Condom use to aid cervical visualization during speculum examination

Lisa Freeman MD CCFP MPH FRCP C

Pelvic examinations are done for a variety of indications including assessment of pain, bleeding, and discharge, and screening for cervical cancer and sexually transmitted infections. Many patients report that the invasive nature of the examination leads to apprehension and psychological stress before a visit and avoidance of routine screening that includes a pelvic examination. Certain populations are more likely to be affected by the invasive nature of the examination, including adolescents, racial, ethnic, and sexual minority groups, those with disabilities, those with obesity, and victims of sexual assault. It is therefore important to minimize pain and discomfort, both physical and psychological, when performing a pelvic examination.

The speculum portion of the examination is often the most uncomfortable for patients, especially those with vaginal atrophy, those with altered anatomy from lesions, prolapse, or radiation, and those with vulvodynia. The wider the speculum used and the more manipulation done to bring the cervix into view, the greater the chance of discomfort. In those with more vaginal tissue, such as patients with previous pregnancies or those who are overweight or obese, it can be more difficult to retract the vaginal walls and gain an unobstructed view of the cervix. This often results in the use of a larger (i.e., wider or longer) speculum and more manipulation of the device, which might result in more discomfort and pain, and a longer examination time. Failure to see the cervix might result in blind bimanual examination or attempts at sample collection without visualization, potentially diminishing the quality of the Papanicolaou test or resulting in the need for a repeated test.

Those who perform speculum examinations have attempted many ways to ease patient discomfort, from patient-centred communication and positioning to the use of lubrication. A simple technique is to use a condom to aid visualization, thus speeding up the examination and minimizing manipulation, resulting in less patient discomfort.

Procedure
One method to improve visualization is to place a condom over the speculum. The condom holds the walls of the vagina back to allow optimal cervical visualization. This allows a quicker examination with less manipulation and potentially less patient discomfort.

- The condom is rolled over the speculum while it is closed (Figure 1) and the tip of the condom is then cut off (Figure 2).
- The speculum is inserted into the vagina and, when opened, the condom retracts the lateral vaginal walls, allowing improved cervical visualization with minimal speculum manipulation.

Discussion
There is one study of the use of a sheathed speculum that showed cervical visualization was improved and patient comfort was not compromised. The authors reported that mean pain scores were slightly lower in
those patients in the sheathed group, but the difference was not statistically significant.

This same study mentions the use of a latex glove or condom to cover the speculum for the same purpose as the sheath. However, I have been unable to find comparison studies of examinations done with and without condoms from a patient perspective of pain, or studies from a practitioner perspective of ease and speed of visualization of the cervix.

I became aware of this technique in medical school, shared it with a number of preceptors during my residency, and now teach it to my own learners. Both experienced physicians and medical students have reported they find the technique novel and useful. The risks from using this technique are negligible compared with a speculum examination without a condom (the only contraindication is allergy to the material the condom is made of). As the time to apply the condom is insignificant and the cost of condoms is minimal, this technique has little negative effect on the cost or duration of preparation for pelvic examinations.

**Conclusion**

Speeding up the speculum portion of the examination and minimizing manipulation of the speculum might lessen patient discomfort, and enhanced visualization might improve patient outcomes, with more accurate diagnosis and screening.

Dr Freeman is Assistant Clinical Professor in the Department of Family Medicine in the Faculty of Medicine and Dentistry at the University of Alberta in Edmonton, and is both a practising family physician and a public health physician in Edmonton.

**Competing interests**

None declared

**References**


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