

Simulated Patient Brief — SADLER (Ectopic Pregnancy) • Week 4

PATIENT DETAILS

Name	Rachel Sadler
Presenting complaint	Abdominal pain — ectopic pregnancy

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FACILITATOR NOTES: RACHEL SADLER

This case is in 2 parts: 1. Initial consult with discussion of potential diagnosis 2. Follow up consult – patient returns for extension of fit note Clinical Assessment of Scenario Interviewing/History Taking A clear history of the presenting complaints is required. The patients' concerns that she may have appendicitis must be elicited.

PHYSICAL EXAMINATION

Not undertaken but student to indicate to patient what examination he/she proposes A complete abdominal examination is necessary. The student may or may not suggest that this would include a vaginal examination although it may be considered undesirable with the suspicion of an ectopic pregnancy. Patient Management Urgent admission for suspected ectopic pregnancy should be considered. A

DIAGNOSIS OF PELVIC INFLAMMATORY DISEASE MAY NEED CAREFUL EXPLANATION TO THE PATIENT

as she may be unaware or have forgotten that this was the underlying cause of her infertility. Reassurance regarding appendicitis should be included. Problem Solving Ranking the diagnostic possibilities is the main challenge of this case. The physical examination and the investigations requested must be in the context of the diagnoses to be confirmed or refuted. Behaviour An awareness of the patients' underlying concerns and sensitivity to the verbal and non verbal cues in the consultation.

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DIAGNOSIS

Most likely: 1. Ectopic pregnancy- No period for 6 weeks. No contraception used. Previous lap and dye - poor filling fallopian tubes. Morning vomiting. Tender right fornix. 2. Pelvic inflammation- Temperature 37.5°C. No breast tenderness. Previous history of possible pelvic infection. Increased vaginal discharge. Tender right fornix. Less likely: Appendicitis- Mild fever, vomited, RIF pain but no other features Management: Investigation: Pregnancy test (in the GP surgery) +/- HVS, endocervical swab for STDs You should expect that this patient is referred to secondary care for same day review. Students should consider who they would need to refer to (eg which speciality)

Resources: <https://patient.info/doctor/abdominal-pain-pro> <https://cks.nice.org.uk/topics/ectopic-pregnancy/>

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ACTOR INFORMATION

Name: Rachel Sadler Age: 30 years old

OPENING STATEMENT

Information to be given away after further open questioning: You have felt unwell over the last 2 days but well enough to go to work this morning. Whilst at work you felt faint twice and had to sit down. During the morning you noticed some pain in your RIF (lower third of right side of abdomen) which has persisted since. You telephoned the surgery at lunchtime to ask for an appointment and you have been fitted into the afternoon surgery. Information to only divulge on direct and specific questioning: Information in relation to your pain: Site : RIF (lower right third of abdomen), no radiation- the pain does not go anywhere else. Quality (what it feels like): Dull ache Intensity: Moderate (5/10 on pain scale) Timing (when it started and when you get it): Intermittent since this morning, now continual, prior to this starting no pain- if you push on the area it makes it worse but nothing is really helping Associated symptoms: No associated features. No temperature/feeling hot/sweatiness. Urine: Slight increase in your frequency today but no pain on urination, no blood, not cloudy or smelly. Gastrointestinal: Vomited once yesterday. No abnormal bowel symptoms. Bowels opened yesterday- normal. Gynaecological: Periods are regular and last 6 days, cycle every 30 days. Last period was normal length and flow but was 6 weeks ago. Increased vaginal discharge, not odorous, no itching, no vaginal pain, not using contraception. No breast changes. No changer or different partner for last 6 years. Information only to be given on very sensitive questioning: Not considered pregnancy due to previous issues with infertility and test results from your gynaecology appointments. Not done a pregnancy test Ideas: You think it could be appendicitis Concerns: Concerned may need admission/ Surgery Expectations: You expect the doctor to explore that it could be appendicitis as you know this can lead to complications Feelings: Worried about what is going on, concerned you could need surgery. You want to be reassured that this is not appendicitis, you will remain worried and unconvinced of diagnosis I appendicitis is not mentioned even if the doctor talks about the possibility of ectopic pregnancy.

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Mention of pregnancy till raise your hopes (as you do really want children) so this needs to be done carefully and you should expect an explanation of what an ectopic pregnancy is. If the student mentions that this could be a pelvic infection you want to know how you developed this and if your husband could have given it to you. You are amenable to the doctors advice and will accept any advice regarding further investigation/ referral/ treatment. Past medical history: Investigations for Infertility – Gynaecology 2 yrs ago Lap and Dye = tubal blockage – presumed previous pelvic infection. Rubella Immune Last cervical smear- 5 years ago Medication- Nil

FAMILY HISTORY

Nil of note

SOCIAL HISTORY -

Married for 4 years, no children 1 of 4 sisters. Works as florist Smoking- 20 cigarettes/ Day Alcohol - Occasional Rum and cola when out with partner but you do not drink at home.

IMPORTANT SOCIAL, CULTURAL OR BEHAVIOURAL CHARACTERISTICS

You are a 30 year old florist. You were investigated for infertility 2 years ago, the laparoscopy showing tubal blockage presumably because of a previously undiagnosed pelvic infection. You have subsequently not become pregnant and for this reason you do not practise any form of contraception and have not opted for fertility treatment. Your husband is disappointed that you are unlikely to have children. You are one of a large family and spend most of your spare time visiting your mother or one or other of her married sisters in Milton Keynes. Demeanour: Reasonably intelligent woman, neatly dressed, looks a bit unwell, in some pain when you go to sit and stand. Mildly anxious

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ACTOR INFORMATION- 2ND CONSULTATION

You consult again 2 weeks after your hospital admission about a further 'Fit Note' for work. The hospital signed you off for 2 weeks, but your note is about to run out. You had a very traumatic time in hospital and was told that you 'nearly died'.

You did have an ectopic pregnancy and by the time you got to hospital, your pain was much worse, and you were semi-conscious. You were told that your ectopic pregnancy had 'ruptured' and that you were hemorrhaging internally and needed an operation to save your life.

You had keyhole surgery to remove your right Fallopian Tube (Laparoscopic Right Salpingectomy) and also had a blood transfusion.

You were discharged from hospital after 2 days and told you could go back to work after 2 weeks. You were also told that it was very unlikely that you could ever get pregnant with a 'normal' pregnancy but that you and your husband should use contraception 'just in case'.

You do not feel ready to go back to work. Your tummy has settled down fine, but you do not feel at all like your normal self. You are tired, can't sleep, can't concentrate on anything and you keep bursting into tears at the slightest thing. Your husband is at a loss as to what is wrong with you.

You do not feel that you can face your colleagues at work at the moment, particularly because one of the other secretaries is currently pregnant. You have been shocked at all the feelings that have emerged since this incident. You had known that it was unlikely that you could ever get pregnant (after undergoing fertility investigations a few years ago) and thought you had put this to the back of your mind but realize that you are still terribly upset at the prospect of never having a child.

During the consultation you should look weary and you are easily moved to tears. On sensitive questioning you will admit to feeling low and anxious and will open up about your feelings.

You will respond positively to being told you can have more time off work and to the suggestion of 'Talking Therapy' / further support.

PHYSICAL EXAMINATION- TO BE READ OUT TO THE STUDENT (ONLY PROVIDE THE

information that the student asks for)

PATIENT NAME: R SADLER

Age: 30 years Temp: 37.5oC Pulse: 90/ min BP: 120/80 Abdominal examination: Mild tenderness RIF , No rebound tenderness, No guarding Pelvic examination: Uterus N/S, A/V Tender right fornix Speculum: Cervical os closed, not inflamed, slight vaginal discharge, yellow and a little offensive, consider triple swabs. A discussion as to whether a pelvic examination or speculum is appropriate- there is some evidence that a vaginal examination could rupture a tubal pregnancy and adds nothing to the

DIAGNOSIS (ESPECIALLY IN THE PRIMARY CARE SETTING).

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Patient Record (to be given to student) Name: R Sadler Age: 30 years old Past Medical History: Investigations for Infertility – Gynaecology 2 yrs ago Lap and Dye = tubal blockage – presumed previous pelvic infection. Rubella Immune Last cervical smear- 5 years ago

Last 3 consultations: 20 months ago: discussion regarding results of subfertility tests. 24 months ago: discussion regarding initial gynaecology appointment 28 months ago: c/o infertility discussion of causes and outpatient referral.

Medication- Nil