

3/10/B DELIVERY

4 Before listening to the dialogue, tick the phrases that may be characteristic of contractions.

- a) cause breathlessness
- b) occur every ten minutes
- c) they are getting stronger
- d) they are coming on harder
- e) a sort of dull pain
- f) last for about a minute
- g) a sort of tight feeling
- h) they are becoming quite sore
- i) swelling



5 Listen to dialogue 3/10/B.

6 **Phrase questions for the patient concerning the following during labour:**

- a) amniotic fluid ..Have your waters broken yet?
- b) regularity of contraction
- c) intervals between contractions
- d) intensity of contraction
- e) duration of contractions

3/10/C FORCEPS DELIVERY

7 Before listening to how the obstetrician explains forceps delivery to medical students, match the nouns with the relevant verbs using the correct form.

<ul style="list-style-type: none"> a) cervix b) bladder c) position of foetal head d) perineum e) legs f) placenta g) rectum 	should be	<ul style="list-style-type: none"> A wash... down B deliver... C dilated D determine... E check... F cover... G empty...
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8 Listen to the doctor's explanation (3/10/C) and check your answers.

9 Write out how you would explain to the patient what a forceps delivery will entail under the following headings, then listen to our version on the tape (3/10/9).

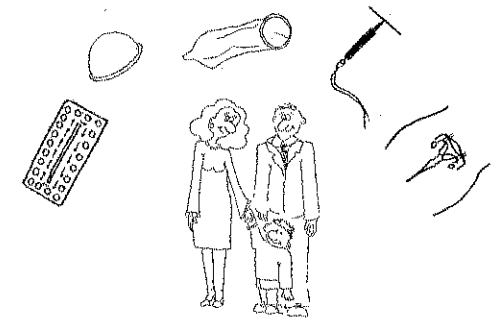
- a) reasons for use of forceps
- b) preparation
- c) process

3/11 CONTRACEPTION

1 Before listening to the explanation about contraception, group the following methods according to whether they are used by males, females or both.

males females

- a) the pill
- b) coil
- c) cap
- d) sterilisation
- e) coitus interruptus
- f) condom



2 Listen to the doctor's explanation of the advantages and disadvantages of the different methods and fill in the table.

Methods	Advantages	Disadvantages
mini pill		
combined pill		<i>some side-effects</i>
coil / IUD		
cap / diaphragm		
sterilisation	<i>very reliable</i>	
coitus interruptus		
condom		

3 **Choose the contraceptive method you would advise the following patients to use.**

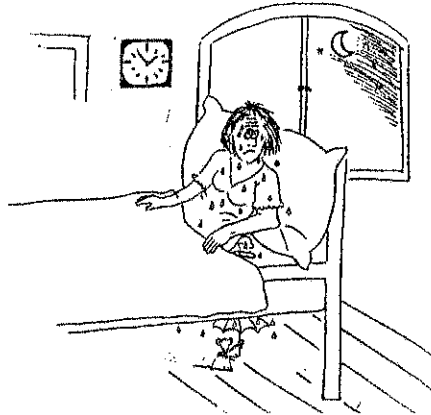
- a) a married woman with two children, who does not want any more children
- b) a married woman, who has delivered a baby, but still wants more children
- c) a sixteen-year-old girl

4 Explain the advantages and disadvantages of the different methods of contraception to your patient.

3/12 CLIMACTERIC

1 What are some of the problems associated with the climacteric and the menopause?

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2 Listen to dialogue 3/12 and circle the correct information.

- a) A Her last period was about three years ago.
 B Her last period was about eleven months ago.
- b) A The symptoms seem to have improved.
 B The symptoms seem to be getting worse.
- c) A The hot flushes sometimes interrupt her sleep.
 B Her sleep is disturbed every night.
- d) A She has a problem with vaginal dryness.
 B She has no problems with sexual intercourse.

3 Read the following phrases which tell you what information to obtain from your patient. Formulate questions and write them out below.

- a) cessation of menstruation
- b) problems
- c) frequency of hot flushes
- d) sex life

3/13 HYSTERECTOMY

3/13/A

1 Listen to the doctor's explanation of a hysterectomy (3/13/A) and fill in the gaps.

We need to (a) your womb, to give you a hysterectomy. We'll (b) under a general anaesthetic. We'll either (c)..... in your tummy or perform the operation through the vagina. In your case, unfortunately, we'll (d)..... not only the womb but also the fallopian tubes and ovaries. I'm afraid we have to do this to prevent the disease (e).....

After the operation you won't have any periods and sadly you (f)..... any children. Because we have to remove the ovaries there is a possibility that you (g)..... hot flushes, night sweats and dryness of the vagina – all symptoms of the menopause, but this doesn't always happen. This is because your estrogen and progesterone hormone levels (h)..... (Your ovaries produce these hormones.) If you do have problems we can always help by giving you hormone replacement therapy in the form of pills or a (i)..... However, to prevent osteoporosis we recommend this HRT also to patients without symptoms. You (j)..... a bit low and depressed but usually it soon passes, and you may also (k)..... a problem with your weight - a lot of people seem to put on weight after a hysterectomy.

You will have to stay in hospital for about six days where we can (l)..... with pain killers if necessary. Then you will have to take it easy for a while and get plenty of rest. You can gradually (m)..... again. It takes about 6-8 weeks (n).....the operation. After six weeks I'll want you to (o)..... just to see that everything is OK. If you have any questions regarding this operation, (p)..... asking me.

2 Using the phrases below, explain to the patient what a hysterectomy entails.

removal of the uterus → *We'll remove your womb*

- a) carried out under a general anaesthetic
- b) abdominal incision
- c) menstruation ceases
- d) no possibility of pregnancy
- e) requires a two-week hospital stay
- f) painkillers are given to relieve pain
- g) rest and relaxation are necessary
- h) gradual build up of activities
- i) return for check-ups to check wound is healing
- j) slight weight gain
- k) climacteric symptoms

3/13/B WHY IS HYSTERECTOMY NECESSARY?

3 Before listening to 3/13/B, match the definitions below to the gynaecological problems given.

cancer endometriosis fibroids menstrual disorders pelvic infections prolapse

- a) growths in the uterus
- b) descent of the uterus due to loosening of the pelvic muscles
- c) the growth of endometrial tissue outside the uterus
- d) inflammatory diseases of the female reproductive organ
- e) excessive bleeding
- f) malignant tumour in the uterus and / or ovary

4 Listen to the description of some gynaecological problems (3/13/B). Underline the correct word in brackets.

- a) What you have is fibroids. These are (gross / groans /growths) in the womb. They can be very large but yours aren't too bad. That's what's causing your pain and the heavy bleeding, but don't worry it is not cancer.
- b) You have a (dripping / dropped / drooped) womb. What has happened is that the muscles in your pelvis aren't holding it in place any more and it has slipped down into the vagina.
- c) The problem is called endometriosis. The (lining / laying / listing) of your womb, that's called the endometrium, has started to grow outside the womb itself.
- d) I'm afraid you have a pelvic infection. Your ovaries are infected and (inferred / inflamed / enforced). Sometimes it can affect the fallopian tubes and the womb as well, but in your case it's just the ovaries at the moment.
- e) With all this excessive bleeding it looks like you have a real menstrual (disorder / display / dislike).
- f) The biopsy shows that there is cancer of the uterus and possibly the ovaries are (infected / affected / effected).

5 Practice telling the patient what their problem is. Complete each sentence with a simple explanation of the problem.

You have	fibroids
What you have is	a prolapse
The problem is called	endometriosis
I'm afraid you have	a pelvic infection.....

3/14 REFERRAL

1 Study the doctor's referral below. Write the dialogue which took place when the doctor gathered the information.

Dear Mr MacKenzie,

I would be grateful if you could see this 45-year-old occupational therapist again. You saw her in July last year with inter-menstrual and post-coital bleeding. At that time she had a vabra curettage which was normal. She has since had a recurrence of inter-menstrual and some post-coital bleeding. This consists of mostly old blood at around day 20-24. She has occasionally had a bright red spot of post-coital bleeding. Her normal cycle is 28-31 days, although recently her periods have been becoming more prolonged and lasting around 10 days.

Her past history includes multiple sclerosis diagnosed in 1972. She is normally fairly fit and well despite this, although she did recently have an episode of sensory disturbance in her legs. She is para 2+1 and had a sterilisation in 1974 followed by a reversal in 1976. She had a division of adhesions in 1982. A cervical polyp was cauterised in 1986.

On examination there was a blood-stained discharge coming through the os. The uterus was bulky, about eight-week size, and diverted and deviated to the left. I thought I could feel a fibroid. She also has a slight cystocele.

I took a smear and HSV and will let you know the results when I have them.

She is on hormone replacement therapy and has been taking Trisequens since January this year. This was prescribed for menopausal symptoms, hot flushes and vaginal dryness etc.

She is getting rather fed up with her menstrual symptoms and has difficulty coping with them along with her MS. She seems rather keen to have a hysterectomy. I would welcome your assessment and advice on her management.

Yours sincerely,

Dr J. Thompson