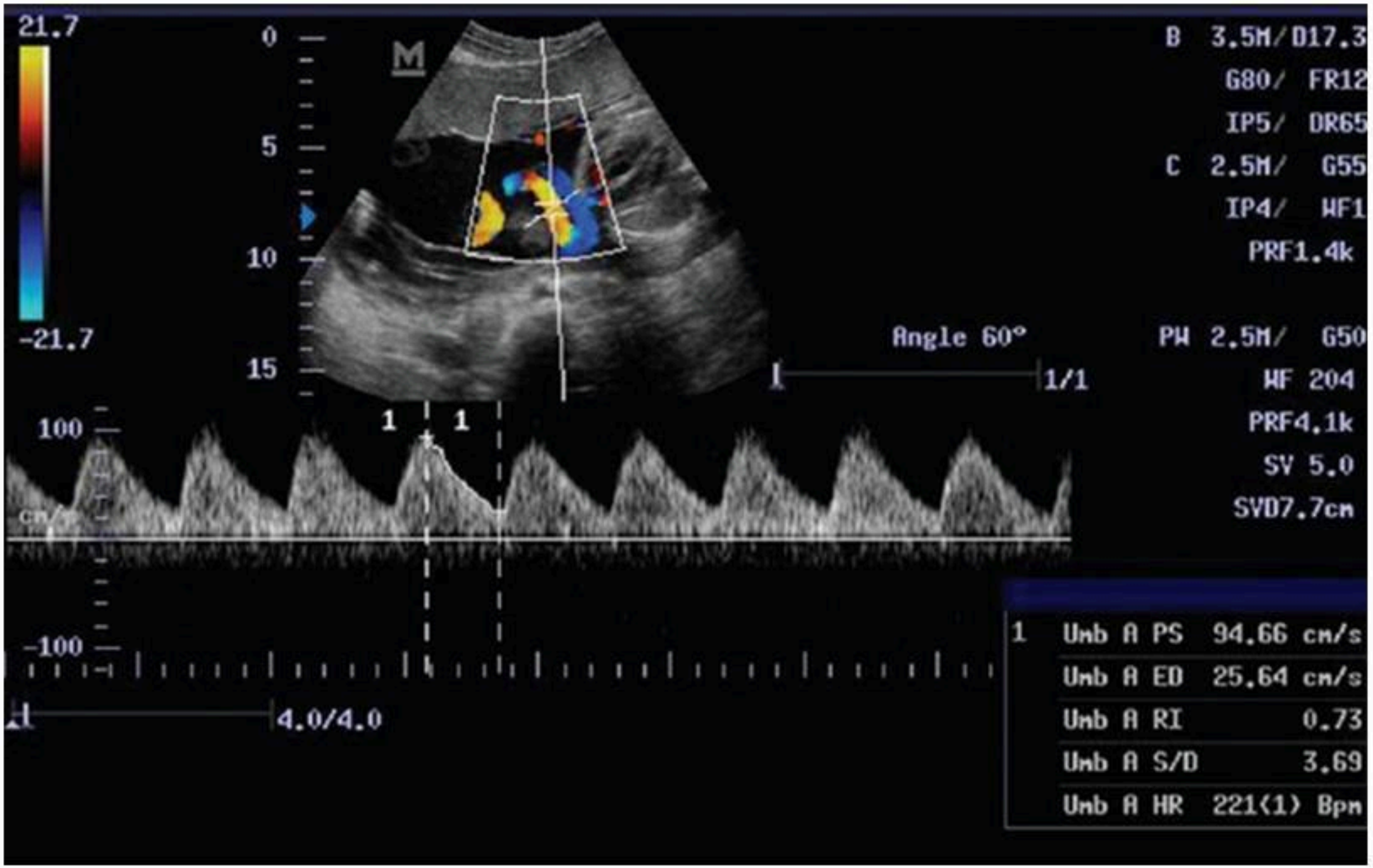
Doppler USG



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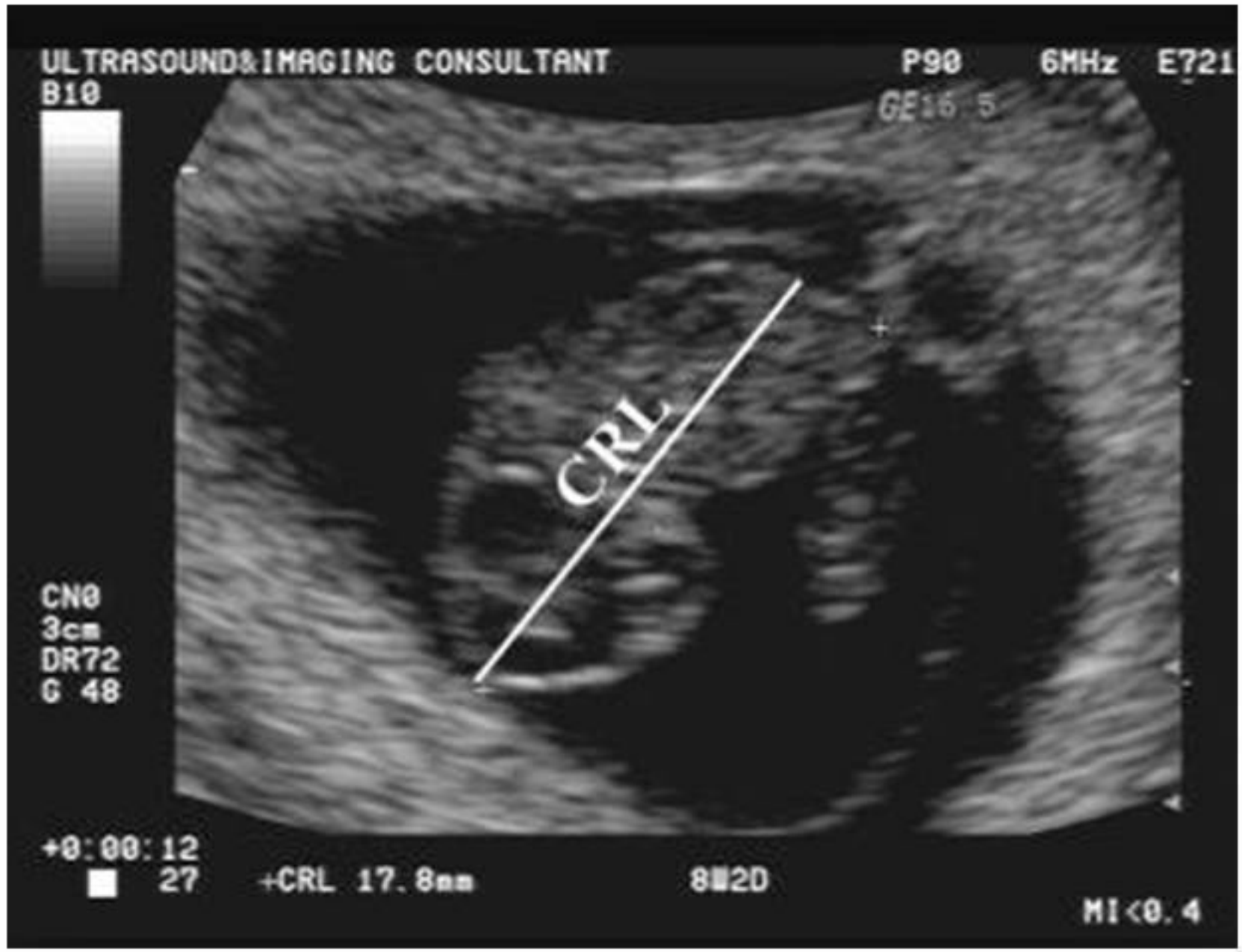
CRL measurement of fetus



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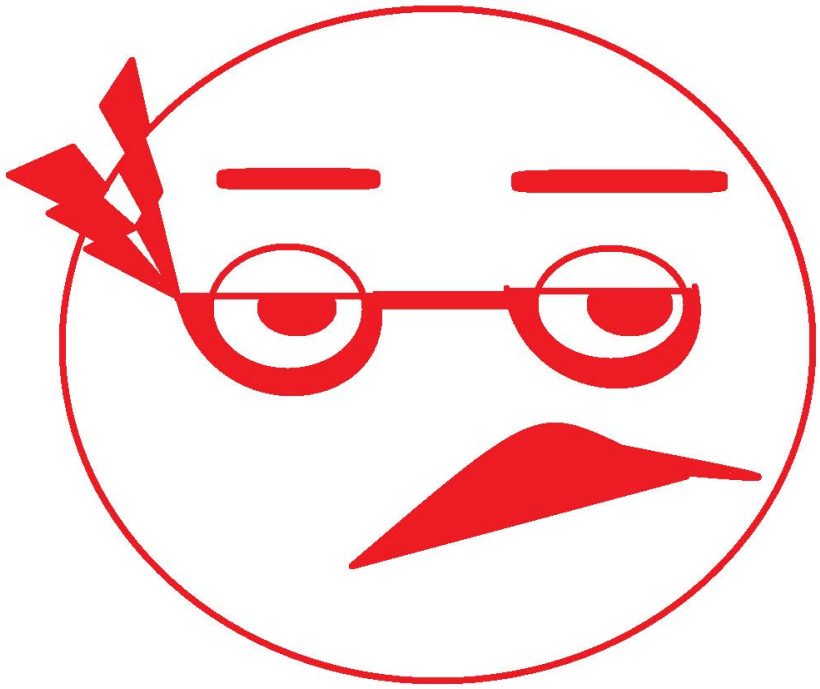
RMC OSPEE



GYNAE OBS PAST OSPES RMC

1

1)picture of anencephaly
How does this defect occur?
How to prevent it ?

2)demonstrating normal labor on a dummy

Cord prolapse picture n management.
Counselling of diabetic lady before conception
Identify instruments: dilator n curette. Write down complications associated with their use.
Blockage of fallopian tube seen in hysterosalpingogram.

twin transfusion syndrome

- .OCPs mechanism of action and contraindications
- . obstretic exam and use of fetoscope
- .congenital neural tube defects n folic acid dose before and after conception

Counselling of diabetes.Prolonged labour(apgar sc0r)..twin transfusion syndrome..OCP types names Moa

GDM , indication and contraind of OCPs , twin twin trannsfusion sybdrome , fetoscope , dilation currette , bishop score , anencephaly , laboure on dummy , GDm counceling , previous neural tube defects counxeling for current pregnany , hydrosalpinx , abdominal examination , mode of delivery if station is high but there is rupturw of membrances ,type of delivery if station is high membranes are ruptured but ctg shows fetal hypoxia

PPROM scenario
Multiple gestation complications and management
Placenta delivery demonstrate
Cusco's speculum use demonstrate
Infertility counselling
Steps taken in shoulder dystocia
Scenario regarding contraceptive pills
Absolute and relative contraindications of contraceptive pills
Identification of laparoscopy (picture)
Identification of copper T (picture)
Scenario for iron deficiency anemia

Normal labour on dummy.
Prolonged labour scenario; question about Bishop score and management of prolonged labour. Per abdominal examination of obstetrics patient at term.
Unobserved:
1. Prolapsed cord
2. Cervical polp
3. Twin to twin transfusion syndrome
4. Combined OCPs
5. Hegar's dilator and uterine curette
6. Hysterosalpingogram showing blocked tubes
7. Diabetes in pregnancy
8. Atypical endodemtrial hyperplasia treatment
9. 12 week pregnancy with abdominal pain bleeding, thready pulse, hypotension and products of conception coming out of vagina. Diagnosis, investigations and management.
10. Multiparous woman, with husband long distance truck driver, complains of genital warts. Risk factor in this case and if type 1b cervical cancer what is treatment

GU ll hfh
Preterm labour scenario
Puerperal pyrexia
Problems arising for infant of diabetic mother both intrapartum and immediately after birth
Anemia in pregnancy
Demonstration of active management of third stage of labor on dummy
HRT good and bad aspects
Viva on shoulder dystochia
Characters of normal and abnormal CTG
OCPs pic benefits and contraindications
Cuscos speculum how to use it and indications procedure prerequisites
Mass in abdomen showing non homogeneous echogenity

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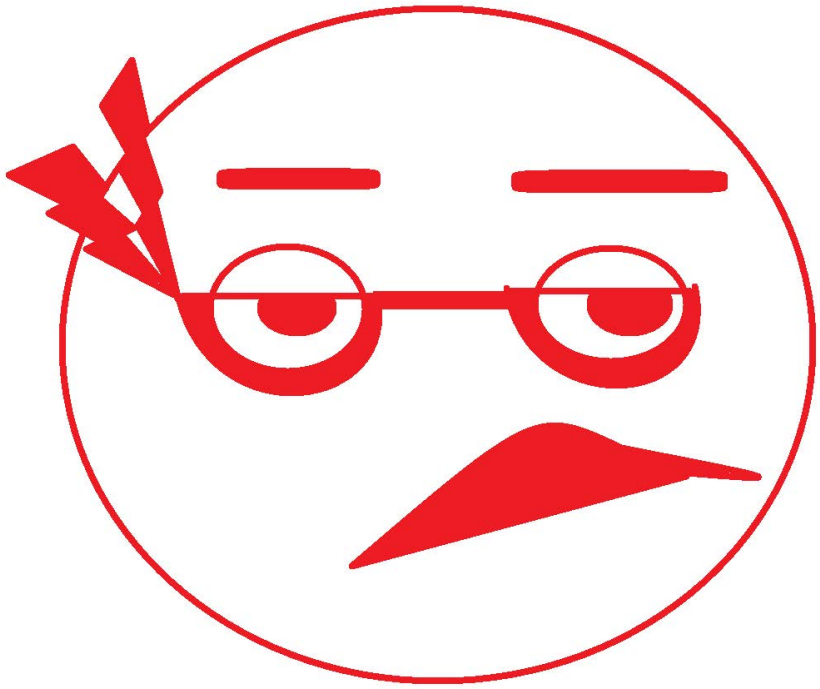
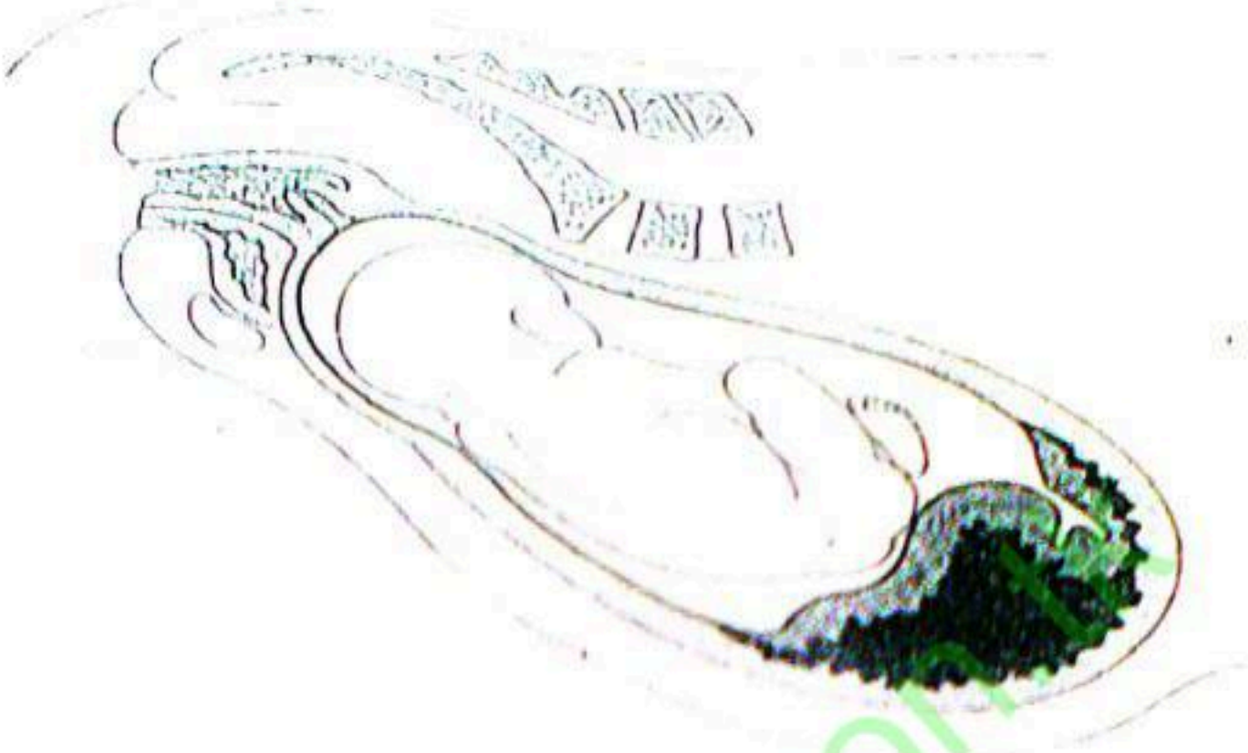
by Ayemon

Past UHS OSPE





22-01-09
Station 1

For Candidate:

Task:

Carefully examine the given photograph and answer the following questions:

1. What Condition is shown in the given picture? 01

2. How this patient may present? Give any FIVE presenting symptoms. 2.5

3. Enlist THREE important factors which must be considered before making decision regarding specific management? 1.5

Unobserved Station 1

Marks: 05

Time Allowed: 05 m

For Examiner:

KEY:

1. Case of Abruptio Placentae with concealed haemorrhage. 01

2. Mild or no external bleeding, 2.5
   Abdominal pain (moderate to severe),
   Patient will be distressed,
   may be in shock like state,
   decreased or absent fetal movements,
   may be associated with preeclampsia,
   decreased urinary output,
   manifestation of coagulation defect

(Any FIVE)

3. Maternal Condition 1.5
   Fetal Status,
   Pelvic Findings (Bishop Score)

Unobserved Station 2

Marks: 05 **Time Allowed: 05 minutes**

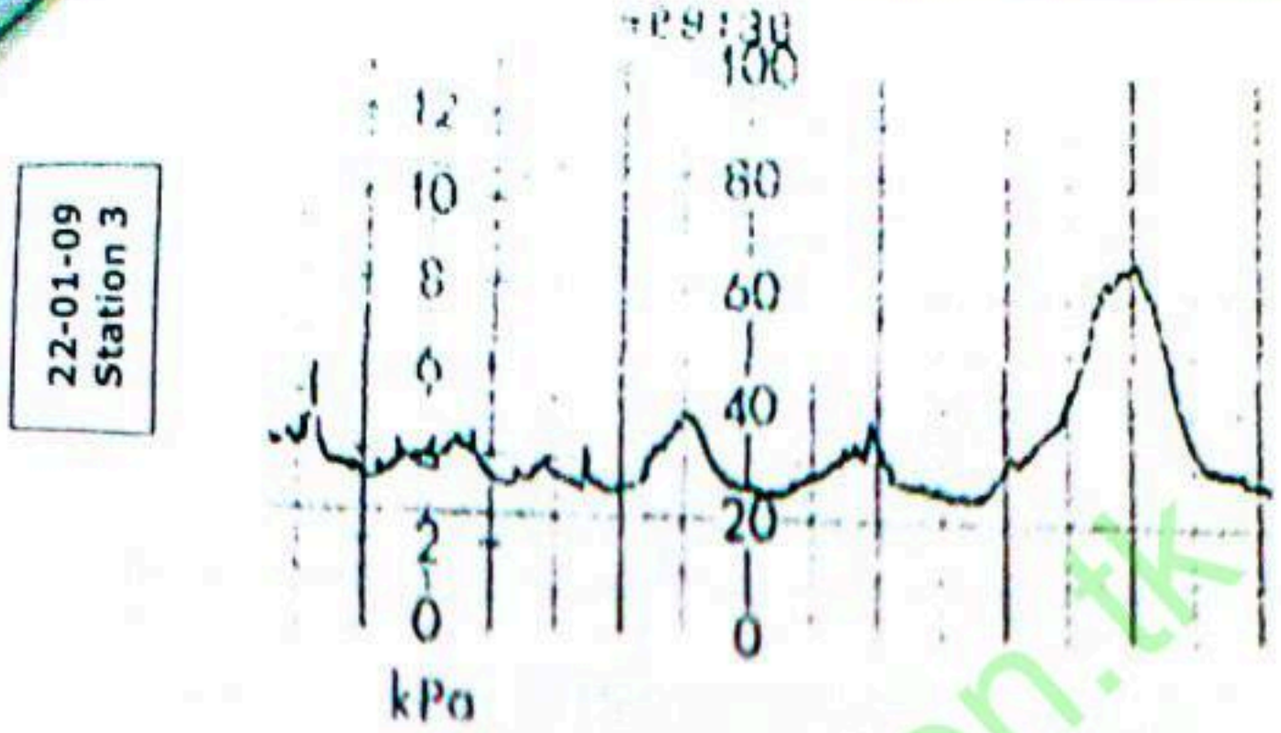
For Candidate:

A 32 years old Mrs. XYZ G3P2 + 0 presented in OPD at 18 weeks of gestation. On examination her symphysiofundal height is 28 cm, Ultrasonography revealed single alive fetus, but head of fetus is not visualized and there is Polyhydramnios.

Task:

Carefully read the given scenario and answer the following questions:

1. What is the diagnosis on Ultrasonography? 01
2. What type of congenital malformation is this, describe its pathology? 02
3. What is the risk of recurrence when one parent or sibling has had this defect? 01
4. How the risk of this defect can be reduced? 01



For Candidate:

Task:

Carefully examine the given graph/ photograph and answer t following questions:

1. Identify the following graph? 01
2. What are different components of this graph? 02
3. What are the normal values of different parameters? 02

Unobserved Station 3

Marks: 05 **Time Allowed: 0**

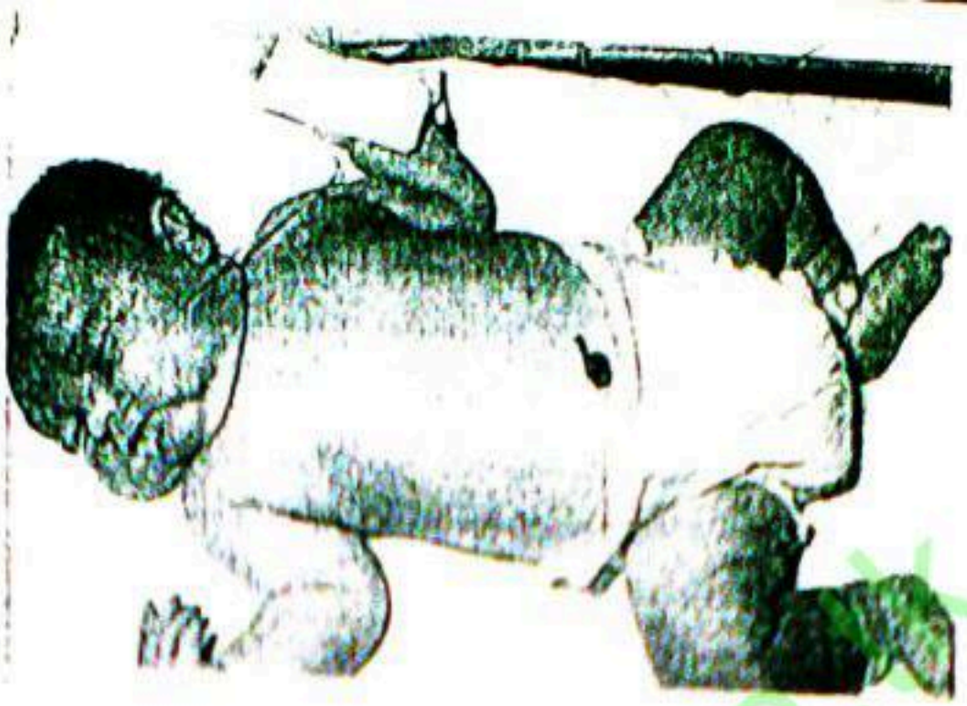
For Examiner:

KEY:

1. CTG Cardiotocograph 01
2. There are FOUR components of CTG 02
   a. Baseline heart rate
   b. Baseline variability
   c. Accelerations
   d. Decelerations
3. Normal Parameters of CTG are 02

Baseline heart rate	110-150 bpm
Baseline variability	10-25 bpm
Two Accelerations in	20 min
No deceleration	

22-01-09
Station 4



For Candidate:

This is a picture of a newborn baby of a diabetic mother weighing around 5kg.

Task:

Carefully read the above statement, examine the photograph and answer the following questions:

1. Fetal macrosomia in a diabetic woman reflects what? 0.5
2. Name any FOUR complications (Maternal & fetal) encountered around the time of delivery. 02
3. Mention any THREE problems baby can face in early neonatal period? 1.5
4. What other fetal complications can occur in a pregnancy complicated by diabetes. 01

Unobserved Station 4

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. Uncontrolled diabetes specially in later half of pregnancy. 0.5
2. Shoulder dystocia, traumatic birth, infection, hypoxic damage, trauma to the genital tract, PPH. (Any FOUR) 02
3. Hypoglycemia, hypocalcaemia, RDS, Hyperbillirubenaimia, polycythaemia. (Any THREE) 1.5
4. Congenital malformation, abortion, sudden IUD. 01

Unobserved Station 5

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

20 years old primigravida presents at 32 wks with history of loss of excessive clear fluid from the vagina.

Task:

Read the given clinical scenario and answer the following questions.

1. What is the diagnosis? 0.5
2. Name TWO complications of this condition? 01
3. Name THREE relevant investigations for this patient. 1.5
4. Name TWO drugs that you might consider for treatment? 02

Unobserved Station 5[9]

Marks: 05 **Time Allowed**

For Examiner:

KEY:

1. Pre-term rupture of membranes	0.5
2. Pre-term labour	01
Chorioamnionitis	
3. WBC count	1.5
Midstream urine	
Endocervical Swab	
C-reactive protein	
Ultrasound scan	
Fibronectin	
(Any THREE)	
4. Steroids	02
Antibiotics	

Observed Station 6

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

Task:

Put the body in the extended breech presentation and answer the questions asked by the Examiner.

Observed Station 7

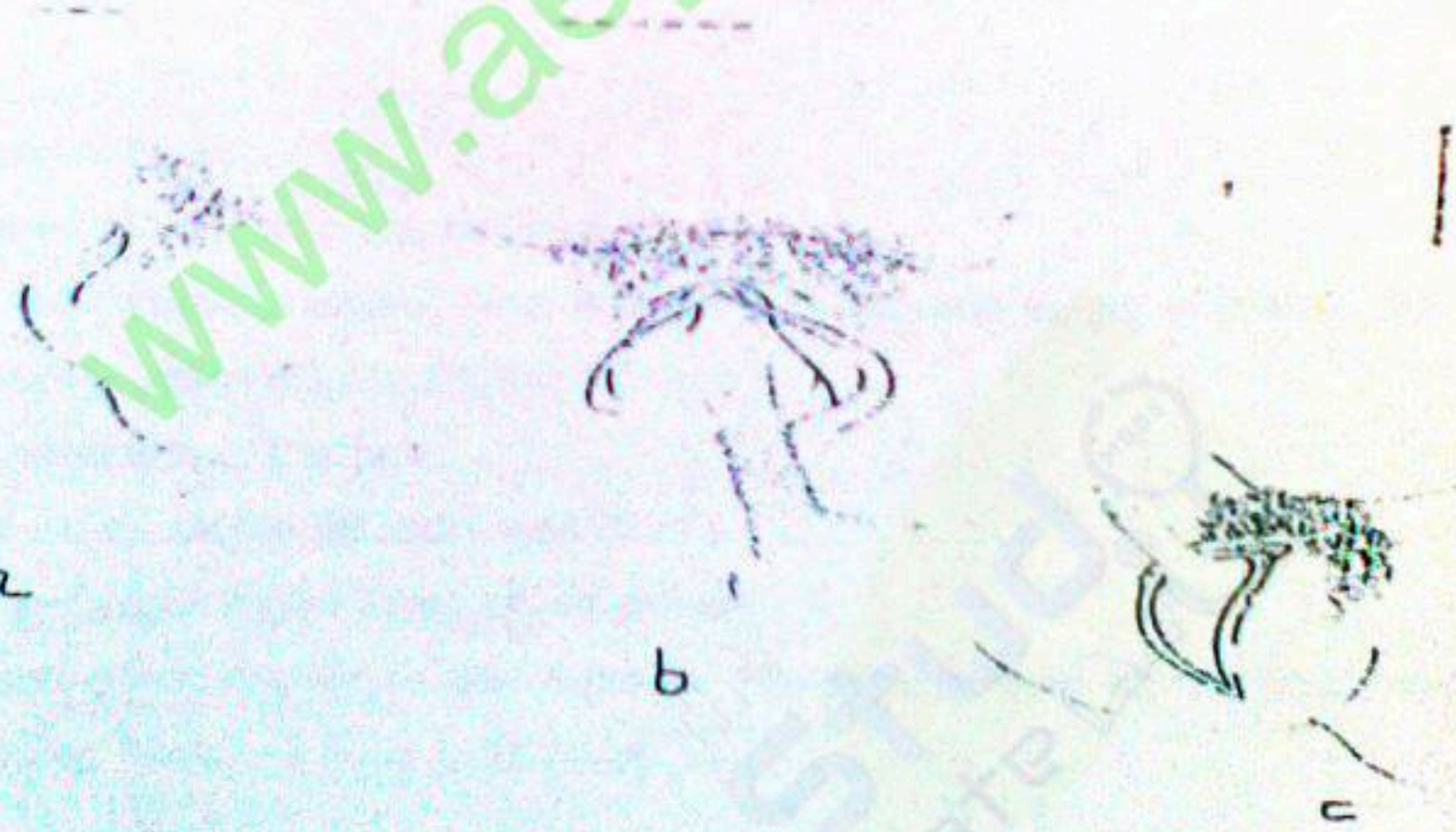
Marks: 05

Time Allowed: 05 minutes

For Candidate:

Task:

Carefully examine the given photographs and answer the questions asked by the Examiner.



22-01-09
Station 7

Observed Station 7

Marks: 05

Time Allowed: 05 minutes

For Examiner:

Questions:

1. Steps of which instrumental delivery are shown? 0.5
2. Explain the steps briefly. 1.5
3. What are the indications? 1.5
4. Give any THREE important points to have successful outcome & atraumatic birth of t baby. 1.5

KEY:

1. Ventouse delivery. 0.5
2. Placement of cup, pressure building, traction. 1.5
3. Delay in 2nd stage of labour. Fetal distress in the second stage, to shorten the 2nd stage due to maternal conditions. 1.5
4. Proper selection of the case. 1.5

Pre-requisites should be addressed strictly.

Proper technique by an experienced person

Use of soft silicon cup-which allows proper and smooth application to fetal head & encouraging flexion of head & its delivery.

Observed Station 8

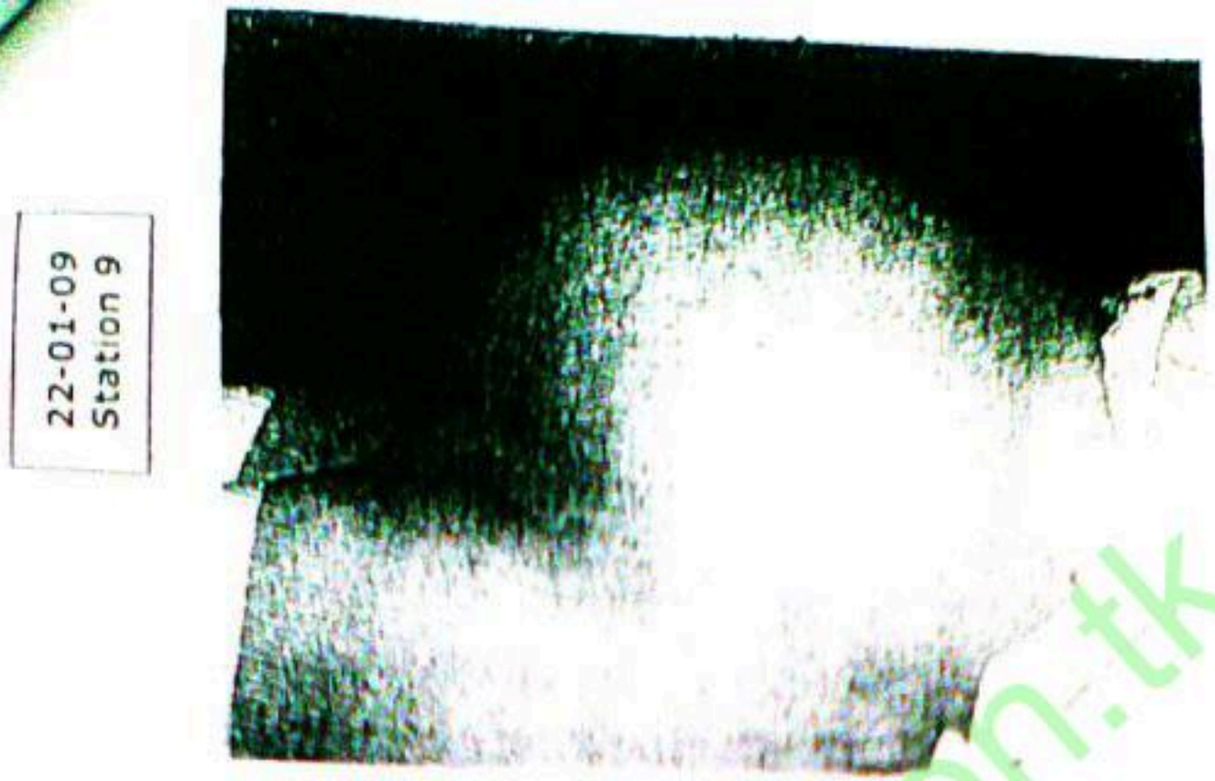
Marks: 05

Time Allowed: 05 minutes

For Candidate:

Task:

1. Do the obstetrical examination or abdominal examination of the given pregnant woman. 05



For Candidate:

A 59 year old woman referred to Gynae OPD from surgical OPD with the complaints of mass abdomen, abdominal pain, and indigestion and weight loss. The given picture depicts marked abdominal enlargement.

Task:

Read the given scenario, examine the picture and answer the following questions:

1. What is the most likely diagnosis? 01
2. Briefly explain the objectives of surgery in this patient. 02
3. Which stages of this disease essentially require chemotherapy? 01
4. Name the chemotherapeutic agents commonly used in this condition. 01

Unobserved Station 9

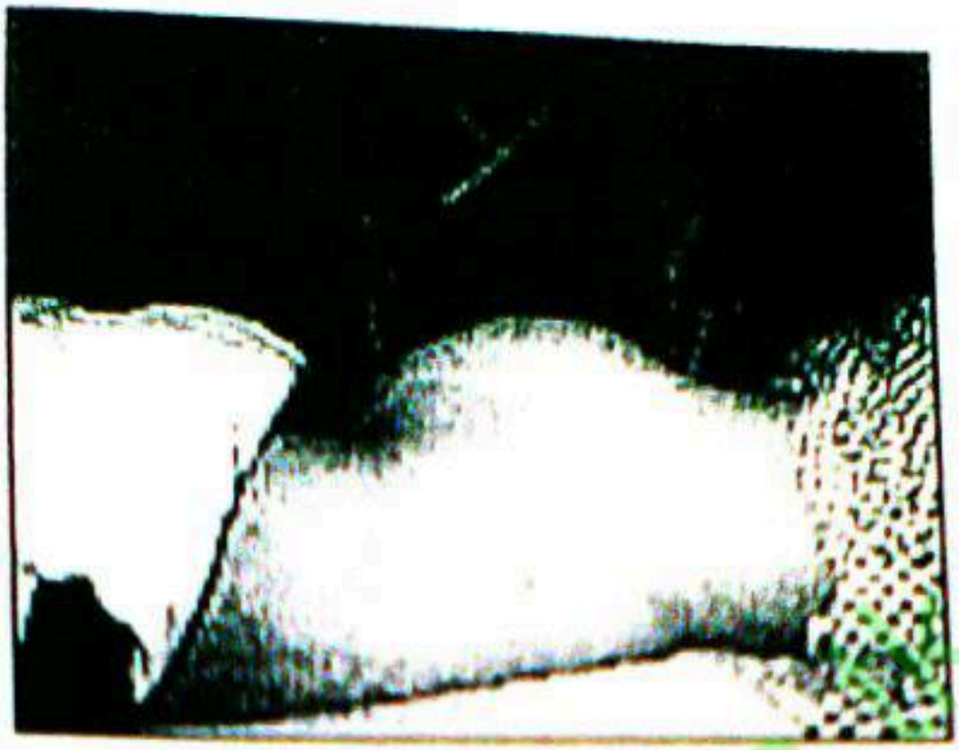
Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. Malignant ovarian tumuor. 01
2. There are two main objectives 02
   a) Diagnostic to confirm the diagnosis & to stage the disease.
   b) Therapeutic – resection of all visible tumour mass that is to do total abdominal hysterectomy, bilateral salpingo – oophorectomy, infracolic omenectomy.
3. Stage II – IV 01
4. Carboplatin or cisplation either alone or in combination with paclitexal (taxoy). 01

22-01-09
Station 11



For Candidate:

A 34 yr old lady presented in gynae opd with history of mass lower abdomen. On abdominal examination, she has 20-week size fibroid which is confirmed on ultrasound.

Task:

Carefully examine the given photograph and answer the following questions.

1. What can be the other presenting features of this Patient? 01
2. Enlist the available treatment options for this condition? 02
3. Enumerate FOUR obstetrical complications associated with this condition if she gets pregnant? 02

Unobserved Station 11

Marks: 05

Time Allowed: 05

For Examiner:

KEY:

1. Menstrual abnormalities
   Pressure symptoms related to Gestro-intestinal or Urinary Tract.

2.
   GnRh Analogues
   Myomectomy
   Hysterectomy
   Uterine artery embolization

3. (Any FOUR)
   Miscarriage
   Preterm labor
   Malpresentations
   Abnormal labor
   Red degeneration
   PPH

Unobserved Station 12

Marks: 05

Time Allowed: 05 minutes

For Candidate:

Task:

Carefully examine the given instrument or its photograph and answer the following questions:

1. Identify the instrument. 01
2. Describe it briefly. 02
3. Give TWO indications for its use. 01
4. Give TWO advantages of the procedure done with it. 01

22-01-09
Station 12

Unobserved Station 12

arks: 05

Time Allowed: 05 minutes

or Examiner:

KEY:

1. Suction canula used for suction curettage 01
2. Hollow tube made of steel slightly bent at one end, size varying from 4 mm to 12 mm. 02

   Small opening near one end and the other end is connected with suction machine
3. Hydatidiform Mole 01

   Missed Abortion
4. More effective in achieving complete evacuation of uterine cavity and less risk of uterine perforation 01

20

Unobserved Station 13 5

Marks: 05 **Time Allowed: 05 min**

For Candidate:

Task:

Carefully examine the specimen material/ photograph and answer the following questions:

1. Identify the device? 01
2. What are its different types? 01
3. Name FOUR indications for its use? 02

   Name TWO complications of its use? 01

Unobserved Station 13

Marks: 05

Time Allowe

For Examiner:

KEY:

1. Ring pessary For the non surgical management of UVP
2. Ring pessary
   Shelf pessary
3. Patients wish
   As a therapeutic test
   Child bearing not complete
   Medically unfit
   During and after pregnancy
   While awaiting surgery (Any FOUR)
4. Vaginal ulceration
   Vaginal infection, etc. (Any TWO)

Observed Station 14

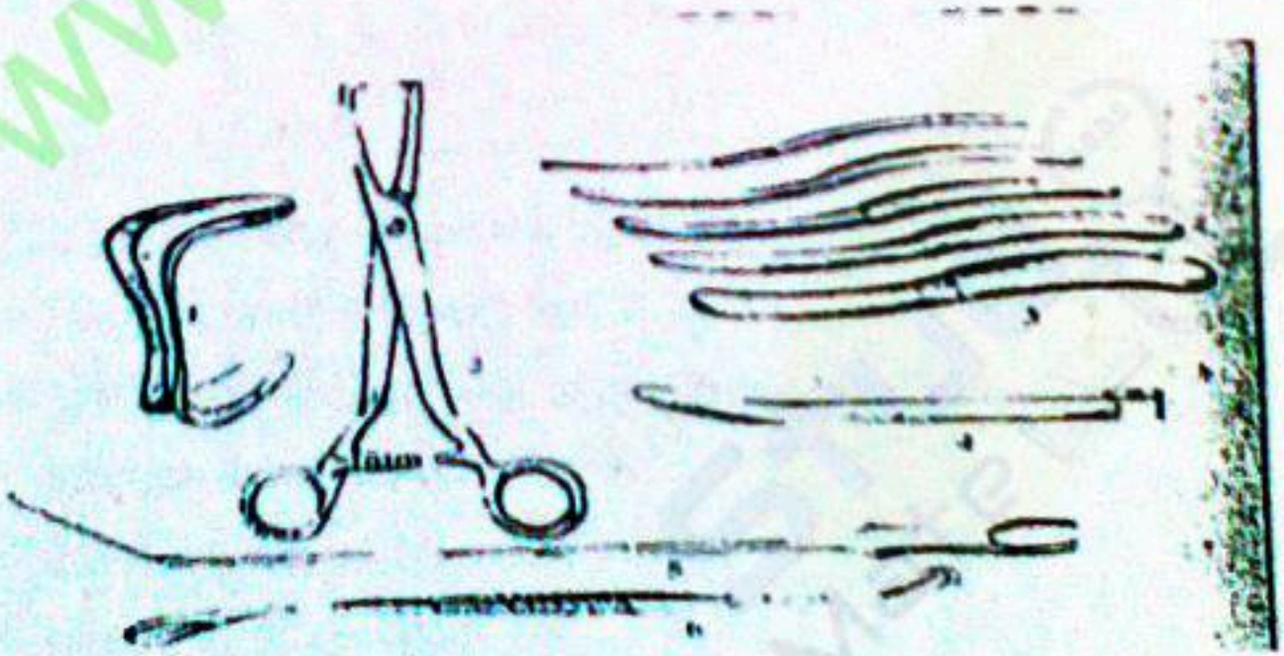
Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

Task:

Carefully examine the given set of instruments or the given photograph and answer the examiner's questions:

22-01-09
Station 14



Observed Station 14

Marks: 05 **Time Allowed: 05 minu**

For Examiner:

Questions:

1. For which procedure this set is used? 0.5
2. Give FOUR indications? 01
3. Narrate the steps briefly. 3.5

KEY:

1. Dilation and curettage 0.5

2. 4.5

- Position of the patient and Clean the operative area
- Anaesthesia (G/A , cervical block) and EUA
- Retraction of posterior vaginal wall with Sim's speculum
- Holding the anterior lip of cervix
- Passing of uterine sound
- Dilation of internal os of cervix
- Curetting the uterine cavity systematically

In case of abortion injection syntocinon to be given

Sending of samples for H/P examination

2. Diagnostic Endometrial hyperplasia (0.5 for each step)

Therapeutic

Incomplete miscarriage

Observed Station 15

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

A 15 year old girl is brought to you by her very anxious mother. She has not yet started menstruating and is wondering why she is different from other girls at school.

Task:

Carefully read the scenario and answer the questions asked:

Observed Station 15

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

Questions:

1. Outline two relevant questions you would need to include in your history taking. 01
2. List four relevant features you would look for or exclude during your physical examination. 02
3. List two tests that you would organize 01
4. What is the most likely diagnosis 0.5
5. What treatment would you offer 0.5

KEY:

1.
   a. At what age did your mother and/ or sisters have their menarche? 01
   b. Is she exhibiting any monthly cyclical pains?
   c. Has she had any marked weight loss (dietary fads/ anorexia)
   d. Ask about other signs of puberty
2. 02
   a. Height/ weight
   b. Breast development and body hair distribution
   c. Nipple spacing
   d. Wide carrying angle
   e. Normal genitalia – clitoromegaly
   f. Intact hymen, but patent vaginal opening , blind vagina
   g. Hirsutism
3. 01
   a. Pelvic Ultrasound
   b. LH, FSH
4. Normal variation. 0.5
5. No treatment. Reassurance is all that is necessary at this stage provided there is no positive clue in clinical findings or in relevant investigations. 0.5

Unobserved Station 1

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

This is a picture of a newborn baby of a diabetic mother weighing around 5kg.

Task:

Carefully read the statement given above, examine the photograph and answer the following questions:

1. Fetal macrosomia in a diabetic woman emphasizes what important point? 0.5
2. Name any FOUR complications (Maternal & fetal) encountered around the time of delivery. 02
3. Mention any THREE problems baby can face in early neonatal period? 1.5
4. What other fetal complications can occur in a pregnancy complicated by diabetes. (Any TWO) 01

25-01-09
Station 1

Unobserved Station 1

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. Uncontrolled diabetes especially in later half of pregnancor near term. 0.5
2. Shoulder dystocia, traumatic birth, infection, hypoxic damage, trauma to the genital tract, PPH. (Any FOUR) 02
3. Hypoglycemia, hypocalcaemia, RDS, Hyperbillirubenaemia, polycythaemia. (Any THREE) 1.5
4. Congenital malformation, abortion, sudden IUD. (Any TWO) 01

Unobserved Station 2

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. Flexed breech presentation. 0.5
2.
   a) ECV provided there is no contraindication to it. 01
   b) Planned caesarean section if breech presentation is complicated by any other complication. 01
   c) Vaginal breech delivery if criteria for having safe vaginal breech delivery could be met. 01
3. Fetal weight < 3.5kg, pelvimetrey (pelvic adequacy beyond doubt, experienced staff available. 1.5

Unobserved Station 3

Marks: 05

Time Allowed: 05 minutes

For Candidate:

A primigravida came at 32 weeks of pregnancy with H/O fits at home. On admission her sensorium was intact, B.P was 160/110, pulse 90/min, temp-N, proteinurea +++ & chest was clear.

Task:

Carefully read the scenario given above and answer the following questions:

1. What is the most likely diagnosis in this patient? 01
2. What basic objectives should be in your mind while designing the management of this patient? 03
3. What factors govern the mode of delivery in this patient? 01

Unobserved Station 3

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. Eclampsia 01
2. 03
   a) Prevention of further fits. ★ To Stabilize the pt.
   b) To prevent the development of the complications of eclampsia.
   c) Delivery of the baby as soon as it is possible to achieve the above mentioned two goals.
3. Depends on condition of the baby and its maturity. 01
   a) If baby is dead or very small, normal delivery should be the aim.
   b) If alive and of reasonable size then C-section should be the choice.

MBBS Final Professional
Obstetrics & Gynaecology
Annual Examinations 2008
Objectively Structured Performance Evaluation (OSPE)

Unobserved Station 4

Marks: 05

Time Allowed: 05 minutes

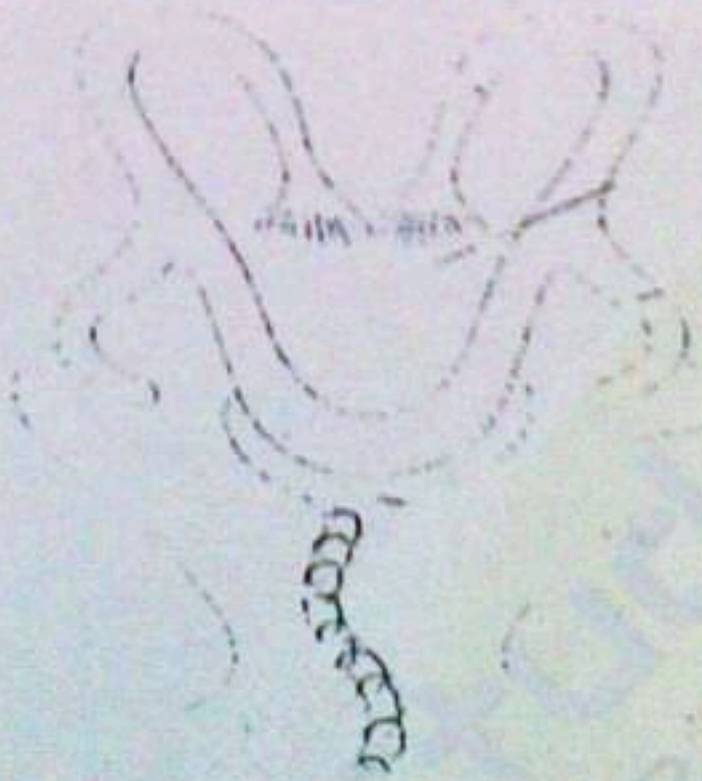
For Candidate:

Task:

Carefully examine the given photograph and answer the following questions:

1. Complication of which stage of labour is shown & what is the complication. 01
2. What could be the cause in the given case? 01
3. How this patient will present? 01
4. How will you mange her? 02

25-01-09
Station 4



Unobserved Station 4

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. 3rd stage of labour. 0.5
   uterine inversion. 0.5
2. Fundal placental attachment. 01
3. Sudden postpartum collapse not explained by visible blood loss. 01
4. Immediate replacement of inverted uterus. 01

   Manual if fails then hydrostatic pressure

   After replacement, uterine contraction should be maintained with oxytocin & watched with vigilance 01

Unobserved Station 5

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

A P3 + 0 delivered spontaneously in your unit and is being discharged on the 1st post delivery day

Task:

Carefully read the scenario given above and answer the following questions:

1. When will you advice her to come for postnatal check up. 01
2. What enquiries should be made during her visit to the postnatal clinic? 03
3. Name TWO issues that must be discussed during her postnatal visit to the hospital. 01

Unobserved Station 5

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. After six weeks of delivery. 01
2. 03
   a. Enquires regarding any problem or concern with which the lady may present.
   b. General health status.
   c. Diet, medicines & rest.
   d. Whether lochiae have ceased or not.
   e. Bladder & bowel function.
   f. Infant feeding problems.
3. Vaccination of the baby and options regarding contraception 01

Observed Station 6

Marks: 05

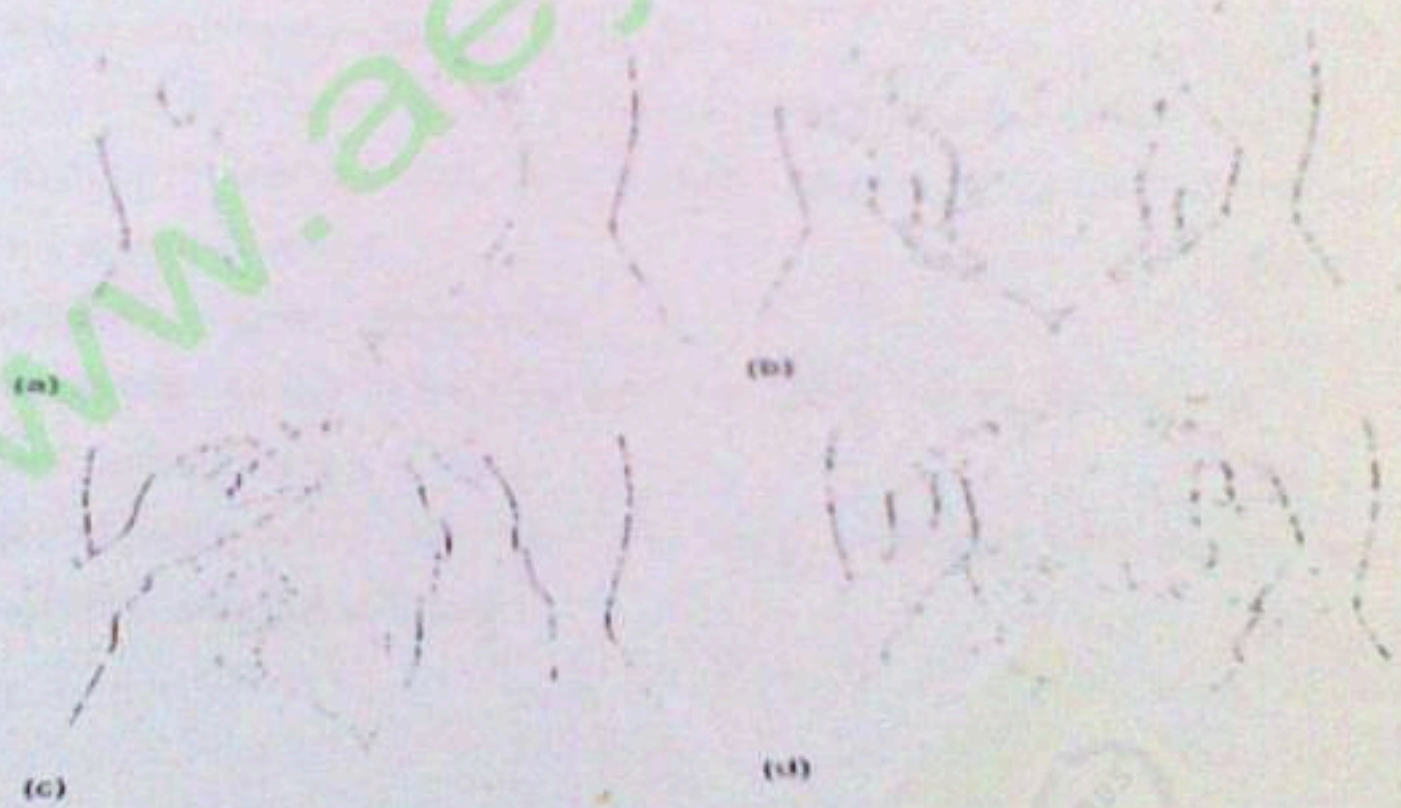
Time Allowed: 05 minutes

For Candidate:

Task:

Carefully examine the photograph and answer the questions asked by the examiner.

25-01-09
Station 6



Observed Station 7

Marks: 05

Time Allowed: 05 minute

For Examiner:

KEY:

1. Green armytage. 0.5
2. To hold edges of incised uterus during C-Section, to secure haemostasis. 1.5
3. Lower uterine segment, loosely attached peritoneum. 1.5
4. 1.5
   a) Major degree placenta previa.
   b) Transverse lie with obstructed labour.
   c) Previous 3 c/section or more.

   Etc. 2 obstetrical complications

Observed Station 8

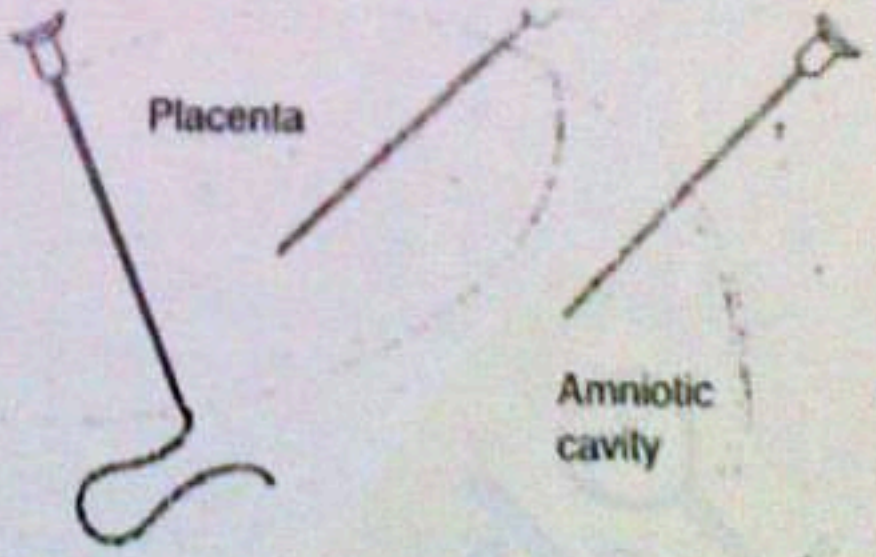
Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

Task:

Carefully examine the given photograph and answer the questions asked by the Examiner:

1. What is shown in the picture? 01
2. Name the procedures depicted. 1.5
3. At what duration of gestations these tests are usually performed. 1.5
4. Name any TWO analyses which can be carried out by using the samples. 01



25-01-09
Station 8

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Unobserved Station 9

Marks: 05

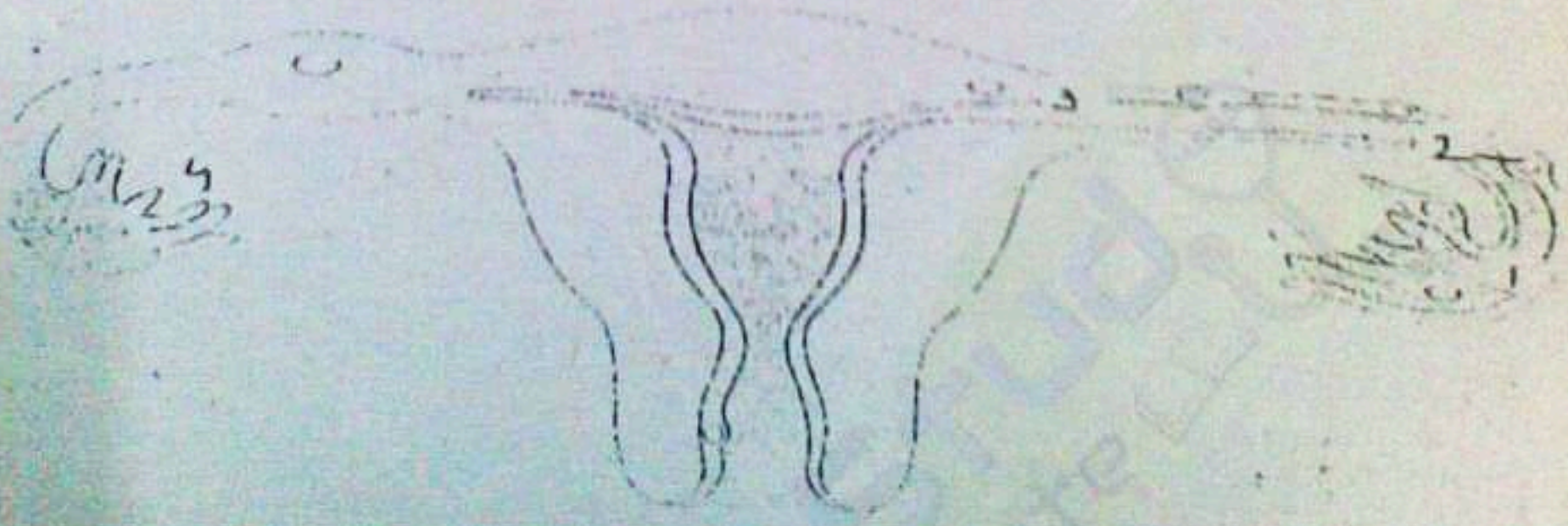
Time Allowed: 05 minutes

For Candidate:

Task:

Carefully inspect the diagram and answer the following questions:

1. Name the different locations of an ectopic pregnancy highlighted in this diagram. 01
2. Of these locations which one is the most common site for ectopic pregnancy and why? 01
3. How an ectopic pregnancy located at the commonest site will present? 1.5
4. Briefly give the treatment options. 1.5



Unobserved Station 9

Marks: 05

Time Allowed: 05 minutes

For Examiner:

KEY:

1. Fimbrial, Ampullary & isthimic regions of fallopian tube & ovary. 01
2. Ampullary reigon of fallopian tube because fertilization normally takes place here. 01
3. H/O amenorrhea (6-10 weeks), pain lower abdomen. (Subacute to acute), irregular vaginal bleeding (usually small in amount, old clotted blood) anemia (moderate to severe) H/O syncopal attacks, sometimes pressure symptoms due to formation of pelvic haematoma. 1.5
4. 1.5
   a. Surgical – salpingotomy or salpingectomy either by Laparotomy or laparoscopy.
   b. Medical management – prostaglandins or methotrexate.
   c. Expectant management.

Unobserved Station 10

Marks: 05

Time Allowed: 05 minutes

For Candidate:

31 years old P1 presented with secondary subfertility for five years. There was history of puerperal riopyrexia after her first child birth. Her cycles have always been regular and husband's semen analysis showed normal sperms parameter. Hysterosalpingography revealed bilateral hydrosalpinges and tubal blockage.

Task:

Carefully read the scenario given above and answer the following questions:

1. What is the incidence of tubal factor in secondary infertility? 01
2. How can infection lead to tubal blockage? 01
3. What are the other methods of testing tubal patency? Name any FOUR. 02
4. What treatment options can be offered to the couple? 01

Unobserved Station 11

Marks: 05

Time Allowed: 05minutes

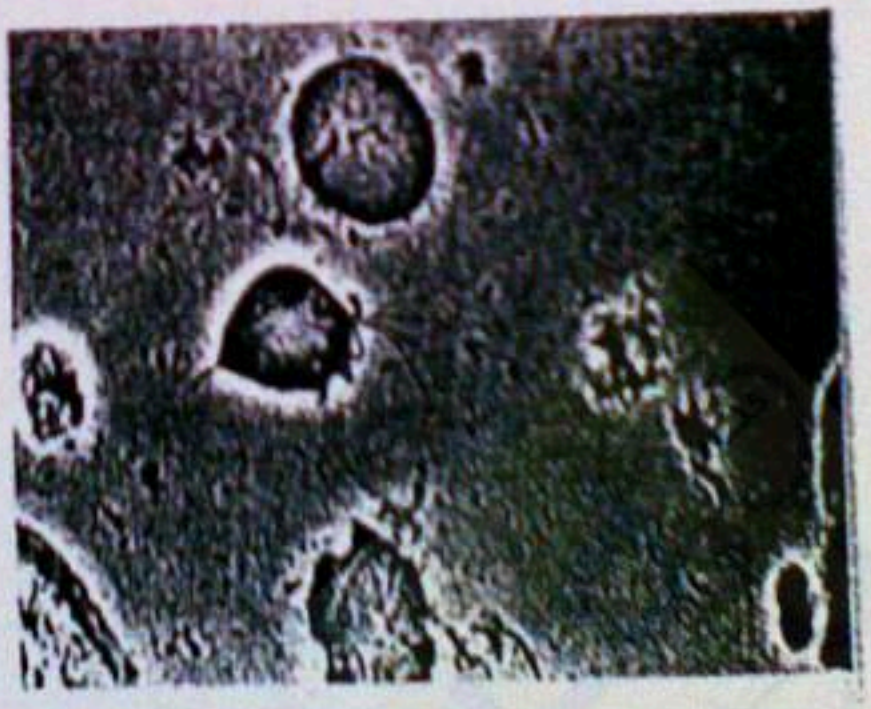
For Candidate:

Task:

Carefully examine the given slide or its photograph and answer the following questions.

1. Which organisms are shown? 01
2. How this slide is prepared. 01
3. Is it a STD.? 0.5
4. What will be the salient clinical features of this infection? 01
5. Briefly give its treatment. 1.5

25-01-09
Station 11



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Unobserved Station 11

Marks: 05

Time Allowed: 05 minutes

For Examiner:

KEY:

1. Cone shaped flagellated organism with one terminal spike and four flagella. 01
2. Unstained "wet mount" of vaginal fluid taken from a woman with Trichomonas Vaginals infection. 01
3. Yes 0.5
4. Itchy vulva & yellowish green vaginal discharge. 01
5. 1.5
   a. Metronidazole 2g as single dose or 400mg B.D. for 5 days.
   b. Treatment of partner.

Unobserved Station 12

Marks: 05

Time Allowed: 05 minutes

For Candidate:

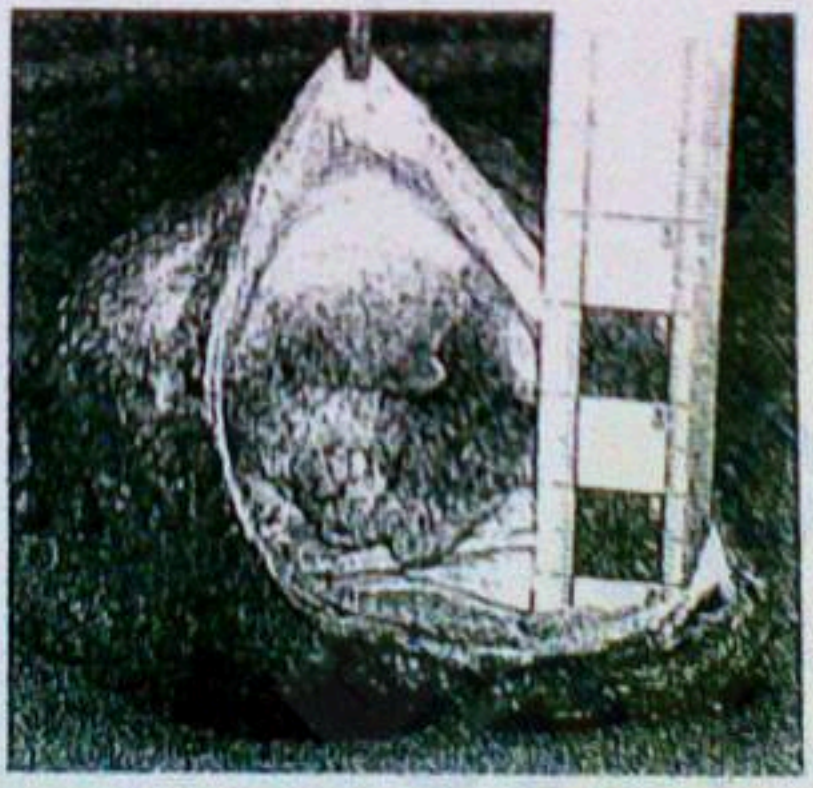
A 61 year old woman came with history of postmenopausal bleeding and blood stained offensive vaginal discharge. She was admitted and underwent surgery after evaluation. The picture of hysterectomy specimen of this woman is given.

Task:

Carefully read the scenario given above, examine the specimen/ photograph provided and answer the following questions:

1. Which pathology is shown? 01
2. How staging of this conditions is done. 1.5
3. What are the treatment options for stage 1b disease? 01
4. Name the standard surgical procedure for this disease. 01
5. Which group of lymph nodes must be removed along with uterus? 0.5

25-01-09
Station 12



Unobserved Station 12

Marks: 05

Time Allowed: 05 minutes

For Examiner:

KEY:

1. Invasive cervical cancer. 01
2. Staging of cervical cancer is based on EUA, intravenous urogram and cystoscopy 1.5
3. Either Surgery or Radiotherapy. 01
4. Wertheim's hysterectomy. 01
5. Pelvic Lymph Nodes 0.5

Unobserved Station 13

Marks: 05

Time Allowed: 05 minu

For Examiner:

KEY:

1. 40%
2. Infection leads to tissue damage, scarring and adhesions formation.
3. 1) Laparoscopy
   2) Ecovist (testing on USG)
   3) Rubin's test / D&I
   4) Salpingoscopy, Falloposcopy
4. 1) Tubal reconstructive surgery
   2) IVF

Unobserved Station 2

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

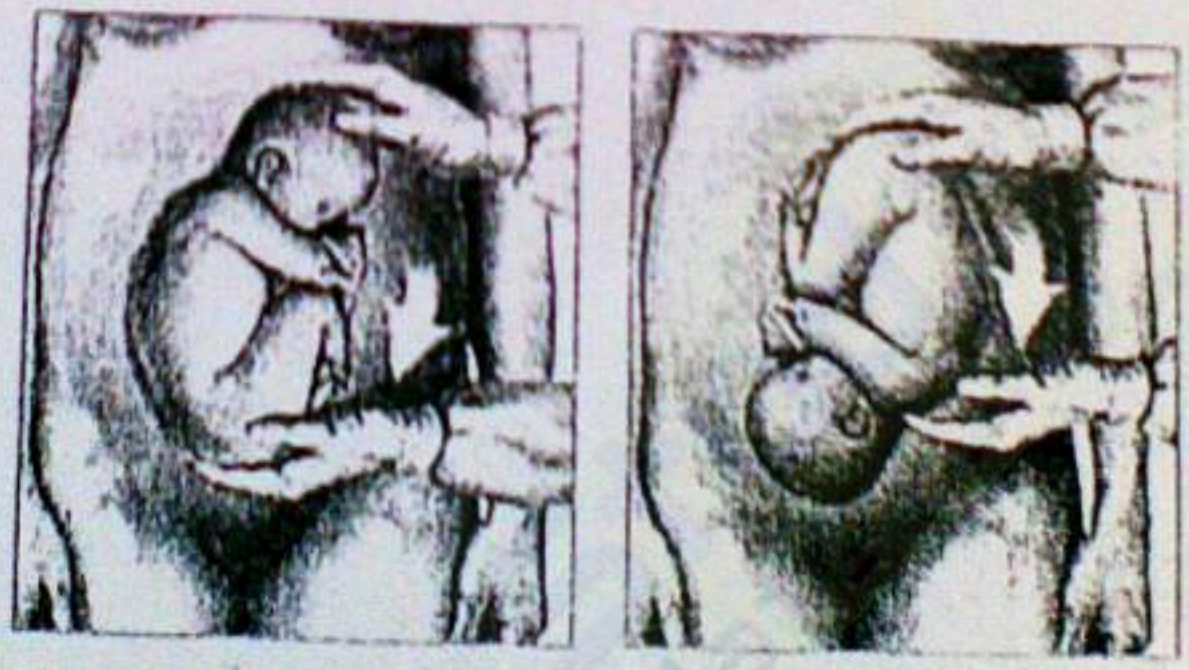
A PG came with breech presentation at 37 weeks of pregnancy. ECV was offered to her.

Task:

Carefully read the given scenario, examine the photograph and answer the following questions:

1. What is the Success rate of ECV? 01
2. What are contraindications to ECV? 1.5
3. What are risks of ECV? 1.5
4. What are prerequisites for ECV? 01

External version



24-01-09
Station 2

Unobserved Station 2

Marks: 05

Time Allowed: 05 minu

For Examiner:

KEY:

1. It is 65%.
2. Placenta Previa, Oligo or Polyhydramnios
   H/O APH, previous c-section, PET, planed-section
3. Placental abruption, PROM, Cord accident, fetal CTG abnormalities.
4. Consent, ultrasound for amount of liquor, neck attitude, reactive CTG.

Unobserved Station 3

Marks: 05 **Time Allowed: 05 minutes**

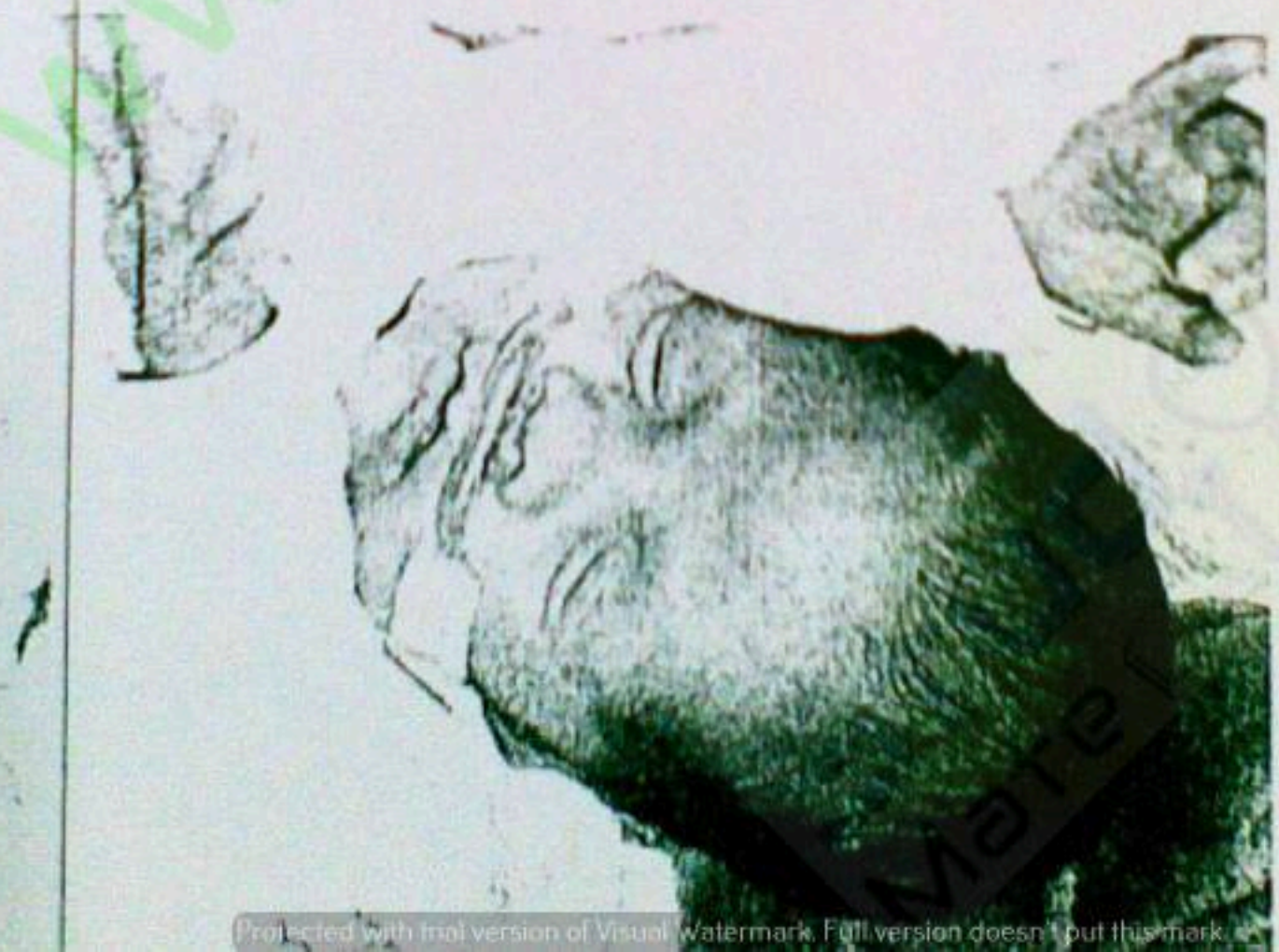
For Candidate:

This is the photograph of a baby delivered by C-section at 37 weeks.

Task:

Carefully examine the given photograph and answer the following questions:

1. What is the most likely diagnosis? 01
2. What FOUR complications in this baby are likely to develop? 1.5
3. What might be the cause of this condition? 01
4. What are TWO most common intrapartum complications of this condition?



24-01-09
Station 3

Unobserved Station 3

Marks: 05

Time Allowed: 05 minu

For Examiner:

KEY:

1. Fetal macrosomia secondary to uncontrolled maternal diabetes

2. RDS , Neonatal hypoglycemia, Neonatal jaundice, polycythemia

3. Uncontrolled diabetes

4. Shoulder dystocia

   Traumatic birth injury e.g. brachial nerve injury

   Intracranial haemorrhage

   Cephalhaematoma.

   Birth asphyxia.

50

Unobserved Station 4

Marks: 05

Time Allowed: 05 minutes

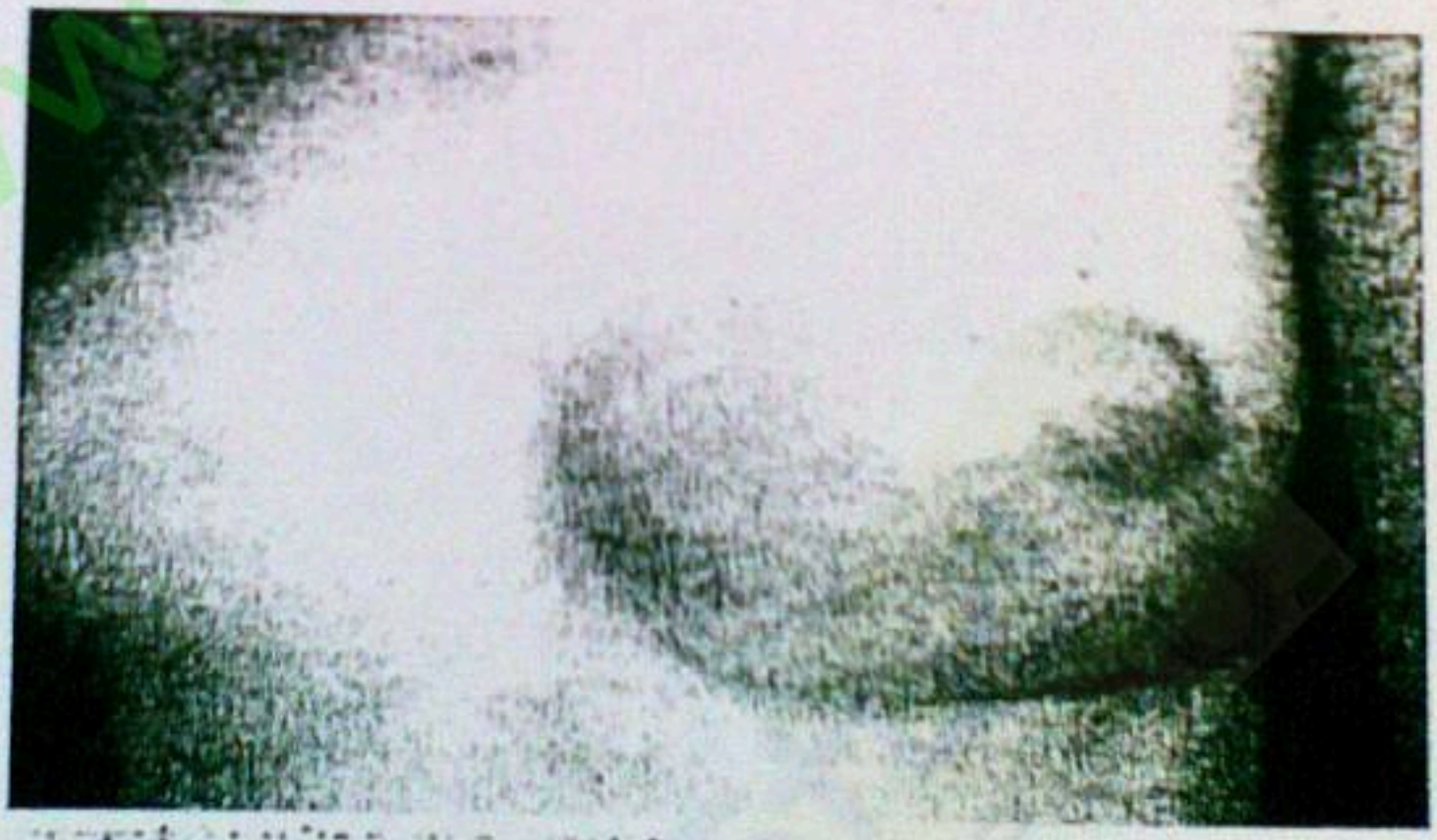
For Candidate:

A mother during 3rd post natal week develops pain in left breast with high grade fever.

Task:

Carefully examine the given photograph and answer the following questions:

1. What is the diagnosis? 01
2. What is the causative agent? 01
3. What are important steps in the management? 02
4. What percentage of patient develop this problem? 01



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Unobserved Station 5

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. The APGAR score is a tool that assists in the recognition of an infant who is failing to make a successful transition to extrauterine life. 1.5
2. It stands for 3.5

A	Appearance central trunk colour
P	Pulse rate
G	Grimace
A	Activity
R	respiratory effort

Observed Station 6

Marks: 05

Time Allowed: 05 minutes

For Candidate:

A PG at 15 weeks of gestation had a significant exposure with her nephew having fever with macupapular vesicular rash.

Task:

Carefully read the given scenario, examine the photograph and answer the following questions:

1. What is the diagnosis? 01
2. What is the causative agent? 01
3. What are steps in her management? 1.5
4. What is fetal varicella syndrome? 1.5

24-01-09
Station 6

Photo Courtesy of CDC - J.D. Miller

Obstetrics & Gynaecology
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Objectively Structured Performance Evaluation (OSPE)

Observed Station 6

Marks: 05

Time Allowed: 05 minutes

For Examiner:

KEY:

1. Chicken pox. 01
2. Its herpes virus infection. 01
3. Check her immune status, if found to be immune, reassure the mother. If not give her VZIG as risk of having fatal infection. 1.5
4. It effects 1-2% of fetus. It consists of hypoplastic limbs, skin scarring and CNS anomalies. 1.5

Observed Station 7

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

A 23yrs old known epileptic is on sodium valproate. She is fit free for the last two years & now couple wants to start their family and they need your advice.

Task:

Carefully read the scenario given above and answer the questions asked.

Observed Station 7

Marks: 05

Time Allowed: 05 minutes

For Examiner:

Questions:

1. What is your advice for me before becoming pregnant? 01
2. What is the main complication of this drug on the baby? 01
3. What complication could arise during pregnancy? 1.5
4. Could this drug have an effect on the new born baby? 1.5

KEY:

1. 01
   a. You should continue your antiepileptic drug , because fit control is more important
   b. Start taking 5mg of folic acid daily 3 months before becoming pregnant

2. Increases the incidence of neural tube defects in 2% of patients. 01
3. A number of pregnancy complications have been associated with epilepsy. Both APH &PPH, PET, Preterm delivery, Low birth wt. and congenital anomalies 1.5
4. Deficiency of Vit-K dependent clotting factors; leading to hemorrhagic diseases of newborn. 1.5

Observed Station 8

Marks: 05 **Time Allowed: 05 minutes**

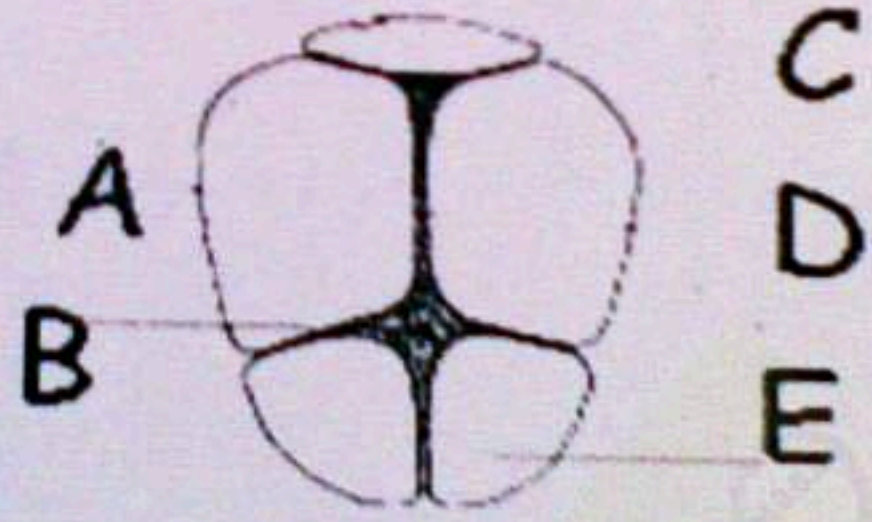
For Candidate:

Task:

Carefully examine the given photograph and answer the following questions:

Identify the labels A to E. 05(1 each)

24-01-09
Station 8



Observed Station 8

Marks: 05 **Time Allowed: 05 minu**

For Examiner:

KEY:

1. Anterior fontanelle	01
2. Occipital bone	01
3. Parietal bone	01
4. Sagittal suture	01
5. Frontal bone	01

Objectively Structured Performance Evaluation (OSPE)

Unobserved Station 9

Marks: 05

Time Allowed: 05 minute

For Examiner:

KEY:

1. Dermoid cyst 01
2. Asymptomatic, Abdominal pain, Abdominal swelling, Acute abdomen. 1.5
3. It results from differentiation of embryonic tissues ; in it ectodermal structures are predominant . 1.5
4. About 2% of Dermoid cyst undergo malignant transformation 01

Unobserved Station 10

Marks: 05 **Time Allowed: 05 minutes**

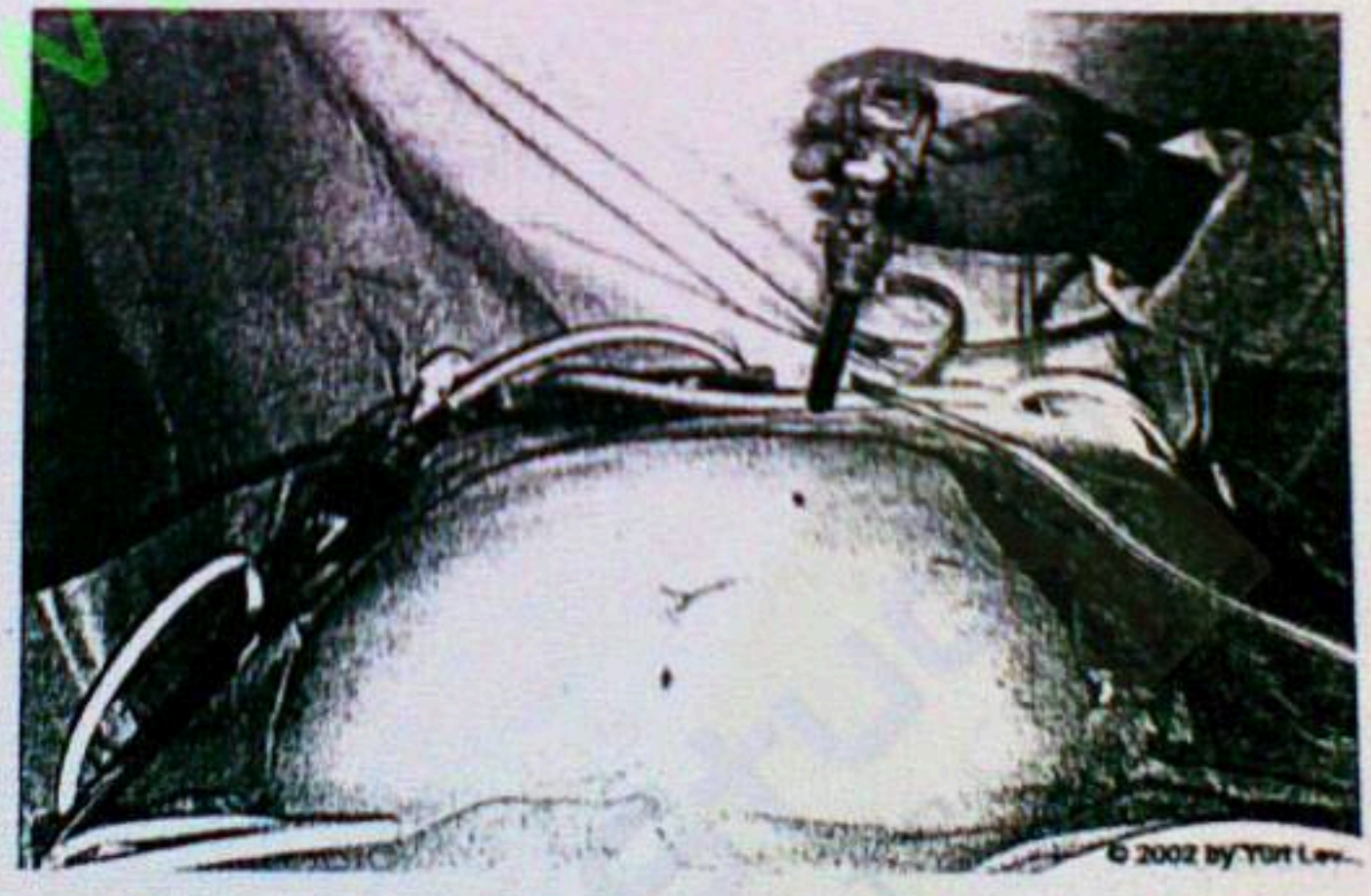
For Candidate:

Task:

Carefully examine the photograph and answer the following questions:

1. What procedure is being performed? 1.5
2. Enumerate FOUR indications of its use? 1.5
3. What are the complications of this procedure? 1.5
4. What are the contraindications to this procedure? 01

24-01-09
Station 10



Unobserved Station 11

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. In this, disease is confined to ovaries 01
2. Growth involving one or both ovaries with pelvic extension 1.5
3. Growth involving one or both ovaries with peritoneal implants, Implants in retroperitoneal or inguinal LN or superficial liver metastasis. 1.5
4. Growth in one or both ovaries with distant metastasis. If pleural effusion, must be positive for cytology. Liver parenchyma positive with stage IV disease. 01

Unobserved Station 12

Marks: 05

Time Allowed: 05 minutes

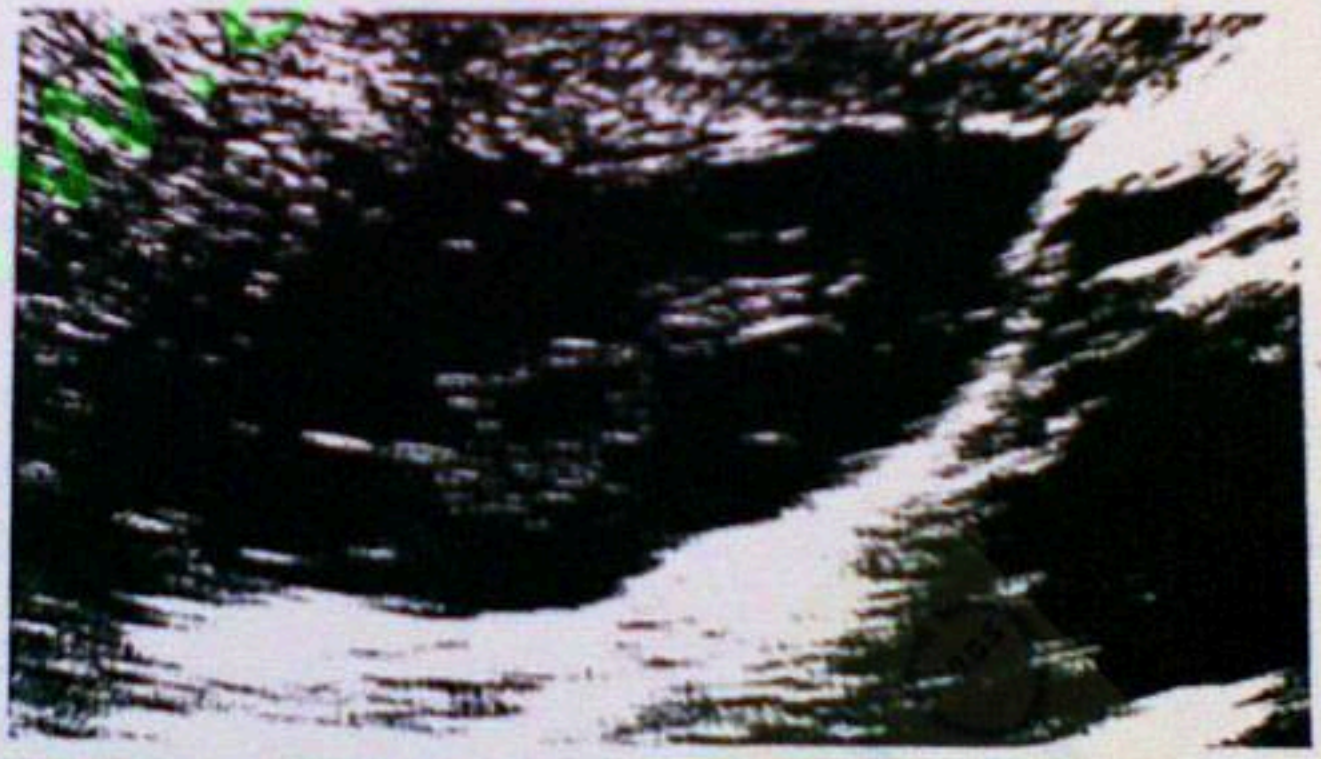
For Candidate:

Task:

Carefully examine the ultrasound report / photograph and answer the following questions:

1. What is the most likely diagnosis? 01
2. What FOUR clinical symptoms patient might present with? 1.5
3. What therapies can be given to reduce hirsutism? 1.5
4. What are long-term consequences of this condition? 01

24-01-09
Station 12



Unobserved Station 13 6

Marks: 05 **Time Allowed: 05 minutes**

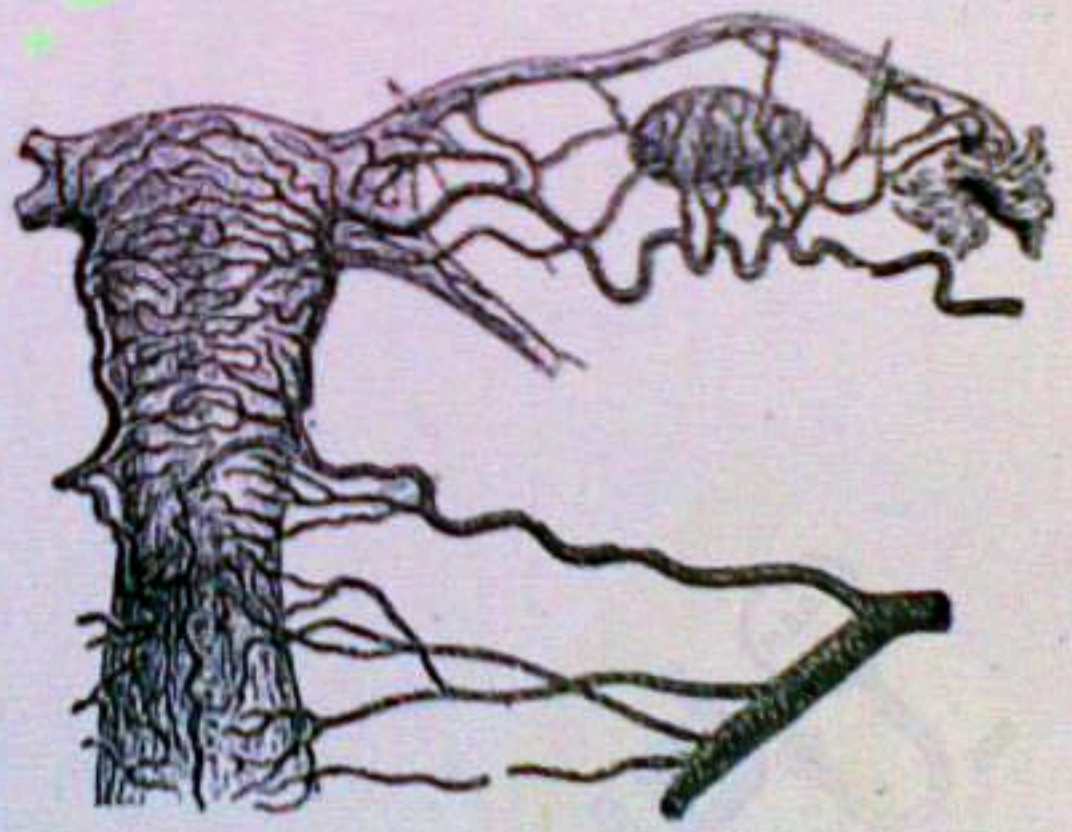
For Candidate:

Task:

Carefully examine the given photograph and answer the following question:

This diagram shows the blood supply of the uterus. Identify the arteries shown in the diagram. 05

24-01-09
Station 13



Unobserved Station 13

Marks: 05

Time Allowed: 05 minutes

For Examiner:

KEY:

1. The uterine artery (Internal iliac) is the main blood supply to the uterus.
2. It also gives a descending branch to cervix and vagina
3. It ascends and supplies to the corpus and form anastomosis with ovarian artery which arises directly from aorta.

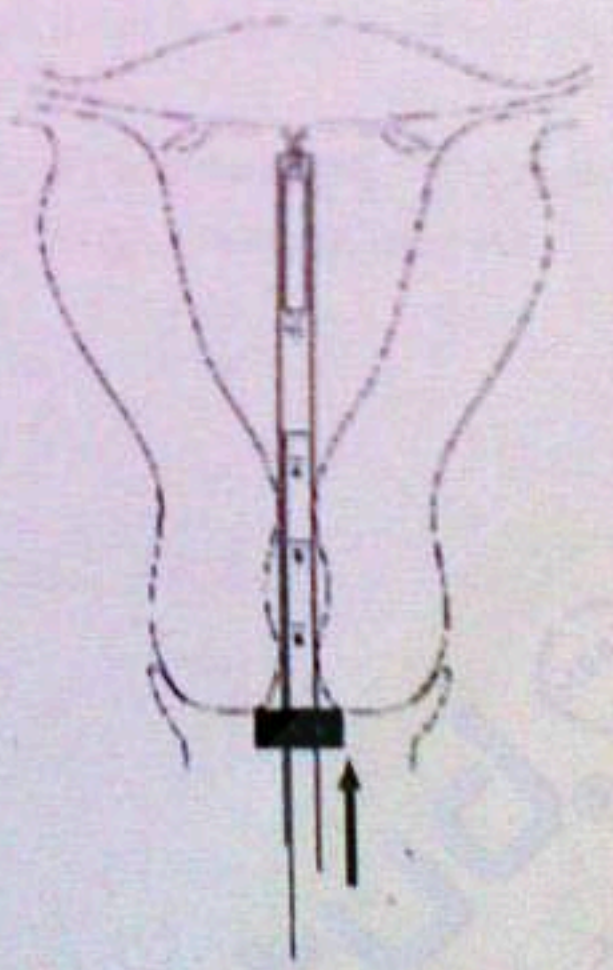
Observed Station 14

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

Task:

Carefully examine the given photograph and answer the questions asked by the Examiner.



24-01-09
Station 14

Observed Station 14

Marks: 05

Time Allowed: 05 minutes

For Examiner:

Questions:

1. What type of contraceptive method is this? 01
2. What hormone does it contain? 01
3. What is the main non-contraceptive benefit of this type of IUCD? 1.5
4. What are the disadvantages in its use? 1.5

KEY:

1. Hormone coated intrauterine device 01
2. It contains Levonorgestrel (progesterone containing) 01
3. Highly effective , dramatic reduction in menstrual blood loss , protection against PID 1.5
4. Persistent spotting and irregular bleeding in the first few months of use, progestogenic side effects e.g. acne, breast tenderness 1.5

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Unobserved Station 1

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

A primigravida came at 32 weeks of pregnancy with H/O fits at home. On admission her sensorium was intact, B.P was 160/110, pulse 90/min, temp-N, proteinurea +++ & chest was clear.

Task:

Read the given scenario and answer the following questions:

1. What is the most likely diagnosis in this patient? 01
2. What basic objectives should be in your mind while designing the management of this patient? 03
3. What factors govern the mode of delivery in this patient? 01

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Unobserved Station 2

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

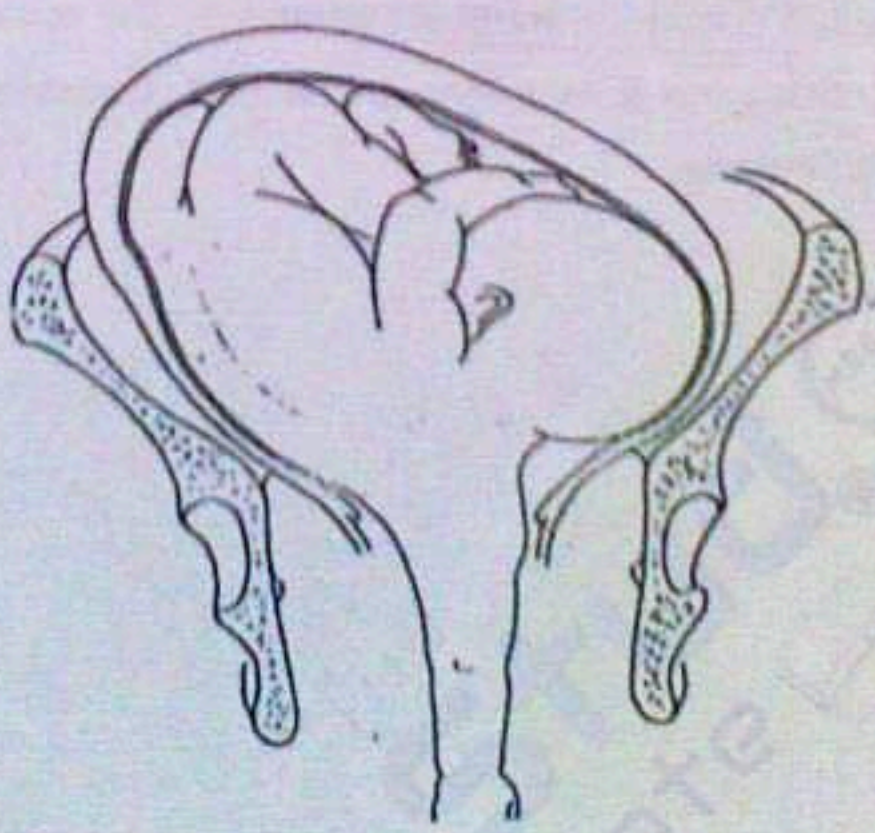
A G8P6 + 1 came at term with established labour. Her abdominal and pelvic examination findings are shown in the given model or diagrammatically.

Task:

Read the scenario and examine the model or the given photograph and answer the following questions:

1. Comment on the lie & presentation of the fetus. 01
2. Name any four maternal and fetal risks or complications associated with this situation. 02
3. What steps should be taken immediately in the given scenario. 02

23-01-09
Station 2



Unobserved Station 2

Marks: 05

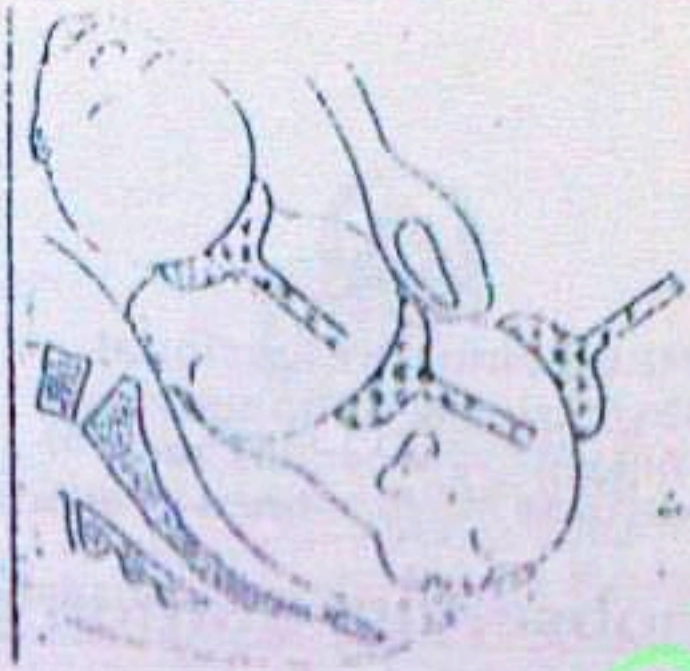
Time Allowed: 05 minutes

For Examiner:

KEY:

1. Transverse lie, with shoulder presentation & prolapse of the arm. 01
2. Obstructed labour leading to uterine rupture, operative delivery, PPH, caesarean hysterectomy, infection, severely asphyxiated baby, IUD. 02
3. 02
   a. Preparation for immediate emergency c-section by the senior obstetrician.
   b. Correction of hydration status and hypovolemia if the condition demands.
   c. Broad spectrum antibiotic cover.
   d. Anticipation & management of PPH. Caesarean hysterectomy may have to be done.

23-01-09
Station 4



Time Allowed: 05 minutes

For Candidate:

Task:

Carefully examine the given instrument or the photograph and answer the following questions:

1. Which instrumental delivery is shown? 01
2. What are the different types of vacuum cups? 01
3. Which cups are preferred; why? 02
4. What is the management of chignon? 01

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Unobserved Station 5

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

A G6P5 + 0 with previous one caesarean section came at 34 weeks. Her Hb% is 8.5 gm%.

Task:

Read the given scenario and answer the following questions.

1. What is the most likely cause of anemia in this patient? 01
2. Name the investigation you will need to confirm your diagnosis regarding the cause of anemia in this lady. 1.5
3. What treatment you will suggest for this woman. 01
4. Name any THREE complications due to anemia in pregnancy. 1.5

Unobserved Station 5

Marks: 05

Time Allowed: 05 minutes

For Examiner:

KEY:

1. Repeated pregnancies causing iron deficiency due to demand supply disturbance. 01

2. PBP, red cell indices, serum iron & ferratin levels. 1/5

3. 01

   a. Parental iron should be given because pregnancy is advanced & time is short. Repeated administrations required.

   b. Blood should be arranged at the time of delivery.

4. Exaggerated effects of PPH. 1.5

   - Puerperal infection
   - Delayed recovery

     Thromboembolism
   - Cardiac failure in severely anemic patient

(Any THREE)

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Observed Station 6

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

Watch the examination & give the marks according to the given checklist.

KEY:

1. Introduction, consent & explanation & privacy. 01
2. Stand on Right side of patient, proper hand temp; necessary examination tools (fetoscope, stethoscope, measuring tape). 01
3. Proper examination technique
   a. Fundal Palpation and measuring symphisio- fundal height. (palpation & measuring with tape) 01
   b. Palpation of lower part of uterus to establish the presentation of the fetus. 0.5
   c. Palpation of sides of uterus. Lateral palpation 01
   d. Auscultation of FHS 0.5

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Observed Station 7

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

A P1 + 0 came to you one week after home delivery with fever 101°F, lower abdominal pain and foul smelling vaginal discharge.

➔ Task:

Read the given scenario and answer the questions asked.

Observed Station 7

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

Questions:

1. In the assessment of this patient what relevant questions are needed to be asked? 2.5
2. In the clinical examination of this patient what points should be noted. 2.5

KEY:

1. (0.5 marks for each stems)

In the history of this patient following points should asked.

a. Place of delivery & the status of the delivery attendant.
b. H/O labour -Induced or spontaneous, interference, prolonged labour, repeated internal examination, H/O PROM,
c. Mode of delivery - instrumental or operative. Asepsis maintained or not
d. Details regarding fever and pain (onset, duration, intensity, chills and any associated problems) . Amount , colour and smell of lochia,
e. Any symptoms pertaining to throat & respiratory systems, Infant feeding or breast problems (engorgement or mastitis), urinary & bowel problems, any calf tenderness or not.

2. (0.5 marks for a, b, c, d and e)

a. **GPE** - general well being, vitals, throat & respiratory system examination. Calf tenderness or signs of thrombophlebitis
b. **Breast examination** - engorgement or signs of mastitis.
c. c) **Abdominal examination** - size of uterus (normal or delayed involution) any tenderness, rigidity or mass, palpation of visceras and specially of renal angles.
d. **Local examination.**
   1) Inspection of pad for amount and colour of lochia , any smelly discharge
   2) Examination of perineum for any laceration or infection
e. **Speculum Examination**- any laceration or tear in cervix or vagina, infection, any foreign body

   Bimanual Pelvic Examination- size of uterus, mobility, tenderness
   Adenexa - tenderness, mass, adhesions or fullness.

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Observed Station 8

Marks: 05

Time Allowed: 05 minutes

For Candidate:

A G3P1 + 1 came at 35 weeks of pregnancy with decreased fetal movements. The patient is very worried regarding the wellbeing of her baby.

Task:

Read the given scenario and answer the questions asked:

Observed Station 8

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

Questions:

1. **How this patient should be dealt with?** 01
2. **Give the steps of her management.** 04

KEY:

1. Patient should be dealt with reassurance & sympathetic approach. 01

   i. Thorough clinical assessment to pick up any risk factor or complication in the index pregnancy. 1.5

   ii. Determination of fetal well-being status with the help of following methods. 01

   a. Maintaining kick count record.

   b. Doing fetal CTG & repeating it as required.

   c. If required then assessment of fetal well being by doing biophysical profile.

   d. Ultrasound Doppler studies if the situation demands.

2.

   a. Reassurance & expectant management – if no risk factor / complication detected & baby is doing fine. 0.5

   b. Do specific management if some problem is picked up. 0.5

   c. Do immediate delivery if the condition demands. 0.5

23-01-09
Station 9

For Candidate:

A 27 years old lady came at 8 weeks of gestation with history of two abortions around 18 weeks and one pre-term delivery. After evaluation she underwent the procedure shown in the picture.

Task:

Read the given scenario, examine the given photograph and answer the following questions.

1. Name the procedure shown in the picture. 01
2. Give the indication of this operation. 01
3. Briefly describe the procedure. 02
4. Give any TWO complications of this procedure. 01

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Unobserved Station 9

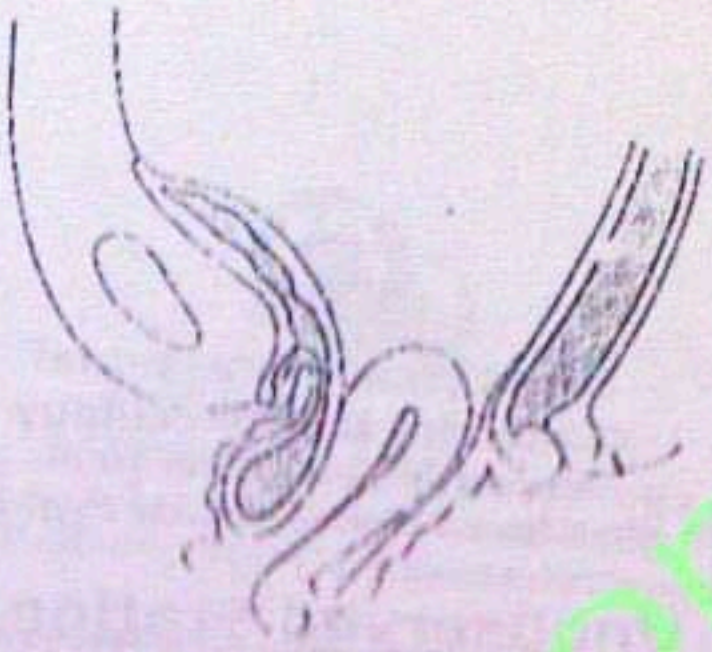
Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. Cervical cercalage. McDonald's Suture. 01
2. Cervical Incompetence responsible for midtrimester abortions or preterm births. 01
3. Around 12-14 weeks of gestation a non absorbable suture is applied at the level of internal os of cervix to reinforce it. The suture is removed at 38 weeks or whenever the patient goes into labour. 02
4. Bleeding, Miscarriage, infection, leaking, cervical tear or laceration if the suture is not removed when the patient goes into labour. 01

23-01-09
Station 10



For Candidate:

A 65 years old P10A0 came in OPD with the complaints of something coming out of vagina with urinary problems. Her condition has been elaborated in the given picture.

Task:

Read the scenario and see the given photograph and answer the following questions:

1. Write down the diagnosis. 01
2. What is the most likely underlying cause of her problem? 01
3. What is best management option for this patient? 01
4. Name any FOUR delayed complications of the surgical procedures done in this situation. 02

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Unobserved Station 10

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. Uterovaginal Prolapse with cystocele. 01
2. Defective tissue resulting from multiparity & menopausal estrogen deficiency. 01
3. Vaginal hysterectomy with anterior Colporraphy. 01
4. Secondary haemorrhage (Vault haematoma), granulation tissue formation on the vault, Vault prolapse, stress incontinence, dyspareunia. 02

(Any FOUR)

Unobserved Station 12

Marks: 05

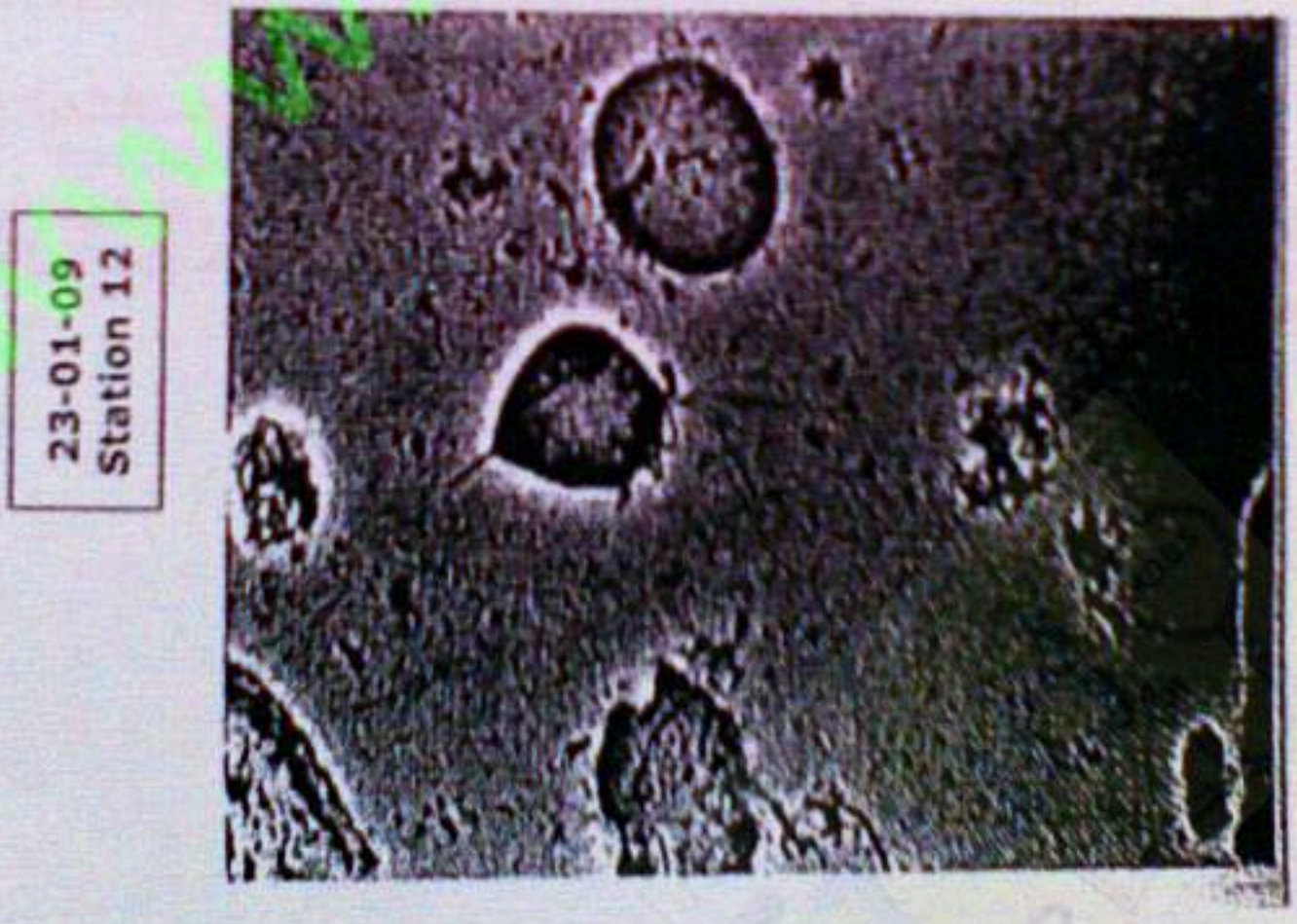
Time Allowed: 05 minutes

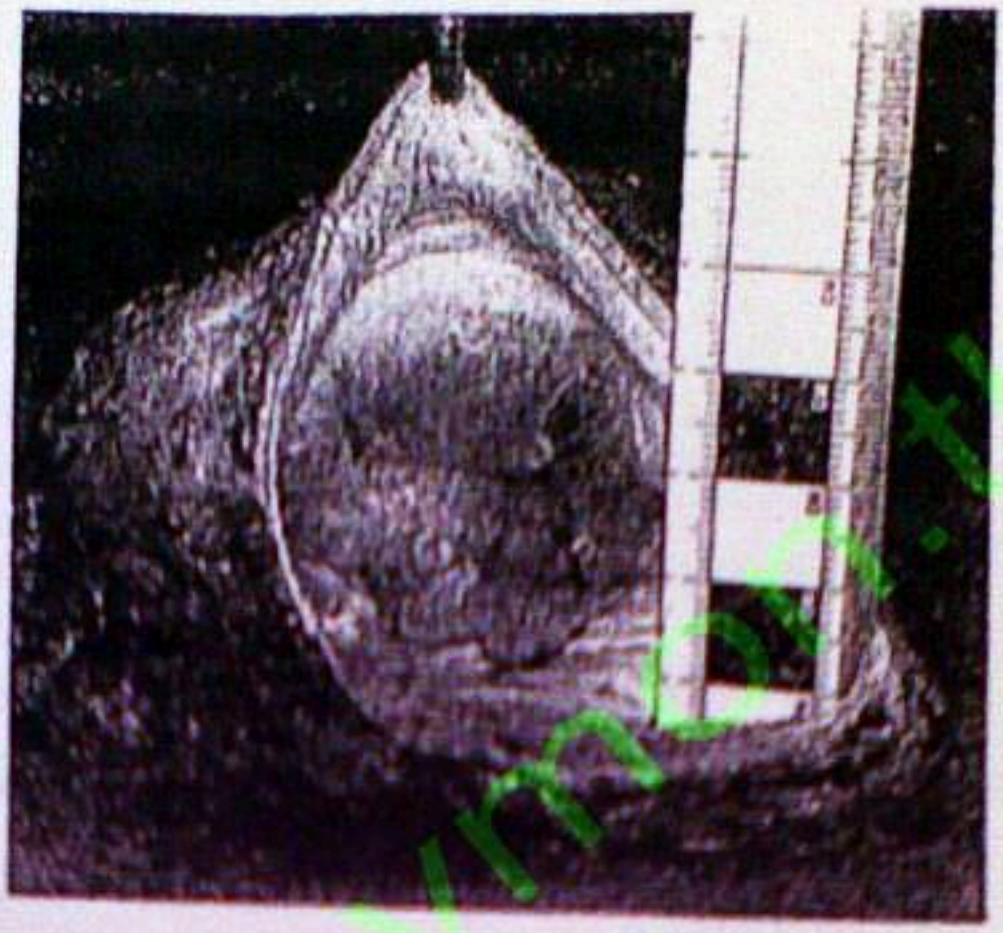
For Candidate:

Task:

Carefully examine the given slide or its photograph and answer the following questions.

1. Which organisms are shown? 01
2. How this slide is prepared. 01
3. Is it a STD.? 0.5
4. What will be the salient clinical features of this infection? 01
5. Briefly give its treatment. 1.5





For Candidate:

A 61 year old woman came with history of postmenopausal bleeding and blood stained offensive vaginal discharge. She was admitted and underwent surgery after evaluation.

The picture of hysterectomy specimen of this woman is given.

Task:

Read the given scenario, examine the given specimen or its photograph and answer the following questions:

1. Which pathology is shown? 01
2. How staging of this conditions is done. 1.5
3. What are the treatment options for stage 1b disease? 01
4. Name the standard surgical procedure for this disease. 01
5. Which group of lymph nodes must be removed along with uterus? 0.5

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Unobserved Station 13

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. Invasive cervical cancer. 01
2. Staging of cervical cancer is based on EUA, intravenous urogram and cystoscopy. 1.5
3. Either Surgery or Radiotherapy. 01
4. Wertheim's hysterectomy. 01
5. Pelvic Lymph Nodes 0.5

Observed Station 14

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

Questions:

1. What instrument or its picture is given. 01
2. Give the steps of the procedure carried out with it briefly. 04

KEY:

1. Trocar and canula used for laparoscopy 01

2. (01 marks for each following steps)

a. Introducing Veress needle in the peritoneal cavity through a nick in the lower border of umbilicus and Creation of pneumoperitoneum.
b. Introduction of trocar and canula by enlarging the already given nick.
c. Visualization of peritoneal and pelvic cavity with the laparoscope attached with light and gas portals. Use of intrauterine manipulator to examine the details of pelvic structures
d. At the end withdrawing the laparoscope, make an effort to take out as much gas as it is possible and then take out the canula and close the given incision.

Unobserved Station 3

Time Allowed: 05 minutes

arks: 05

or Candidate:

ask:

arefully observe the given photograph and answer the llowing questions:

What obstetrical technique is shown in the picture? See figure in book	0.5
At what gestational age this technique should be ideally performed.	0.5
What is the advantage of this procedure? APH, Multiple	0.5
Enumerate any THREE contraindications to the procedure. pregancy	1.5
Name any FOUR risks of this procedure. Signed ideas,	02

Objectively Structured Performance Evaluation (OSPE)

Unobserved Station 3

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. External cephalic version. 0.5
2. Around 36-37 weeks of gestation. 0.5
3. Deduction in number of c-section done for breech presentation. 0.5
4. APH, scarred uterus, multiple pregnancy. 1.5
5. Placental abruption, PROM, preterm labour, fetal bradycardia, cord accidents. (Any FOUR) 02

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Unobserved Station 5

arks: 05

Time Allowed: 05 minutes

or Candidate:

ask:

arefully examine the given apparatus / photograph and answer ıe following questions.

Identify the apparatus.	01
What are the different types of its cups?	01
Contraindications of its use.	02
Fetal complications specific to its use.	01

Unobserved Station 5

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. Ventouse. 01
2. Two types 01
   i) Metallic
   ii) Silastic
3. 02
   i) Face presentation.
   ii) Prematurity.
4. 01
   i) Chignon.
   ii) Cephalohaematoma.

Marks: 05 Time Allowed: 05 minutes 89

For Examiner: → see CTG in book

Questions:

1. A PG presents in LR at 38 weeks with labour pains. On examination cervix is 3 cm dilated. Her CTG is shown below. What is the baseline FHR in this trace? 01
2. Is this a reactive trace? 01
3. Her augmentation is started and after 3 hours her CTG is shown below. On examination cervix is 4 cm dilated. Name any two pathologies in this trace? 01 01
4. What does this CTG indicate? 01
5. Her ARM is done and grade II meconium is drained. How will you deliver this patient?

KEY:

1. 130 bpm 01
2. Yes 01
3. Fetal tachycardia 01
   Nonreactive CTG
   Variable decelerations
4. Fetal hypoxia/ distress 01
5. Emergency C/S 01

130 bpm
Yes.
Fetal tachycardia.
Variable deceleration

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Observed Station 8

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

Task:

Perform abdominal examination in this patient. **05**

do practice for methods

Observed Station 8

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

- Introduction 1/2
- Consent 1/2
- Ask for pain/ full bladder 1/2
- Proper draping 1/2
- Inspection: 01
  - -Abdomen protuberant
  - -Moving with respiration
  - -Scar marks, striae, pigmentation
- Palpation: 01
  - -Fundal height
  - -Lie/ presentation
- Auscultation: 01
  - -FHR (Listen for one minute)

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Observed Station 8

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

A 22 years old primipara had caesarean section due to foetal distress 7 days ago. Her stiches are removed and wound is healthy.

Task:

Carefully read the given scenario and answer the question asked by the Examiner.

Observed Station 8

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

Question:

What advice you will give her at the time of discharge? 05

KEY:

1. Introduction. 0.5
2. Sympathetic approach. 0.5
3. Explanation about the operation, its indication and future mode of delivery. 01
4. Instructions regarding medicine and diet. 01
5. Breast feeding of baby. 0.5
6. Vaccination of baby. 0.5
7. Contraception 01

Unobserved Station 9

arks: 05

Time Allowed: 05 minutes

or Candidate:

young 18 years old girl came in OPD with primary amenorrhea. She has well veloped secondary sexual characteristics and breast development. Her complaints ere of cyclical lower abdominal pain and abdominal mass.

ask:

arefully read the given scenario and answer the following uestions:

What is the most likely diagnosis?	01
How will you confirm your diagnosis?	02
What other presenting complaint she might have?	01
How will you manage her?	01

Unobserved Station 9

Marks: 05

Time Allowed: 05 minutes

For Examiner:

KEY:

1. Imperforate hymen. 01
2. Clinical - abdominal mass. 01
   - Bluishy bulging membrane on local vaginal examination.

   USG – Haematometra and haematocolpos. 01
3. Urinary retention 01
4. Cruciate incision on imperforate membrane. 01

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Unobserved Station 10

Marks: 05

Time Allowed: 05 minutes

For Candidate:

Task:

Carefully observe the given instrument /photograph and answer the following questions:

1. Identify the instrument. 01
2. How it is used. 01
3. Name any FOUR indications for its diagnostic use. 02
4. Give any TWO complications of this procedure. 01

Unobserved Station 10

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY: → see picture in book

1. Hysteroscopy (Flexible fibreoptic). 01
2. It is used to do hysteroscopy which involves passing a small diameter telescope through the cervix to visualize the uterine cavity. 01
3. Menstrual irregularities, post menopausal bleeding, post coital bleeding, uterine malformation, Asherman's syndrome. (Any FOUR) 02
4. Uterine perforation, Haemorrhage, infection, cervical incompetency if cervical dilatation is done. (Any TWO) 01

Unobserved Station 11

larks: 05 (13) Time Allowed: 05minutes

or Candidate:

33 yrs old G3P2 presents with vaginal bleeding at 14 wks of pregnancy. USG port is given. like USG pic of molar in book

ask:

arefully examine the given ultrasound / photograph and nswer the following questions.

Identify the condition.	01
What are the risk factors for this condition?	01
How will you diagnose this condition?	1.5
What is the treatment?	01
What is the test for follow up of such patients?	0.5

Unobserved Station 11

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. Molar pregnancy. 01
2. Advanced maternal age, certain blood groups of the partners. 01
   Previous history of molar pregnancy, geographical distribution.
3. By USG 1.5
   Serum beta HCG
   Confirmation by H/P
4. Suction evacuation of uterine cavity. 01
5. Serial measurement of serum beta HCG. 0.5

Unobserved Station 12

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. Polycystic ovaries. 0.5
2. 10 or 12 cysts about 2-8 mm in diameter arranged around an echo dense stroma. 01
3. 21 days serum progesterone level. 0.5
   TVS. 0.5
   FSH and LH ratio. 0.5
   Serum prolactin, testosterone 0.5
4. Wt. reduction 0.5
   'OCP', diane35/ progesterone alone. 0.5
   Metformin 0.5

Unobserved Station 13

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

KEY:

1. Normal menstrual cycle 01
2. Occurrence of menstruation after every 21-35 days with an average blood loss less than 80 ml. 01
3. Menstrual phase 1.5

   Prolifrative phase

   Secretorey phase
4. FSH, LH 01
5. Progesterone 0.5

Observed Station 14

Marks: 05 **Time Allowed: 05 minutes**

For Examiner:

Questions:

1. Identify it. 01
2. What is its use? 01
3. Can it be inserted in a patient with scarred uterus? 01
4. What is the ideal time for its information? 01
5. Name any FOUR complications of this device. 01

KEY:

1. Cu-T intrauterine device. 01
2. Contraception. 01
3. Yes. 01
4. Just after the periods. 01
5. Menorrhagia, uterine perforation, PID, dislocation of the device, ectopic pregnancy. (Any FOUR) 01

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Observed Station 15

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

Task:

Carefully examine the given instrument / photograph and answer the questions asked by the Examiner.

For Examiner:
Questions:

1. What is my likely diagnosis?
2. What are the other investigations required for confirmation of my diagnosis?
3. How will you treat me?

KEY:

- Introduction 1/2
- ✓ Ask for level of education of patient 1/2
- ✓ Ask for availability of mother 1/2

1. Turner's syndrome (45Xo) → 01
2. Hormonal assay: FSH, LH, Estradiol 01

   Karyotyping
3. For puberty: 1.5
   - HRT
   - First estrogen alone
   - Then add progestrone after 2-3 years

For pregnancy:

- Cannot become pregnant (reassure)
- [illegible]

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Unobserved Station 3

(22)

Marks: 05 **Time Allowed: 05 minute**

For Candidate:

Task: See picture in book

Carefully examine the given photographs and answer the following question:

Identify the following fetal anomalies (1-5). (1 each) 05

UnObserved Station 3

Time Allowed: 05

Marks: 05

For Examiner:

KEY:

1. Anencephaly 01
2. Gastroschisis 01
3. Exomphalos 01
4. Spina bifida 01
5. Cleft lip 01

Unobserved Station 4

Marks: 05

Time Allowed: 05 minutes

For Examiner:

Unobserved stats - 01

KEY:

1. Preterm labour

02 (Any FOUR)

2. Maternal:

Previous history of preterm labour/ PPROM

✓ Rupture of membranes

✓ Infections

✓ Multiple pregnancy

✓ Polyhydramnios/ APH

Uterine anomaly

Fetal:

Congenital anomalies

IUGR

IUD

02

3. Admission

Steroids

Unobserved Station 3

(24)

Marks: 05

Time Allowed: 05 minutes

For Candidate:

A PG presents at 34 weeks gestation with a B.P. of 150/110 mmHg and proteinurea +++ with fits for last one hour.

Task:

Carefully read the given scenario and answer the following questions:

1. What is the diagnosis? 01
2. What other specific investigations are required? 02
3. How will you manage her? Outline the points. 02

Marks: 05

For Examiner:

KEY:

1. Eclampsia — 01
2. Maternal: — 02
   - Blood C/E
   - Platelet count
   - ✓ Liver enzymes
   - ✓ RFT's
   - ✓ Coagulation profile if needed
   - Fetal:
     - CTG
3. Anticonvulsants — 02
   - Antihypertensives
   - Plan early delivery

For Examiner:

KEY:

- Introduction 0.5
- Consent 0.5
- Stand on R side of patient 0.5
- Ensure privacy 0.5
- Proper draping 0.5
- Abdominal palpation to look for lie/ presentation and locate back of fetus 01
- 01
- Auscultate FHR : 01
  - Proper site
  - For one minute
  - Palpate pulse simultaneously
- Covering and thanks to patient 0.5

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Observed Station 7

Marks: 05

Time Allowed: 05 minutes

For Candidate:

She is a 30 year old PG at 32 weeks gestation and diagnosed to be HIV positive on ELISA. Counsel her and answer the queries of this patient.

Task:

Carefully read the scenario and answer the questions asked:

Marks: 05

For Examiner:

Questions:

1. How did I get this disease? 01
2. How will you treat me in this pregnancy? 01
3. Will you deliver me by C/S? 01
4. Can I breastfeed? 01
5. Will my baby be HIV positive? How will you treat my baby? 01

KEY:

- Introduction 0.5
- Empathetic attitude 0.5
- Explanation about HIV and AIDS/ reassurance 0.5
- A1. Transmission by unprotected sexual contact, infected blood and blood products 0.5
- A2. -Decrease viral load by ARV's 01
  - -Monitor and treat infections
  - -Support optimal nutrition
- A3. No. C/S only for obstetrical conditions 0.5
- A4. Better not to breastfeed 0.5
- A5. -Risk of vertical transmission is 5-10% but decreases with antenatal ARV's 01
  - -ARV prophylaxis to the baby

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Observed Station 8

27

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

Task:

Carefully examine the given instrument / photograph and answer the following questions:

Identify the instrument and explain the procedure of its application 05

For Candidate:

20 years old primigravida presents at 32 wks with history of loss of excessive clear fluid from the vagina.

Task:

Read the given clinical scenario and answer the following questions.

1. What is the diagnosis? 0.5
2. Name TWO complications of this condition? 01
3. Name THREE relevant investigations for this patient. 1.5
4. Name TWO drugs that you might consider for treatment? 02

had fever and joint pain two years ago and asked to take monthly injections regularly. He had poor compliance. Examination reveals fever 103°F, Pulse 180/min, clubbing +ve. Spleen is palpable. Systolic murmur at apex is also audible. 115

a) Give two diagnoses in order of preference. 02
b) What four investigations you will ask for? 1.5
c) Suggest three steps of management. 1.5

4. An eight years old girl has been having high grade fever, backache and pain in legs and knee joints for last two weeks. Mother also noticed some bruises on legs and forearms. Examination shows an irritable pale looking girl with many purpuric spots on legs. Few axillary lymph nodes are significantly enlarged. Spleen is just palpable but liver is 4 cm enlarged below Right. costal margin. Only one investigation carried out in local laboratory shows Hb 7gm/dl, TLC 40,000/mm^3, platelets 50,000/mm^3, ESR 110 in 1st hour.

a) Suggest three Differential diagnoses in order of preference. 02
b) What four investigations you will carry cut to confirm your diagnosis? 1.5
c) What will be your steps of management? 1.5

5. A four years old girl is having nose bleed and skin bruises for last one week. She used to have skin bleeds with minimal trauma off and on. On examination she is afebrile, well looking and has few insignificant cervical lymph nodes.

Unobserved Station 9

(28)

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

A 45 year old P5+0 had her hysterectomy done 2 days back for menorrhagia. Her specimen is shown above.

Task:

Carefully read the given scenario and answer the following questions:

1. What is the likely diagnosis? 01
2. What is the prevalence of this condition? 01
3. What could be the other management options for this condition? 1.5
4. What are the symptoms with which this condition can present? Name any THREE 1.5

For Examiner:

KEY:

1. Fibroid uterus → the pic in book — 01
2. 10-20% — 01
3. MEDICAL: — 1.5

   GnRH analogues

   SURGICAL:

   Myomectomy

   Uterine artery embolization

4. Menorrhagia — 1.5 (Any THREE)

   Infertility

   Pressure symptoms

   Pain if complication occurs

Marks: 05 Time Allowed: 05 minutes

For Examiner:

KEY:

1. Transabdominal cervical cerclage 01
2. Abdominal 01

   Vaginal
3. McDonald's stitch 01
4. H/O previous second trimester abortions 01

   H/O sudden rupture of membranes in previous pregnancy

   H/O expulsion with minimal pains
5. USG 01

For Candidate:

This is a picture of an 18 year old short statured girl who presented with primary amenorrhea.

Task:

Carefully read the above scenario and answer the following questions.

1. What is the likely diagnosis? 01
2. What is the chromosomal pattern of this condition? 01
3. What are the clinical features suggestive of this condition? Name any THREE 1.5
4. Can she conceive? 0.5
5. What treatment will you offer her for long term risks? 01

KEY:

1. Turner's syndrome 01

2. 45 XO 01

3. Primary amenorrhea 1.5

   Absent secondary sex characters

   Short stature

   Webbed neck

   Wide carrying angle

   Widely spaced nipples

   Rudimentary uterus/ streaked ovaries (Any THREE)

4. No. Can conceive if mosaic turner sometimes 0.5

5. Diet modification 01

   Exercise

   HRT

For Candidate:

This is the placenta of a patient who had amenorrhea of 8 weeks and heavy P/V bleeding with passage of vesicles. She had a suction curettage for incomplete abortion

Task:

Carefully read the above scenario and answer the following questions:

1. What is the diagnosis? 01

2. What are the types of this abnormal pregnancy? 01

3. What are the TWO investigations helpful in its diagnosis? 01

4. How is it confirmed? 01

5. What marker will you use for follow-up of this patient? 01

For Examiner:

KEY:

1. Molar pregnancy 01
2. Complete mole
   Partial mole 01
3. B-hCG
   USG 01
4. H/P of the specimen 01
5. B-hCG 01

Marks: 05

For Examiner:

KEY:

1. Inj. Contraceptive → the pill in book — 01
2. 3 months — 01
3. Suppression of ovulation — 1.5
   Atrophy of endometrium
   Thickening of cervical mucus
4. Irregular vaginal bleeding — 01
5. 0.1-2% — 0.5

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Observed Station 14

(33)

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

This is a smear report of a P3+0 who came to OPD with the complaint of greenish frothy vaginal discharge and itching for two weeks.

Task:

Carefully read the given scenario, examine the slide and answer the questions asked by the Examiner.

Observed Station 15

(31)

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

Task:

Carefully examine the given model / photograph and answer the questions asked by the Examiner.

For Examiner:

یہاں کیوں بنی تھی

Questions:

See picture in book

1. Identify the given specimen and answer the questions of the examiner 01
2. Enumerate the parts of the uterus? 01
3. What are the three layers of the uterus? 1.5
4. Which part of the given specimen is not covered by peritoneum? 01
5. What is the approximate length of fallopian tube? 0.5

KEY:

1. Uterus with adnexa 01
2. Body, isthmus and cervix 01
3. Endometrium, myometrium and parametrium 1.5
4. Ovary ★ 01
5. 10 cm ★ 0.5

Body

A PG presents at 30 weeks gestation in antenatal clinic with the following report

Blood complete examination

WBC count	12×10^9/L
RBC count	4.6 million/cm
Hb	8.8 g/dl
HCT	33 %
MCV	70 fl
MCH	18 pg
MCHC	26 g/dl

Hematology report

Hypochromia	+
Microcytosis	+
Anisocytosis	+

Task:

Carefully read the above scenario and answer the following questions:

1. What is the diagnosis? 01
2. What is the type of anemia in this patient? 0.5
3. What is the D/D of this type of anemia? Name TWO. 01
4. What further investigations are required for confirmation of type of anemia? Name THREE important ones? 01
5. If it turns out to be iron deficiency anemia, how will you manage her?

KEY:

1. Anemia in pregnancy — 01
2. Microcytic hypochromic type of anemia — 0.5
3. Iron deficiency anemia — 01

   Thalassemia, chronic infection, lead poisoning

4. Serum ferritin — 01

   Total iron binding capacity

   Hb electrophoresis

   11 g/dl
5. IF SYMPTOMATIC: — 1.5

   Blood transfusion

   IF ASYMPTOMATIC:

   Oral/ Parenteral iron

   Aim: To increase Hb to at least 11 g/dl till the time of delivery

Unobserved Station 2

Marks: 05

Time Allowed: 05 minutes

For Candidate:

Task:

Carefully examine the given photograph answer the following questions:

1. Identify the following types of breech presentation? 1.5
2. What are the common causes of breech presentation? Enumerate any THREE. 1.5
3. What are the management options of extended breech at 37 weeks gestation? 02

Marks: 05 Time Allo

130

For Examiner:

KEY:

1. 1.5

a. Extended breech

b. Flexed breech

c. Footling breech

2. Uterine anomalies (Any THREE) 1.5

a. Bicornuate

Placental position

b. Cornual implantation

c. Placenta previa

Short cord

Liquor volume

✓ d. Oligo-hydramnios → oligohydramnios

✓ e. polyhydramnios → Polyhydramnios

Fetal factors → Multiple pregn

f. Prematurity

g. Multiple pregnancy

h. Congenital abnormalities

3. External cephalic version 02

Assisted Breech vaginal delivery for low risk

Elective caesarean section

Marks: 05 Time Allowed: 05 minutes 131

For Candidate:

Task:

Carefully examine the given specimen / photograph and answer the following questions:

1. What does this photograph demonstrate? 01
2. Give THREE factors that may have contributed to this condition? 1.5
3. Outline THREE steps in the immediate management of the mother's acute presenting condition? 1.5
4. Enumerate TWO maternal complications of this condition? 01

Placenta Abruption

→ Trauma, uterine . Eg, Sev, ..

Unobserved Station 4

Marks: 05

Time Allowed: 05 minutes

For Candidate:

Task:

Carefully examine the given ultrasound report/ photograph and answer the following questions:

1. A G2P1+0 presents with hyperemesis gravidarum. Her USG at 7 and 10 weeks shows the following reports. What is the diagnosis? 01
2. What are the antepartum maternal complications of this condition? Enumerate THREE. 1.5
3. What are the antepartum fetal complications of this condition? Enumerate THREE. 1.5
4. What are the features on abdominal examination suggestive of this condition? 0

KEY:

1. Twin pregnancy → 01
2. Hyperemesis gravidarum ✓ 1.5
   PIH ✓
   Gestational diabetes ✓
   Anemia ✓
   APH ✓
   Increased chances of hospitalization (Any THREE)
3. Congenital anomalies ✓ 1.5
   Single fetal death
   ✓TTTS
   TRAP
   ✓IUGR (Any THREE)
4. INSPECTION: Excessive abdominal distension 01
   PALPATION: FH larger than expected for duration of gestation
   Multiple fetal parts palpable
   Two fetal poles/ Two fetal heart beats

Unobserved Station 5

Time Allowed: 05 minutes

Marks: 05

For Candidate:

Task:

Carefully examine the given photograph and answer the following questions.

1.

a. Identify the picture. 01

b. Name and give the measurements of the following diameters? 04

For Examiner:

KEY:

1.

a. Fetal skull 01

b. 04

i.	submentobregmatic	9.5 cm
ii.	suboccipitobregmatic	9.5 cm
iii.	occipitofrontal	11 cm
iv.	mentovertical	13 cm

Obstetrics & Gynaecology

Annual Examinations 2008

Objectively Structured Performance Evaluation (OSPE)

Observed Station 6

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

Task:

Carefully examine the given instrument / photograph and answer questions asked by the Examiner.

Task:

Carefully examine the given photograph and answer the following questions:

1. A 23year old P0+0 presents with 2 years of infertility. Identify her HSG given. 01

2. This patient conceives spontaneously after one month. After 3 years she is P1+2 and comes again with secondary infertility. Identify the pathology in her HSG done now? 01

3. A P0+3 presents with recurrent second trimester abortions. On evaluation she has the following report. Identify the pathology? 01

4. This is the HSG of a patient who presented with recurrent abortions. Identify the pathology? 01

5. IVP of this patient is done and the report is shown. Identify the anomaly? 01

Unobserved Station 10

Marks: 05

Time Allowed: 05 minutes

For Examiner:

KEY:

1. Normal HSG 01
2. Bilateral hydrosalpinx with blocked tubes 01
3. Septate uterus 01
4. Double ureter on Right side 01
5. Unicornuate uterus 01

For Candidate:

A G2P1+0 presents at 8 weeks gestation with heavy vaginal bleeding and lower abdominal pain for 6 hours. On examination cervix is dilated and products of conception are felt in cervix.

Task:

Carefully read the scenario given above and answer the following questions.

1. What is the diagnosis? 01

2. How will you manage her? 02

3. What are the complications of the procedure being done on her? 02

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Objectively Structured Performance Evaluation (OSPE)

Unobserved Station 11

Marks: 05 **Time Allowed: 05 minute**

FOR EXAMINER

For Examiner:

KEY:

1. Incomplete/ Inevitable abortion 01

2. 02

   a. Resuscitation according to her hemodynamic condition

   b. Arrangement of blood

   c. Consent

   d. E&C under G/A

3. Intra-op: 02

   Complications of anaesthesia

   Haemorrhage Uterine perforation

   Injury to surrounding organs

   Post-op:

   Haemorrhage

   Infection

   Ashermann's syndrome/ Infertility

KEY:

1. Third degree UV prolapse 01

2. Urinary symptoms: 1.5

UNOBSERVED

Urgency

Frequency

Stress incontinence

Urinary retention

Bowel symptoms:

- Difficulty in defecation
- Perineal heaviness
- P/V spotting

(Any THREE)

i. First degree: Cervix lies in the vagina 1.5

Second degree: Cervix lies at the introitus

Third degree: Cervix lies outside the introitus

ii. Pessary 01

Vaginal hysterectomy with anterior and posterior repair

Unobserved Station 13

(46)

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

Task:

Carefully examine the given specimen / photograph and answer the following questions:

1.	Identify the specimen / picture	01
2.	What are its side effects? Name THREE	1.5
3.	What are its contra-indications?	1.5
4.	What is its mode of action?	01

For Examiner:

KEY:

1. Cu-T — 01
2. Perforation — 1.5
   Menorrhagia
   Dysmenorrhea
   Pelvic infection
   Ectopic pregnancy (Any THREE)
3. Active PID — 1.5
   Previous ectopic pregnancy
   Known malformation of uterus
   Allergy to copper
4. Inflammatory response in endometrium — 01
   Toxic effect on sperms

For Candidate:

Task:

Carefully examine the given graph/ photograph and answer t following questions:

1. Identify the following graph? → Skin pic. 01
2. What are different components of this graph? 02
3. What are the normal values of different parameters? 02

Base line

For Examiner:

KEY:

. CTG Cardiotocograph 01

. There are FOUR components of CTG 02

a. Baseline heart rate

b. Baseline variability

c. Accelerations

d. Decelerations

. Normal Parameters of CTG are 02

Baseline heart rate	110-150 bpm
Baseline variability	10-25 bpm
Two Accelerations in	20 min
No deceleration	

or Candidate:

ask:

refully examine the given injection and answer the following estions:

Identify the injection.	0.5
What is active management of 3rd stage of labor?	02
What are other uses of this drug?	1.5
What are the signs of placental separation?	01

Syntocinon

Time Allowed: 05 minutes

Marks: 05

For Candidate:

20 years old primigravida presents at 32 wks with history of loss of excessive clear fluid from the vagina.

Task:

Read the given clinical scenario and answer the following questions.

1. What is the diagnosis? 0.5
2. Name TWO complications of this condition? 01
3. Name THREE relevant investigations for this patient. 1.5
4. Name TWO drugs that you might consider for treatment? 02

KEY:

1. Pre-term rupture of membranes	0.5
2. Pre-term labour	01
Chorioamnionitis	
3. WBC count	1.5
Midstream urine	
Endocervical Swab	
C-reactive protein	
Ultrasound scan	
Fibronectin	

(Any THREE)

4. Steroids	02
Antibiotics	

Objectively Structured Performance Evaluation (OSPE)

Observed Station 6

Marks: 05 (54) **Time Allowed: 05 minu**

For Candidate:

Task:

Put the body in the extended breech presentation and answer the questions asked by the Examiner.

Observed Station 8

(56)

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

Task:

1. Do the obstetrical examination or abdominal examination of the given pregna woman. 05

Watch the examination & give the marks according to the given checklist.

KEY:

1. Introduction, consent & explanation & privacy. 01
2. Stand on Right side of patient, proper hand temp; necessary examination tools (fetoscope, steth, measuring tape). 01
3. Proper exam – technique.
   a) Fundal palpation and Measuring Symphisio-fundal height. (palpation & measuring with tape) 01
   b) Palpation of lower part of uterus to establish the presentation of the fetus and its engagement. 0.5
   c) Palpation of sides of uterus. 01
4. Auscultation of FHS 0.5

Marks: 05 Time Allowed: 05 minutes

For Candidate:

A 59 year old woman referred to Gynae OPD from surgical OPD with the complaints of mass abdomen, abdominal pain, and indigestion and weight loss. The given picture depicts marked abdominal enlargement.

Task:

Read the given scenario, examine the picture and answer the following questions:

1. What is the most likely diagnosis? 01
2. Briefly explain the objectives of surgery in this patient. 02
3. Which stages of this disease essentially require chemotherapy? 01
4. Name the chemotherapeutic agents commonly used in this condition. 01

Time Allowed: 05 minutes

For Examiner:

KEY:

1. Malignant ovarian tumuor. 01
2. There are two main objectives 02
   a) Diagnostic to confirm the diagnosis & to stage the disease.
   b) Therapeutic – resection of all visible tumour mass that is to do total abdominal hysterectomy, bilateral salpingo – oophorectomy, infracolic omenectomy.
3. Stage II – IV 01
4. Carboplatin or cisplation either alone or in combination with paclitexal (taxoy). 01

Unobserved Station 10

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

Mrs. K.L 40 yrs old, P5 presented to the Gynae clinic with Menorrhagia for 3 yrs.

Task:

Carefully read the given scenario and answer the following questions:

1. What is the normal blood loss in normal mensturation? 0.5
2. Name THREE specific investigations you need to do? 1.5
3. Write TWO non-hormonal drugs used in DUB? 01
4. Name FOUR hormonal treatment for DUB? 02

KEY:

1. Less than 80 mls — 0.5
2. Ultrasound — 1.5
   - D & C
   - Hysteroscopy
3. NSAID / mefenamic acid — 01
   Anti- fibrinolytics
4. COC pill → — 02
   Progestogens →
   Danazol →
   GnRH analogues →
   Mirena coil → (Any FOUR)

KEY:

1. Menstrual abnormalities
   Pressure symptoms related to Gestro-intestinal or Urinary Tract. 01

2. 02

   GnRh Analogues
   Myomectomy
   Hysterectomy
   Uterine artery embolization

3. (Any FOUR) 02
   - Miscarriage
   - Preterm labor
   - Malpresentations
   - Abnormal labor
   - Red degeneration
   - PPH

Marks: 05

Time Allowed: 05 minutes

For Examiner:

KEY:

1. Suction canula used for suction curettage 01
2. Hollow tube made of steel slightly bent at one end, size varying from 4 mm to 12 mm. 02

   Small opening near one end and the other end is connected with suction machine
3. Hydatidiform Mole 01

   Missed Abortion
4. More effective in achieving complete evacuation of uterine cavity and less risk of uterine perforation 01

Observed Station 14

Marks: 05

Time Allowed: 05 minutes

For Candidate:

Task:

Carefully examine the given set of instruments or the given photograp
and answer the examiner's questions:

Observed Station 15

Marks: 05

Time Allowed: 05 minute

For Candidate:

A 15 year old girl is brought to you by her very anxious mother. She has not yet started menstruating and is wondering why she is different from other girls at school.

Task:

Carefully read the scenario and answer the questions asked:

Marks: 05

Time Allowed: 05 minutes

160

For Candidate:

A primigravida came at 32 weeks of pregnancy with H/O fits at home. On admission her sensorium was intact, B.P was 160/110, pulse 90/min, temp-N, proteinuria +++ & chest was clear.

Task:

Read the given scenario and answer the following questions:

1. What is the most likely diagnosis in this patient? 01
2. What basic objectives should be in your mind while designing the management of this patient? 03
3. What factors govern the mode of delivery in this patient? 01

arks: 05 Time Allowed: 05 minutes

or Examiner:

EY:

1. Eclampsia 01
2. 03
   a) Prevention of further fits.
   b) To prevent the development of the complications of Eclampsia.
   c) Delivery of the baby as soon as it is possible to achieve the above mentioned two goals.
3. Depends on condition of the baby and its maturity. 01
   a) If baby is dead or very small, normal delivery should be the aim.
   b) If alive and of reasonable size then c-section should be the choice.

Unobserved Station 2

Marks: 05 Time Allowed: 05 minutes

For Candidate:

A G8P6 + 1 came at term with established labour. Her abdominal and pelvic examination findings are shown in the given model or diagrammatically.

Task:

Read the scenario and examine the model or the given photograph and answer the following questions:

1. Comment on the lie & presentation of the fetus. 01
2. Name any four maternal and fetal risks or complications associated with this situation. 02
3. What steps should be taken immediately in the given scenario. 02

or Examiner:

EY:

1. Transverse lie, with shoulder presentation & prolapse of the arm. 01
2. Obstructed labour leading to uterine rupture, operative delivery, PPH, caesarean hysterectomy, infection, severely asphyxiated baby, IUD. 02
3. 02
   a. Preparation for immediate emergency c-section by the senior obstetrician.
   b. Correction of hydration status and hypovolemia if the condition demands.
   c. Broad spectrum antibiotic cover.
   d. Anticipation & management of PPH. Caesarean hysterectomy may have to be done.

Unobserved Station 3

(44)

rks: 05 **Time Allowed: 05 minutes**

or Candidate:

G4P2 + 1 came at 28 weeks of pregnancy with H/O uterine contraction of creasing intensity. Her ultrasonographic findings depicted in the given picture.

ask:

ead the given scenario, examine the given photograph and answer the llowing questions:

. Ultrasonographic finding shown in the given picture suggest what problem in this lady. 01

. What relevant points in the obstetrical History of this patient should be asked? 03

. For this woman what will you advocate in future pregnancy? 01

rks: 05

Time Allowed: 05 minutes

r Examiner:

EY:

Week or incompetent cervix. 01

03

1. H/O previous preterm deliveries or mid trimester abortion.
2. Any history of forceful cervical dilatation or difficult forceps delivery causing cervical trauma.
3. H/O any gynaecological procedures on the cervix like Manchester repair.
4. Cervical cercalage (McDonald's Suture) around 12-14 weeks of gestation.

01

Unobserved Station 4

(47)

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

Task:

Carefully examine the given instrument or the photograph and answer the following questions:

1. Which instrumental delivery is shown? 01
2. What are the different types of vacuum cups? 01
3. Which cups are preferred; why? 02
4. What is the management of chignon? 01

Unobserved Station 5

Marks: 05 **Time Allowed: 05 minute**

For Candidate:

A G6P5 + 0 with previous one caesarean section came at 34 weeks. Her Hb% is gm%.

Task:

Read the given scenario and answer the following questions.

1. What is the most likely cause of anemia in this patient? 01
2. Name the investigation you will need to confirm your diagnosis regarding cause of anemia in this lady. 1.5
3. What treatment you will suggest for this woman. 01
4. Name any THREE complications due to anemia in pregnancy. 1.5

For Examiner:

KEY:

1. Repeated pregnancies causing iron deficiency due to demand supply disturbance. 01

2. PBP, red cell indices, serum iron & ferratin levels. 1.5

3. 01

   a. Parental iron should be given because pregnancy is advanced & time is short. Repeated administrations required.

   b. Blood should be arranged at the time of delivery.

4. Exaggerated effects of PPH. 1.5

   Puerperal infection

   Delayed recovery

   Thromboembolism

   Cardiac failure in severely anemic patient

   (Any THREE)

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Objectively Structured Performance Evaluation (OSPE)

Observed Station 7

70

Marks: 05 **Time Allowed: 05 minutes**

For Candidate:

A P1 + 0 came to you one week after home delivery with fever 101°F, lower abdominal pain and foul smelling vaginal discharge.

Task:

Read the given scenario and answer the questions asked.

asked. 2.5

. In the clinical examination of this patient what points should be noted. 2.5

KEY:

. (0.5 marks for each stems)

In the history of this patient following points should asked.

a. Place of delivery & the status of the delivery attendant.
b. H/O labour –Induced or spontaneous, interference, prolonged labour, repeated internal examination, H/O PROM,
c. Mode of delivery – instrumental or operative. Asepsis maintained or not
d. Details regarding fever and pain (onset, duration, intensity, chills and any associated problems) . Amount , colour and smell of lochia,
e. Any symptoms pertaining to throat & respiratory systems, Infant feeding or breast problems (engorgement or mastitis), urinary & bowel problems, any calf tenderness or not.

2. (0.5 marks for a, b, c, d and e)

a. **GPE** – general well being, vitals, throat & respiratory system examination. Calf tenderness or signs of thrombophlebitis
b. **Breast examination** – engorgement or signs of mastitis.
c. c) **Abdominal examination** – size of uterus (normal or delayed involution) any tenderness, rigidity or mass, palpation of visceras and specially of renal angles.
d. **Local examination.**
   1) Inspection of pad for amount and colour of lochia , any smelly discharge
   2) Examination of perineum for any laceration or infection
e. **Speculum Examination**– any laceration or tear in cervix or vagina, infection, any foreign body
   Bimanual Pelvic Examination– size of uterus, mobility, tenderness
   Adenexa – tenderness, mass, adhesions or fullness.

Marks: 05

Time Allowed: 05 minutes

For Examiner:

KEY:

i. Cervical cercalage. McDonald's Suture. 01

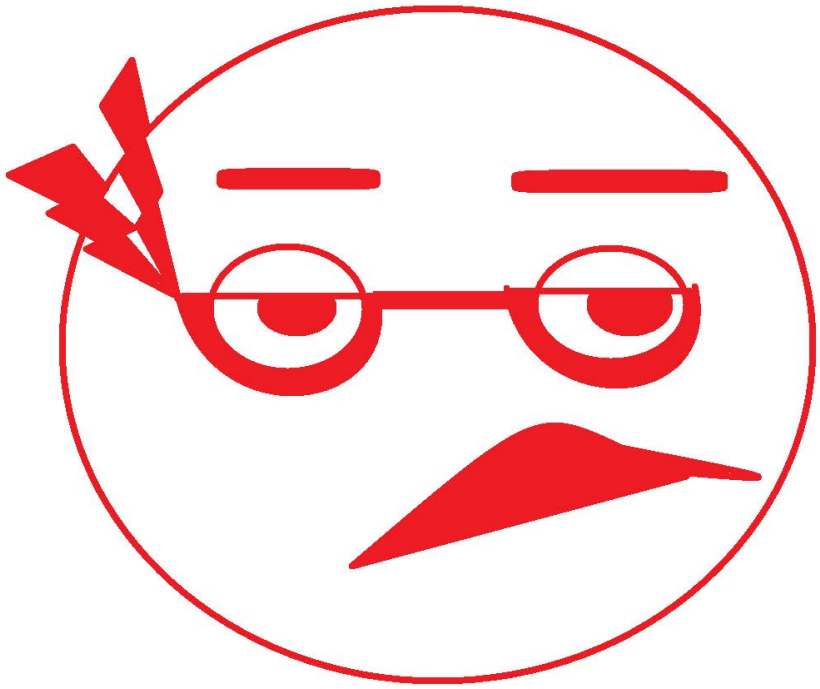
ii. Cervical Incompetence responsible for midtrimester abortions or preterm births. 01

iii. Around 12-14 weeks of gestation a non absorbable suture is applied at the level of internal os of cervix to reinforce it. The suture is removed at 38 weeks or whenever the patient goes into labour. 02

iv. Bleeding, Miscarriage, infection, leaking, cervical tear or laceration if the suture is not removed when the patient goes into labour. 01

All this data is obtained from this post by Ahmad Hassan Bhai.
https://web.facebook.com/media/set/?set=a.10204228900123087.1073741997.1845046617&type=3

Obs History Taking



OBS HISTORY

Name :
Age :
Husband's Name :
Years of Marriage :
Address :
Date of Admission:
Mode of Admission:
Gravidity :
Parity :

G P

LMP :
EDD :

Presenting Complaints

H.O.P.I

Gravidity:

Apka Hamal kitni bar tehra hai

Parity:

apke kitne hamal zaya hue hin... Ap k haan kitne b achon ki paidaish hui hi

1st Trimester

Pregnancy number:
Planned | Unplanned Wanted | Not wanted
LMP:
How pregnancy was confirmed?
How patient concieved? (Spontaneous/induced)
Nauseq, Vomiting
Bowel | Bladder complaints
Vaginal discharge
Vaginal Bleeding
Folic acid intake
Any Medical Checkup elsewhere?
Any Medications?
Any Investigations?
Blood Test | Ultrasound

2nd Trimester

Booked or not
Quickening (Fetal movement):
Bleeding History
Raised BP?
Anomaly Scan?
Any Medications?
Any Investigations?

- ***Planned:***
  kia ap ne abhi irada kia tha k ap k haan bacha hu ?
- ***Wanted:***
  kia ap chahti thin k ap k haan ye bacha hu ?

3rd Trimester

Tetanus Vaccination
Any Supplements Taken
Diabetes (Gestational): Yes/No
Pregnancy induced HTN: Yes/No
Any Medications?
Any Investigations?
Ultrasound?

PAST OBS H/O

#	Age	sex	Gestational Age	Mode of delivery	Place of delivery	Birth Weight	Vaccination	Breast Fed	complications	Current Status

Past Gynaecological H/o

1) Menstrual

Age of Menarche :
Duration of Each Period :
Length of Cycle :
Blood loss : less / Average / Heavy
Regular / Irregular
Intermenstrual Bleed
Any pain related
Any Medication taken

2) Pelvic Pain History

3) Vaginal discharge History

Amount :
Color :
Blood :
Relation with menstrual cycle :
STD :
Vaginal dryness :

4) Cervical Screening

5) Contraceptives used

6) Sexual H/o

Post coital bleed
dyspareunia.

Past Medical / Surgical History

Family History

Cousin Marriage : Y/N

DM
HTN
Twins

TB
Infections
Malignancies

Infertility

Personal History

DM
HTN
Smoking
Alcohol

HBV
HCV
TB
Malignancies

Infections

Social History

Rooms:
Persons:
Cemented or not :
Hygeine :
Water source :
Occupation:
Monthly Income :

Treatment H/O + Systemic Inquiry