

Self assessment questions

Questions

SBA 1

A 42-year-old woman requests contraception. She has recently been diagnosed with ischaemic heart disease and is under the care of cardiology. She is on aspirin. Which method of contraception would be contraindicated?

- A. Combined hormonal contraception
- B. Copper intrauterine device
- C. Female sterilisation
- D. Progestogen only pill
- E. Subdermal implant

EMQ 2

In each of the following scenarios please select the single most appropriate treatment option from the list below.

- A. Combined oral contraceptive pill
 - B. Condoms
 - C. Depo medroxyprogesterone acetate (DMPA)
 - D. Female sterilisation
 - E. Levonorgestrel intrauterine system
 - F. Copper intrauterine device
 - G. Progestogen only pill
 - H. Subdermal contraceptive implant
1. A 51-year-old woman on apixaban for atrial fibrillation attends the gynaecology clinic with heavy menstrual bleeding. She also requires contraception.
 2. A 25-year-old attends the abortion service. She wants to be given the most effective method of contraception available. What method would you advise?
 3. You see a 30-year-old female for review 6 weeks post-natal to discuss events leading up to her emergency caesarean section. She has recovered fully. She is bottle feeding and has a BMI of 38. She wants to have a regular period and asks about effective contraception. What method would be most suitable for her?

SBA 3

A 37-year old woman and her partner are referred for investigation of sub-fertility. Initial blood tests from the woman show low FSH/LH and low estradiol levels. Which of the following is the most likely explanation for the sub-fertility?

- a) Hypothalamic pituitary failure
- b) Premature ovarian failure
- c) Dysfunction of the hypothalamic-pituitary-ovarian axis
- d) Polycystic ovarian syndrome
- e) Male factor infertility

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SBA 4

Which of the following sub-fertility associated findings will not be adequately ruled out using pelvic ultrasound scan?

- a) Ovarian cysts
- b) Hydrosalpinx
- c) Tubal patency
- d) Fibroid uterus
- e) Endometriomas

SBA 5

A 46-year-old woman presents to the gynaecology clinic after treatment with four courses of Ulipristal acetate (UPA), which was commenced for heavy menstrual bleeding in association with a fibroid uterus. She completed her last course 1 week ago and is yet to have a menstrual bleed. Her ultrasound scan today suggests a reduction in the uterine size and fibroid size. Her endometrial thickness is 16 mm. She has been amenorrhoeic on the UPA treatment and feels well today. Which of the following statements is true?

- A. She may be offered another course of UPA after her 1 menstrual bleed
- B. She can be offered another course of UPA after her 2 menstrual bleeds
- C. She should be offered immediate endometrial sampling
- D. She should be offered immediate liver function tests
- E. She should be offered liver function tests in 2–4 weeks of completing UPA course

SBA 6

A 30-year-old woman with a BMI of 24 presents with abnormal uterine bleeding. She describes an irregular cycle over the last 12 months. Her pelvic ultrasound reveals a structurally normal uterus with an endometrial thickness of 4 mm with normal ovaries. She had an etonogestrel subdermal implant inserted 20 months ago. She has been trialled on the mini pill, combined pill, tranexamic acid, norethisterone with no benefit. She is at the end of her tether and requests an ablation or hysterectomy. This is a difficult decision as her family is not complete. She has had an eating disorder as a child and does not wish any treatments that may cause weight gain. Which of the following management choices is best suited?

- A. GnRH analogues
- B. Depot medroxyprogesterone acetate
- C. Removal of the etonogestrel subdermal implant
- D. Endometrial biopsy
- E. Endometrial ablation
- F. Hysterectomy with ovarian conservation

SBA 7

Which of the following factors is NOT useful to take into account when planning subsequent deliveries for a woman who has sustained an obstetric anal sphincter injury in a previous delivery?

- a) Current symptom status
- b) Endoanal ultrasound results
- c) Anal manometry results
- d) Patient ethnicity
- e) Patient preference

SBA 8

What is considered an acceptable interval after delivery in which to perform a primary repair of an obstetric anal sphincter injury?

- a) 30 minutes
- b) 2 hours
- c) 6 hours
- d) 12 hours
- e) 24 hours

SBA 9

Which of the following is not an indicator used to identify folate deficiency in clinical practice or research contexts?

- a) Erythrocyte folate
- b) Urinary homocysteine
- c) Serum folate
- d) Plasma homocysteine
- e) Urinary folate

SBA 10

Which one of the following descriptors is NOT a parameter to be assessed in the AUB Terminology Cycle for uterine bleeding?

- a) Frequency of menses (days)
- b) Regularity (Cycle length)
- c) Oligomenorrhea (infrequent menstrual cycles)
- d) Duration (days of bleeding in a single menstrual period)
- e) Volume (monthly blood loss)

Answers**SBA 1**

A.
Combined contraception increases the risk of myocardial infarction and so should not be given to women with ischaemic heart disease.

EMQ 2

1. E
The IUS is safe to use in women with atrial fibrillation and on apixaban. It is a first line management option for heavy menstrual bleeding and provides effective contraceptive cover.
2. H
The subdermal implant is the most effective method of reversible contraception available.

3. F

The copper IUD can be fitted from 4 weeks postnatal and will not cause the regularity of her periods to change although she should be counseled that they may be heavy and last for longer. She is less likely to get a regular period with the other methods of contraception.

SBA 3

A

The combination of lack of gonadotrophins and lack of gonadal steroid production indicates a problem at the hypothalamic level.

SBA 4

C

Tubal patency cannot be adequately assessed on ultrasound and requires another test such as HSG, HyCoSy or laparoscopy and dye test.

SBA 5

E

UPA is currently licensed for use for four courses. Benign endometrial thickening is known with UPA use - these changes are reversible upon discontinuation of UPA.

SBA 6

C

In the first instance this patient should be offered a "hormonal medication" free period as she has been trialed on a polytherapy of hormones with a etonogestrel subdermal implant in situ.

SBA 7

D

The risk of primary obstetric anal sphincter injury is influenced by ethnicity, but there is no evidence regarding the risk of recurrence.

SBA 8

D

The repair may be delayed by up to 12 hours if there is minimal bleeding with no difference in outcome on anal incontinence and pelvic floor symptoms.

SBA 9 answer

B

Serum folate is the most commonly used. Decreased levels (less than 3 ng/ml) are considered the first evidence of deficiency and is considered a sensitive indicator of dietary folate but does not distinguish between transient and chronic deficiency

SBA 10

C

The others are included parameters in the AUB terminology