

2/2/5

P1: I can't sleep at night and I'm tired when I get up in the morning.

P2: My little girl is always scratching her bottom, and I have noticed small worms in her stool.

P3: My ankles are swollen, and I'm bloated around my stomach in the evening.

P4: I cough a lot, but I can't seem to cough up phlegm.

P5: I often feel dizzy, and I have headaches. My vision is getting worse. My blood pressure is usually high when it's checked.

2/3/2

P1: You prescribed some tablets for my pneumonia. By the evening my face was flushed and itching, and I had come out in a rash.

P2: I came down with the flu so I took the aspirin you suggested; however, by the next morning I had an upset stomach. I'm afraid to continue with it, but I'm still running a fever.

P3: I've been feeling dizzy since I started taking the new blood pressure medicine. When I bend down, I'm afraid I'll fall over.

P4: I've been feeling sick since I started taking this new medicine. I've had an upset stomach since then.

2/3/3

P1: You prescribed some tablets for my pneumonia. By the evening my face was flushed and itching, and I had come out in a rash.

**D: Oh, I'm afraid you must be allergic to that medicine, I'll prescribe something else that shouldn't affect you.**

P2: I came down with the flu so I took the aspirin you suggested; however, by the next morning I had an upset stomach. I'm afraid to continue with it but I'm still running a fever.

**D: Aspirin sometimes affects the stomach. I think you should take Paracetamol instead, it doesn't cause stomach problems.**

P3: I've been feeling dizzy since I started taking the new blood pressure medicine. When I bend down, I'm afraid I'll fall over.

**D: Your pressure has come down a little low and that's causing the dizziness, so we'll adjust the dosage of your tablet.**

P4: I've been feeling sick since I started taking this new medicine for my headache. I've had an upset stomach since then.

**D: Oh dear! I'm sorry. We will have to change the tablets to put a stop to the nausea.**

2/4/2

- Take this tablet half an hour before meals.
- Swallow this tablet without chewing.
- Take a pinch of this powder and mix it with some water.
- Apply a thin coat of this ointment every evening and then cover with a wet dressing.
- Dip a cotton bud in this tincture and apply to your gums.
- Pour an ampoule of this solution into boiling water and inhale it for five minutes.
- This is a bitter tablet, so take it with some sort of juice.

2/4/3

- Place this pill under your tongue and allow it to dissolve. If you are unable to swallow this tablet, break it in half or crush it into a powder.
- Take this capsule with some water.
- Drop some mixture on a sugar cube. Shake the mixture well before taking.
- Insert one of these suppositories into the vagina before going to bed.
- Rub a thin layer of this cream on your skin.
- Use three drops of these eye drops every evening.
- Apply some talcum powder to your skin.
- Mix 15 drops in a cup of water and gargle 2-3 times a day.

**Unit 3 OBSTETRICS AND GYNAECOLOGY**

3/1

**D: Could you tell me when your last period was?**

P: It was about three weeks ago.

**D: Do you have a regular cycle?**

P: Yes, it's quite regular, it comes about every 28 days.

**D: And how long do your periods last (for)?**

P: Usually about 5 or 6 days.

**D: Would you say that they were painful?**

P: I get some discomfort especially during the first 2 or 3 days but it's not too bad.

**D: Would you say that your periods are quite light, average or heavy?**

P: I would say they are about moderate, Doctor.

**D: Do you find you are using a lot of pads?**

P: No, I can usually just manage with three or four a day.

**D: Now, have you had a smear done within the last 3 years?**

P: I had one done about 5 years ago, Doctor.

**D: Do you remember the results of it?**

P: Yes, they said it was clear.

**D: Do you know how often you ought to be coming for a smear test?**

P: I think it's about every 2 or 3 years.

**D: Yes, that's right, although if there are any abnormalities on any of the smear tests you must come back more regularly than that. Do you have any pain or swelling you've noticed in your breasts?**

P: Well, I don't have any lumps, Doctor, but I've sometimes noticed that they get a bit sore, especially just before my period. Also, sometimes they feel a bit lumpy, but when I check them a few weeks later they all seem to have gone away.

3/2/1 See Workbook.

3/2/A

**D: What seems to be the problem?**

P: Over the last few months my periods have been getting terribly painful.

**D: Is this a new thing?**

P: My abdomen is always a little bit sore in the first couple of days, but over the last few weeks, I've been getting really sore. I've been getting this terrible crampy feeling in my tummy and some back ache as well. It's been coming on before the bleeding begins and it's been so bad that I've had to have some days off from work over the last few months. I've also got another problem. I get so up-tight just before my periods. I feel as though I could murder everyone.

**D: That sounds typical of PMT – pre-menstrual tension. It's difficult to treat but some people are helped by vitamin B12 or evening primrose oil. There are some self-help groups that you could join. The receptionist will give you a pamphlet if you ask her.**

3/2/B

**D: What seems to be the problem?**

P: My periods used to be quite light, Doctor, but they seem to have been getting much heavier recently.

**D: Have you been passing any clots in them?**

P: Well, the last few times there have been one or two quite big clots and sometimes it's been soaking right through the pads and into my underwear and I've had to go and change quickly. It's becoming really very embarrassing.

**D: I see. Are your periods very painful at all?**

Well, they're worse than they used to be. But, the worst thing is really just this terrible bleeding. It's caused me awful embarrassment and trouble.

## 3/2/C

**D: Could you tell me when your last period was?**

P: Well, Doctor, they've been a bit irregular. Sometimes they're coming every two weeks, sometimes I'm not getting any for six or seven weeks, and when they do come they can be terribly heavy with flooding and passing clots for the first couple of days. I'm having to use sanitary towels and tampons sometimes, and they can be very very painful for the first two or three days and for the week beforehand.

**D: Have your periods always been irregular or has this been something recent?**

P: No, they were quite regular up until about a year ago and then they gradually began to go haywire.

**D: Do you get any bleeding in between your periods?**

P: Yes, I sometimes get a little bit of spotting of blood just in the middle of my periods.

## 3/2/D

**D: Do you ever find it uncomfortable to have sex?**

P: Yes Doctor, the last few months it's been quite painful.

**D: Does it happen every time, or just occasionally?**

P: Almost every time I get this really deep ache inside. It has become (It's becoming) so bad we haven't been able to do it for the last few weeks.

## 3/2/E

**D: Can you tell me what the problem is?**

P: Well, Doctor I've got this discharge from down below.

**D: Can you describe it to me? What colour is it for instance?**

P: Well, it's a sort of yellowish, but sometimes it becomes brown.

**D: Is the discharge foul smelling at all?**

P: Well, sometimes it smells quite strong, Doctor.

**D: Do you have any burning or stinging when you go to the toilet?**

P: It sometimes stings when I spend a penny.

**D: Is your vagina itchy or sore?**

P: Yes, a bit.

## 3/2/F

P: Doctor, I've got something down below.

**D: Where do you mean exactly, show me. ... Is this lump there all the time, or only sometimes?**

P: It only seems to come on after I've been to the toilet.

**D: Is that after you've been to pass urine or after you have a bowel motion?**

P: Well, sometimes both, but more after I've opened my bowels, Doctor.

**D: Are you able to push this lump back up?**

P: Sometimes I can push it back up.

**D: Does it ever come down and you're not able to?**

P: No, Doctor, it can always be pushed back up.

## 3/3

**D:**

- 1 If you can just pop (-Br) (step/go) behind the curtains and take your trousers and underwear off and cover yourself with the blanket, I'll be round in a minute.
- 2 Jump up onto the couch.
- 3 If you just slide a little bit further down the table and if you pull your knees up towards you. Let your knees fall apart.

4 Keep your knees as relaxed as you can. Put your feet wide apart in the stirrups. If you just try and relax your bottom down into the bed as much as you can, that keeps your muscles relaxed, and makes it much more comfortable for you.

5 Just let me know if this hurts at all.

## 3/4/A

**D: What can I do for you?**

P: Well, I don't seem to have had a period for several months now.

**D: How long has it been since your last period? (When was your last period?)**

P: Well, I think it was about two or three months, but they've always been a little bit irregular.

**D: Have you ever gone this long before without having a period?**

P: No, they always seem to come on after about six or seven weeks.

**D: Are you sexually active?**

P: Yes, Doctor.

**D: Are you using any kind of contraception?**

P: Yes, he always uses a condom.

**D: Have you ever had any accidents or perhaps forgotten to use a condom? Do you think you might be pregnant?**

P: Well, maybe, because there was an episode a few weeks ago, now I come to think of it, when the condom split, but we didn't think it was so important, because it was just before my period began.

## 3/4/B

**D: How long has it been since your last period?**

P: Come to think of it, about two or three months.

**D: Do you think you might be pregnant?**

P: Well, I think it's possible, Doctor. The last few weeks I've been feeling really quite queasy in the morning and I've gone off some of my favourite foods. I've started eating the most peculiar stuff. I never used to like tomatoes and now I can never get enough of them. I've also noticed that my breasts are really tender like they get before a period.

**D: Have you felt sick or been sick at all?**

P: Well, I suppose I should have guessed myself that I might be pregnant because the last three mornings I've been feeling really, really sick and I actually vomited this morning. I've also been feeling terribly tired and I keep having to rush to the loo (-Br) (Am: bathroom). I've also felt quite on edge and anxious. The other thing is that my breasts seem to have got bigger. I've always been a 32 B cup up until now and I would swear that they're getting larger.

**D: Let's do a pregnancy test and we'll see what it shows. . . . The pregnancy test from the blood has shown that you're pregnant. Can you remember exactly when the first day of your last period was?**

P: Not exactly, but I think it must have been about eight weeks ago. . . .

**D: Well, working it out roughly from the first date of your last period, it looks as though you'll be having your baby at the end of October.**

## 3/4/C

**D: Have you felt the baby move at all?**

P: Well, just a little bit. I felt this sort of fluttering feeling in my tummy (Br). The first time I thought it was wind but then it came back again, so I think it must have been the baby kicking.

**D: Have you had any other problems, any burning or stinging when you pass your urine?**

P: Yes, it's very uncomfortable at times and I have also had this discharge from down below and it's been getting itchy and really unpleasant.

**D: Well, we'll have to have a look down there and we'll probably take a swab but it sounds as though you might have a touch of thrush which is something common in pregnancy and quite easily sorted out. . . . Have you had your ultrasound scan recently?**

P: No, I'm due for one next week.

**D: They can show whether the baby is growing well.**

**Sometimes they can tell whether it's going to be a girl or a boy from the scan.**

P: I'm not really sure I want to know.

3/5/A

**D: Is this your first pregnancy?**

P: No.

**D: How many times have you been pregnant?**

P: I've been pregnant six times.

**D: How many children do you have?**

P: I've got three children.

**D: Were they all normal deliveries?**

P: I had one of them by a C(a)esarean because I had problems with the delivery, but the other two were normal deliveries.

**D: What about miscarriages?**

P: Well, I had one miscarriage quite early on before the first child and then my third pregnancy ended in a stillbirth. I also had a tubal pregnancy which needed an operation.

**D: Have you had any terminations?**

P: No.

**D: Do you have any problems at the moment?**

P: I've noticed that my hands and feet are getting a bit swollen and my rings are getting tight.

**D: How did you feed your children? Breast or bottle?**

P: I breast-fed all of them but only managed for about the first three months and after that we began to top them up with bottle milk.

**D: OK That's good. We just need to do a little internal examination now.**

3/5/B

**D: Have you ever been pregnant?**

P: Yes.

**D: Do you have any children?**

P: Yes, I've got two boys.

**D: How old are they?**

P: Three and five.

**D: When your older child was born, do you remember if he was early or late or on time?**

P: Well, he was about four weeks early, Doctor.

**D: I see, he was slightly premature then. Did you have any problems during your first pregnancy?**

P: I had a little bit of a problem with my blood pressure. It went a bit high and I was in hospital for a few weeks towards the end, but he was absolutely fine and it was a straightforward delivery.

**D: And the younger child? Was he early, late or on time?**

P: He was actually a week late and they had to start him off and then they needed the forceps to pull him out, but since then he's been absolutely fine.

**D: OK Are they quite well now?**

P: Yes, they are absolutely fine.

3/6

**D: We've noticed that your blood pressure is a little bit high on this admission. How have you been feeling?**

P: Not too bad apart from the odd headache.

**D: How often have you been getting these headaches?**

P: Well, I've had them for the last two days.

**D: Anything like dizziness or blurred vision?**

P: I've been getting some flashing lights in front of my eyes but I just put that down to tiredness. I've also noticed my rings are getting really tight around my fingers and my feet are getting to be quite swollen.

3/7

**D: When you had your first child, do you remember what kind of anaesthetics you had for the delivery?**

P: I managed at first for a little while using gas and air but after that it really became too painful and I had to have an epidural.

**D: Did you start labour by yourself or did they have to give you some help?**

P: No, it began by itself, although I remember some of the other women in the ward having to get started off.

**D: Do you remember how long the labour went on for?**

P: It was quite long. It was at least 24 hours.

**D: And the delivery itself; was it a C(a)esarean, a forceps or was it normal?**

P: Well, in the end they had to use forceps to help get the baby out because he was beginning to get a bit tired as well.

**D: Did you have any problems after that?**

P: He went to the special care unit just for a few hours because I think he was a little bit tired, and after that his head leaned to one side for a week or two but then he was all right.

**D: What kind of feeding did you use for the first child? Did you breast-feed or bottle-feed him?**

P: He was breast-fed for the first six weeks but after that he didn't seem to be getting enough milk and the health visitor suggested we top him up with bottles. Eventually we just gradually changed him over to bottle-feeding. I also had to express milk for a while because after he'd tried the bottle he was lazy about sucking at the breast.

3/8

**D: Have you ever been pregnant at all apart from having these two children?**

P: Well, I did have a miscarriage in between them.

**D: Do you remember how many weeks on you were, when you miscarried?**

P: That was quite early on, about ten weeks.

**D: And were there any problems afterwards? Did you need a D&C or anything?**

P: Yes, I had a quick D&C afterwards but there weren't any further problems.

**D: Had you been pregnant any other time apart from the ones you mentioned?**

P: Well, when I was much younger, I did have a termination /an abortion/ when I was about nineteen.

**D: Do you remember how many weeks on you were when it happened?**

P: I'm not sure, but I think it was about two months. I just went into the hospital and they did an operation, and that was that.

3/9

**D:** The patient is given a general anaesthetic and placed in the lithotomy position. The perineum and vagina are washed with Betadine solution and the legs and surrounding area covered with sterile drapes. The patient is then examined by bimanual pelvic examination to determine the size of the uterus, the direction of the uterus and any adnexal pathology. The cervix is then visualised using a Sims's-speculum and the anterior lip of the cervix is grasped with a vulsellum. The cervix is dilated using Hegar dilators of increasing size. The cavity of the uterus is then evacuated usually by suction curettage. In other circumstances it is emptied by using simply sponge forceps. The cavity of the uterus is then checked using a curette to ensure that it's entirely empty. The operation is then complete.

3/9/3

*First*, we will put you to sleep. *Then*, we will examine your womb to see how big it is and whether its position is normal. We will *then* have a look at the cervix – the neck of your womb to check it out. *After that*, we will stretch it gradually. *Then*, we will use suction to clear out what is in the womb. *Finally*, we will just give the inside wall a gentle scrape to check that it is clear.

## 3/10/A

**D:** Well, looking at the dates of your pregnancy your baby is really quite overdue now. It should have been here about ten days ago and we really don't like to leave them much longer than two weeks over the due date, so what we'll do is bring you to hospital tomorrow and get the delivery started. The way we usually do this is to bring you in in the morning and just pop /apply/ some gel up by the cervix and see if that gets things started off. That should make the cervix softer and easier to open up. And if you still haven't gone into labour by yourself we can put a drip up, that will cause the uterus to begin to contract and so when your cervix is open a little bit, we can break the waters around the baby and that should get things started.

## 3/10/B

**D: Have your waters broken yet? (Am: Has your water broken?)**

P: Yes, about half an hour ago.

**D: Are you getting any tightening or regular contractions?**

P: Well, I've been feeling this sort of tight feeling across the top of my tummy.

**D: How often are your contractions coming?**

P: About every ten minutes at the moment.

**D: Are they getting any stronger or closer together?**

P: They are gradually getting a little bit stronger. They used to be about twenty minutes apart and I definitely feel them coming on harder.

**D: How long do they last when they come?**

P: Just about a minute at the moment.

**D: Are they very painful or do you just feel a tightening across the tummy?**

P: They're really becoming quite sore now. . . .

**D: Now you've been doing very well. It won't be long before your baby is here. . . . The head is coming now. Don't push, pant like a dog until the head emerges. . . . Now one last big push. . . . Congratulations, you have a lovely baby boy. Here he is. Now push one last time for afterbirth.**

## 3/10/C

**D:** Before starting the procedure, the patient should be examined. On abdominal examination there should be no head palpable abdominally. The cervix should be fully dilated and the bladder should be emptied. The position of the f(o)etal head should be determined and the maternal pelvis felt to be adequate for delivery vaginally. The perineum is then washed down with an antiseptic solution and the legs and surrounding areas covered with sterile drapes. It's essential that the mother has adequate analgesia whether this is by epidural an(a)esthesia or perineal infiltration or a pudendal block. When the uterus is not contracting well, the forceps are applied. During the next contraction the mother is asked to actively push while traction is applied on the forceps. There should be no more than three moderate pulls required to deliver the baby. An episiotomy is usually required, and it is recommended that it should be a right mediolateral episiotomy. Following delivery of the baby, the placenta is delivered either by maternal effort or controlled cord traction. The vagina is then examined for any further tears. The episiotomy is repaired in layers usually with Vicryl, which is a synthetic absorbable suture. H(a)emostasis should be achieved by this and the rectum should be checked by digital examination to ensure none of the sutures have reached the rectal mucosa.

## 3/10/9

We are going to have to give the baby a little help, because it is getting a little distressed. What we are going to do is to give you something to help with the pain. Then we'll use a catheter to empty the bladder. After that we'll get hold of the baby's head with some forceps. At the next contraction, while you are pushing we will be giving a little pull. We shouldn't need to do this for more than three contractions then everything will be fine.

## 3/11

**D:** Have you thought of what sort of contraception you'd like to use?

P: Well, I wondered about the pill.

**D:** That's quite a good idea. There are different types of pill that you need to think about and they all work differently. There's what we call the mini-pill which has a single hormone in it but you do need to be more careful about when you take it because it only has a three hour gap in which it is safe and if you take it any later than that then it's not working reliably.

The combined pill on the other hand has two types of hormones in it, and it has a much wider range. You can be up to 12 hours late and it'll still work reliably. However, some people do find that they have problems with both types of pills, for example, they get headaches or migraines or put on weight and some people also have problems with their blood pressure, so it's not always suitable.

Another option is to have a coil; however, we don't normally recommend this to women until they've had at least one child, because some studies have shown that although the coil isn't necessarily associated with causing infections, if you do have any pelvic inflammatory disease, it can be made worse, and it can increase the risk of infertility. Therefore, it is usually only given to women after they've had at least one child.

The cap or diaphragm has its advantages in that it doesn't involve any hormones, therefore, you're not mucking around with your body's cycle and it also means that it can be put in before you have your intercourse not like the sheath or anything so it's in and out of the way and out of your mind. However, you do have to have it quite carefully fitted and you need to be quite confident with your own body in learning how to put it in. If you are at all embarrassed, it can be very difficult.

If you are absolutely certain that you've finished your family or you're not planning on having any children, it is possible to be sterilised or as it is sometimes called "have your tubes tied". This normally involves just a minor operation. You are just in for a day. We look inside your tummy with a little telescope and cut and tie off each of your tubes to stop the egg from reaching the womb, and it stops you from getting pregnant. It's a very, very reliable method, it has a very low failure rate, but its main drawback is that it should be regarded as being absolutely irreversible and once it's done you really can't have it changed back. So you have to be very sure that you don't want any more children.

Coitus interruptus, also called the rhythm method, is a very unreliable method of contraception, where the man withdraws from the female just before he comes. However, there is often a small quantity of sperm released even before the man comes, and, therefore, it's an extremely unreliable method.

Condoms or sheaths are quite a safe and reliable method of contraception. The main disadvantage is that they have to be put on during or shortly before intercourse, and this can, therefore, interrupt the spontaneity of lovemaking. However, they do have the advantage of protecting against sexually transmitted diseases /STD/.

## 3/12

**D: Have you had any problems since your last period?**

P: Actually, my last period was about a year ago. I haven't had one for about a year now.

**D: Have you had any bleeding at all since then?**

P: No, I haven't had any bleeding at all.

**D: Have you had any problems with the "change"?**

P: I used to have some problems with these terrible hot flushes (Am: flashes). I would wake up in the middle of the night absolutely drenched with sweat. My bed clothes and nightie would be soaked through. They seem to be getting a bit better, but, I'm still awfully tired.

**D: Have you felt unwell?**

P: Not really, apart from these terrible sweats.

**D: How often do you get them?**

P: Perhaps once or twice a night. It is really disturbing my sleep.

**D: Apart from lack of sleep, has it affected your life in any other way?**

P: Well, I haven't as much energy and it takes much longer for me to get through my work. I feel tired all the time. And ... it's interfering with our sex life a bit because my vagina is so dry.

3/13/A

**D:** We need to remove your womb, to give you a hysterectomy. We'll put you to sleep under a general anaesthetic. We'll either make a cut in your tummy or perform the operation through the vagina. In your case, unfortunately, we'll have to remove not only the womb but also the tubes and ovaries. I'm afraid we have to do this to prevent the disease from spreading.

After the operation you won't have any periods and sadly you won't be able to have any children. Because we have to remove the ovaries there is a possibility that you might get hot flushes, and night sweats and dryness of the vagina – all symptoms of the menopause, but this doesn't always happen. This is because your (o)estrogen and progesterone hormone levels drop. Your ovaries produce these hormones. If you do have problems we can always help by giving you HRT (hormone replacement therapy) in the form of pills or a patch. However, to prevent osteoporosis we recommend this HRT also to patients without symptoms. You may also feel a bit low and depressed but usually it soon passes, and you may also get a bit of 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 keep you comfortable with pain killers if necessary. Then you will have to take it easy for a while and get plenty of rest. You can gradually start doing things again. It takes about 6–8 weeks to really get over the operation. After six weeks I'll want you to come in for a check-up just to see that everything is OK.

If you have any questions regarding this operation, don't be shy about asking me.

3/13/B/4 See workbook.

**Unit 4 PAEDIATRICS**

4/1/1

How old were you when the baby was born?

How many times have you been pregnant?

What number pregnancy was this child?

How many children do you have?

Are you and your husband blood relatives?

Were there any problems like bleeding or an illness?

Was your pregnancy planned?

Did the baby arrive at the expected time?

Was the baby born normally or did you have to have forceps or a section or anything like that?

4/1/2

**D:** Good morning, Mrs Smith. I'm Dr O'Hare. I'm a consultant p(a)ediatrician. I'd like to ask you for a little background information about James. First of all, if you don't mind, I'd like to take you right back to the beginning. Could you tell me about your pregnancy? How old were you when the baby was born?

**M:** Twenty seven.

**D:** How many times have you been pregnant?

**M:** Three.

**D:** What number pregnancy was this child?

**M:** This was my third pregnancy.

**D:** How many children do you have?

**M:** Three, with this one.

**D:** What are the ages of your other children?

**M:** Two and three.

**D:** Are you and your husband blood relatives?

**M:** No.

**D:** Were you unwell during your pregnancy, were there any problems like bleeding or an illness, or did you take any medication?

**M:** No, there were no problems.

**D:** Would you mind me asking, Mrs Smith, whether the pregnancy was planned?

**M:** Yes, we had been trying for six months.

**D:** Did the baby arrive at the expected time?

**M:** Well, in fact, he came three weeks early.

**D:** Was the baby born normally or did you have to have forceps or a section or anything like that?

**M:** Yes, I had to have the baby by Caesarean section.

**D:** Do you know why the baby had to be delivered by section?

**M:** Yes, because there were signs that the baby was getting distressed in the womb, so I was advised that he had to be delivered immediately.

4/2

**D:** How was the baby at birth? Did he have any problems? How was he in the first few days of life? Did the baby stay with you or did he need to go to special care or to the nursery for any reason?

**M:** Yes, he was taken to the special care unit because he was very small and he was getting cold and needed to be given oxygen.

**D:** Was the baby premature – preterm, appropriate for dates, or overdue?

**M:** He was three weeks early.

**D:** What did he weigh?

**M:** Only 5 lb.

**D:** Was he jaundiced – yellow when he was born?

**M:** Yes, he had photo therapy for jaundice.

**D:** Do you know, Mrs Smith, whether James had to have any assistance with his breathing? Was he on a ventilator, for example, or was he just on oxygen in his incubator?

**M:** He had to be ventilated.

**D:** Did he have to have any transfusions?

**M:** Yes, he also had an exchange transfusion.

**D:** Did he have any other problems that you are aware of, such as infections or any need for resuscitation while he was in the special care unit?

**M:** No, I don't think so, Doctor, but they are recorded in his special care baby notes.

4/3/A

**D:** What I'd like to do now, Mrs Smith, is just have a look at James and check things out, like his heart and his chest. What I'm doing now is I'm just having a look at his reflexes to make sure that they are in places I would expect them to be. Now I'm going to have a gentle look in his mouth with this wooden spatula. Now looking in his mouth I can see that he has a little bit of thrush so I'll give you something called Nystatin for that, to help it go away. Could you tell me, Mrs Smith, whether you have any concerns about James?

**M:** Well, yes Doctor, I'm a little bit concerned about his cord because I would have expected it to have come off by now.

**D:** Well, in fact, Mrs Smith, this can take a week to ten days but if there were any signs that the separation of the cord is delayed or if it was becoming infected then I'd just give you some alcohol swabs so that you can clean around the belly button at bath time or when you change him.

4/3/B

**D:** Hello, Mrs Smith. Would you like to undress James? I'd like to see how his weight has been progressing in the last couple of weeks . . . 300 grams. That's fine, isn't it? Now I'll just examine him and have a look at how things are going. Are you happy with your breast-feeding? How's that going?

**M:** Fine, I think, although he always seems to be hungry and I wonder sometimes whether he's got some pain in his tummy.

1/8/4

- a) Have you had any fever recently?  
 b) Is your temperature constantly high?  
 c) I measured it orally.  
 d) Do you also have chills?  
 e) Have you traveled to any countries?

1/8/5

- a)-feverish b)-swings c)-orally  
 d)-in the armpit e)-extremely high fever f)-has gone down  
 g)-trembling h)-rattle i)-perspire

1/8/6

Have you taken your temperature? And what was it?

And where did you take it?

Do you have any swings in your temperature?

Have you been perspiring much?

Then I'll prescribe some tablets to reduce your fever.

1/9/1 c) e) m)

1/9/3 a)-B b)-B c)-A d)-A e)-B f)-A g)-B

1/9/4

- a) Do you feel nauseous?  
 b) I throw up.  
 c) Do you have a nasty taste in your mouth?  
 d) I have had a lot of gas lately.

1/9/5

a)-D b)-C c)-E d)-B e)-A f)-F

1/9/6

Do you feel sick or do you actually vomit?  
 How often does this happen?  
 Does it get better or worse if you eat something?

When you vomit what do you bring up?

Does it ever look like coffee grinds?

Do you belch a lot?

1/10/1

a)-difficulty b)-breathing in c)-short of breath d)-flat e)-relieved f)-stop g)-tests

1/10/3 a)-A b)-B c)-C d)-B e)-A

1/10/4

a)-D b)-E c)-F d)-A e)-B f)-C

1/11/1

a)-whoop b)-wheeze c)-coughing fit d)-hoarse e)-bark

1/11/3 b) c) f) g)

1/11/4 a)-C b)-G c)-E d)-F e)-A f)-D g)-B

1/11/5

1 Does it have a strange smell?  
 2 Can you describe the sputum for me?

3 How long have you had this cough?

4 Do you bring up any phlegm?

5 Is there anything that relieves the cough?

6 Can you describe this cough for me?

1/12/1 a)-B b)-C c)-C d)-A e)-C

1/12/3

a)-B b)-A c)-B d)-B e)-A f)-B

1/12/4

a)-sit b)-slowly c)-aggravated  
 d)-improved e)-spread

1/13/1

a)-appetite b)-special c)-followed

d)-lose e)-cholesterol f)-steady

1/13/3 a)-A b)-B c)-A d)-C e)-A

1/13/4

a)-How's your appetite?

b)-Describe your eating habits to me.

c)-Over what period of time?

d)-...gaining...

1/13/5

a)-special b)-putting on  
 c)-my food d)-dairy products  
 e)-cut/out/down on

1/13/6

D1 What's your appetite like?

D2 Have you lost weight? /Are you losing weight?

D3 How many pounds have you lost?

D4 How long have you been losing weight for?

D5 Are there any foods that you dislike?

1/14/1 a)-A b)-B c)-D d)-C e)-E

1/14/3

a)-He has an irregular bowel movement.

b)-He has problems going to the toilet.

c)-The stool does not float so it flushes away.

d)-He has noticed some blood in it.

e)-The blood is mixed in the stool.

f)-Only a laxative helps.

1/14/4

a)-Do you have to go to the bathroom frequently?

b)-Do you use an enema?

c)-Do you have any bloating?

d)-Do you have any problems with excessive gas or burping?

1/14/5

a)-D b)-A c)-E d)-F e)-C f)-B

1/14/6

a)-C b)-E c)-B d)-F e)-A f)-D

1/15/1

a)-bruise b)-units c)-a tendency to bleed d)-abnormal bleeding

e)-blood transfusion f)-clot

1/15/3

a)-B b)-C c)-C d)-A e)-C

1/15/4

Do you bleed easily?

How long does it take to stop the bleeding?

When did you first notice the problem?

And have you ever had a blood transfusion?

Do you remember how many units you received?

1/16/1

a)-D b)-H c)-F d)-B e)-C f)-I

g)-G h)-A i)-E

1/16/2

a)-C b)-E c)-G d)-B e)-F f)-A

g)-D

1/16/3

a)-10 b)-12 c)-6 d)-2 e)-5 f)-7 g)-11

h)-13 i)-4 j)-3 k)-8 l)-9 m)-1

1/17

1-d 2-f 3-e 4-g 5-c 6-a 7-h 8-b

## Unit 2

2/1/2

a)-viral → bacterial infection

b)-before meals → after meals

c)-talcum powder → ointment

d)-does not think → He thinks the rash ...

2/2/1

1-d 2-f 3-e 4-a 5-h 6-b 7-j 8-c 9-g

2/2/2

1 analgesics

2 antibiotics

3 antacids

4 antipyretics

5 antihypertensives

6 emetics

7 antiasthmatics

8 vasodilators

2/2/4

terms not used with patients:

2/2/1: 1, 3, 4, 5, 6, 7, 9;

2/2/2: 1, 4, 5, 6

2/2/5

1-sleeping pill 2-anthelmintics

3-water tablets 4-cough mixture

5-tablets

2/3/1

some examples: allergy,  
 abdominal discomfort / gastric problems, dizziness, nausea,

vomiting, diarrhoea, respiratory problems/ shortness of breath /

breathlessness, high blood pressure, renal failure / kidney disorders, visual disturbance,

palpitations

2/3/2

1-allergy 2-abdominal discomfort

/ stomach problems 3-dizziness

4-nausea

2/4/1

a)-1, 4, 6, 8 b)-1, 4, 6, 8 c)-4, 6,

8 d)-7, 10, 11 e)-2, 3, 5, 7, 9 f)-

2, 3, 5, 7, 9 g)-2, 3, 5, 7, 9 h)-2,

3, 5, 7, 9 i)-2, 3, 5

## Unit 3

3/1/1 a)-D b)-C c)-A d)-B

3/1/2 a)-B b)-B c)-B d)-A

3/1/4

a)-When was your last period?

b)-How old were you when your periods started?

c)-How long is it between your periods?

d)-How long do your periods last?

e)-Do you lose a lot of blood?

f)-When did you last have a smear test?

g)-Have you ever had any problems with your periods?

h)-Have you noticed any swelling in your breast?

i)-Have you noticed any lumps in your breast?

3/2/A/1

a)-C b)-F c)-D d)-E e)-A f)-B

g)-G

3/2/A/2

a-down below b-thigh c-tummy

d-legs e-lower back f-base of the spine g-around my back passage

3/2/4 A

a)-a little bit sore b)-really sore

c)-a terrible crampy feeling

d)-causing days off work

3/2/1 B,C

hypermenorrhoea: a) d) e)

metrorrhagia: b) c) d)

3/2/3 B,C

a) heavier b) soaks c) painful

3/2/4 B,C

a)-irregular periods b)-missed periods c)-flooding, passing clots

d)-spotting e)-extreme pain

f)-regular cycle

3/2/5 B,C a)-B b)-B

3/2/6 B,C

Are your periods regular?

Could you tell me when your last period was?

Have your periods always been irregular?

Do you get any bleeding in between your periods?

3/2/7 D,E,F 1-b) 2-c) 3-a)

3/2/8

a)-Do you ever find it b)-it's been

quite painful c)-does it happen

d)-get this really deep e)-we

haven't been able to

3/2/9 a)-D b)-A c)-D d)-B

3/2/10 b)

3/2/11

b)-is the lump there after

c)-When the lump comes down

3/4/2 a)-B b)-C c)-A d)-C

3/4/3

What seems to be the problem?

How long has it been since your last period?

Do you use any kind of contraception?

Have you ever forgotten to take it?

3/4/5 a)-B b)-C c)-C d)-B

3/4/6 a) e) g) k) l) m)

3/4/7

a)-slight movement b)-mild

infection c)-not difficult to treat

d)-secretion from the vagina

3/4/9

a)-Have you felt the baby move?

b)-Have you had any stinging when you pass urine?

c)-Have you had an ultrasound recently?

d)-Have you noticed any discharge from down below?

e)-Have you decided whether you want to know if it is a boy or a girl?

3/5/1

a)-vaginal examination

b)-induced abortion c)-ectopic

e)-the birth of a dead child

f)-an operation by which the

foetus is taken out from the uterus

3/5/2

a) Is this your first pregnancy?

b) How many times have you been pregnant before?

c) How many children do you have?

d) Have you had any miscarriages?

e) Did any of your pregnancies end in a stillbirth?

3/5/3

a)-two children, b)-three and five

c)-premature d)-late e)-induced

3/6/1 headaches, failing vision

3/7/1

a)-E b)-C c)-D d)-B e)-F f)-A

3/7/3 true: c) e) false: a) b) d) f)

3/7/4 a)-B b)-C c)-A d)-C

3/7/5

- a) What kind of anaesthetic did you have during labour?  
 b) Did you start labour by yourself?  
 c) How long did the labour go on for?  
 d) Were there any problems during labour?  
 e) How did you feed the baby?
- 3/8/1 1-c) 2-a) 3-d) 4-b)  
 3/8/2 a)-B b)-B c)-A d)-B e)-A  
 3/10/1

spontaneous/normal/natural delivery, Caesarean section, forceps delivery, breech delivery

- 3/10/3  
 b) because that makes the cervix softer and easier to open up  
 c) so that the uterus will begin to contract  
 d) so as to get things started
- 3/10/4 b) c) d) f) g) h)  
 3/10/6

Examples:  
 b) Are you getting regular contractions?  
 c) How often are the contractions coming? Are the contractions coming closer together?  
 d) Are the contractions stronger?  
 e) How long do your contractions last when they come?

3/11/1 males: d) e) f)  
 females: a) b) c) d) f)  
 3/11/3

a)-combined pill, IUD, sterilisation b)-mini pill, IUD  
 c)-condom, mini pill

3/12/1  
 hot flushes and sweats, vaginal dryness, moody behaviour, osteoporosis, heart disease

3/12/2 a)-B b)-A c)-B d)-A  
 3/12/3

- a)- When did you have your last period?  
 b)-Have you had any problems since then?  
 c)-How often do you get hot flushes?

d)-Has it interfered with your sex life?

3/13/2  
 a)- We'll put you to sleep.  
 b)- We'll make a cut.  
 c)- You won't have any periods.  
 d)- You won't be able to have any children.  
 e)- You'll have to stay in hospital for six days.  
 f)- We'll keep you comfortable with painkillers.  
 g)- You'll have to get plenty of rest.  
 h)- You can gradually start doing things again.  
 i)- I want you to come in for a check - up.  
 j)- You may get a bit of a problem with your weight.  
 k)- You might / get hot flushes / have night sweats / have dryness of the vagina.

3/13/3 a)-fibroids b)-prolapse  
 c)-endometriosis d)-pelvic infections e)-menstrual disorders f)-cancer

3/13/B/4 a)-growths b)-dropped  
 c)-lining d)-inflamed e)-disorder f)-affected

Unit 4  
 4/2/2

a)-special section in a paediatric department for babies with severe problems  
 b)-special section of the obstetrics department where babies away from mothers are cared for  
 c)-full term  
 d)-postmature  
 e)-notes made by staff on the baby's condition while in the special care unit

4/3/2  
 a)-tongue depressor b)-fungal infection c)-umbilicus  
 d)-anxieties e)-nappy change

4/3/3  
 a)-check his heart and lungs.  
 b)-make sure that they are in places.

c)-he has a little bit of thrush.  
 d)-help the infection go away.  
 e)-you can clean around the umbilicus at bath time.

4/3/4  
 1-c) 2-f) 3-e) 4-a) 5-d) 6-b)  
 4/3/5  
 a)-E b)-C c)-F d)-B e)-A f)-D

4/6/1 eyes, ears, voice, psychical movements  
 4/6/2 1-d 2-a 3-e 4-c 5-b 6-f  
 7-h 8-j 9-g 10-i 11-n 12-m  
 13-o 14-l 15-k

4/8/1  
 removing clothes, reducing air temperature, bathing with lukewarm water, medication

4/8/2  
 a)-high-above normal  
 b)-tepid-lukewarm  
 c)-right-correct  
 d)-wee-short, small, quick  
 e)-good enough-appropriate  
 f)-antibiotic-antibacterial

4/9/2  
 a)-projectile vomiting b)-brings up his feed c)-minor surgery  
 d)-outlet of the stomach e)-over-development of the muscles

4/11/1 a) c) e)  
 4/11/2  
 a)-gasp for air b)-occasionally  
 c)-current problem/recurrence  
 d)-it'll be cured without treatment  
 e)-miss school

4/13/1 a) b) d) f)  
 4/13/3  
 a)-decide it is definitely not meningitis b)-flex his neck c)-it's quite straightforward, d)-lumbar puncture, e)-it should not be too upsetting f)-to start the appropriate therapy

4/13/4 a)-C b)-E c)-D d)-A e)-B  
 4/14/1 d) g)  
 4/15/2

a) Where did you develop the rash?  
 b) When did you develop the rash?  
 c) Are they itchy, uncomfortable, sore?

- d) Was the colour of your pee/wee any different from usual?  
 e) Have you had tummy ache?  
 f) Was there any blood in your stool?  
 g) Was there any swelling of wrist, elbows, ankles?

## Unit 5

5/1/1 a), c), d), g), h)  
 5/1/2  
 a)-15-20 times b)-sometimes  
 c)-yes d)-trickles e)-not sure  
 f)-sometimes g)-no

5/4/1 c) d) f) g) h)  
 5/4/3  
 a)-blood, urine, heart tracing, chest X-ray, IVP b)-large quantities of drink; c)-fizzy drinks, constipation, intercourse  
 d)-very little

5/4/4  
 a)-after 2-5 days b)-every 2-3 hours c)-after 5 days  
 d)-a few weeks after operation

5/5/1 a)-B b)-C  
 5/5/2  
 a)-burns, stings b)-all the time  
 c)-blood, cloudy d)-arthritis  
 e)-aspirin, antibiotics

5/5/3  
 a)-What I'd like to do is to ...  
 b)-Would you please ...  
 c)-I'd like you to ...

5/5/5 a)-C b)-A c)-B  
 5/6/2  
 a)-have a look inside the bladder  
 b)-we'll get you into the hospital  
 c)-pop you off to sleep/put you to sleep

5/6/3  
 a)-We'll bring you to hospital  
 b)-We'll do it under general / local anaesthesia c)-We'll pass a fine tube, d)-We'll inspect the lining of the bladder e)-We may take some biopsies

5/7/1  
 a)-Where do you get the pain?  
 b)-Do you get pain anywhere else?

- c)-Have you noticed any changes in the colour of your urine?  
 d)-Have you passed any blood in your urine?

5/7/2 a) b) d) f)  
 5/7/3  
 a)-constant, unpleasant irritation  
 b)-junction between abdomen and thigh c)-tiny particle

5/8/1  
 a)-have been married b)-have been trying c)-have been d)-have not achieved e)-would be

5/8/4 true: b) e) false: a) c) d)

Unit 6  
 6/1/1  
 scars of previous operations, ulcers, abnormalities, inflammation, anatomic deformalities

6/1/2 b) c) e)  
 6/1/5  
 b) with my light  
 c) a bit of air into your ears  
 d) a look with the otoscope

6/1/7  
 a)-I'm going to put a hand across your eyes.  
 b)-I'm going to put my finger in your other ear.

6/1/8  
 cover eyes, block the other ear, call out numbers, repeat the numbers, do the same in the other ear

6/2/3 a)-B b)-C c)-B  
 6/2/6  
 a)-Does he smile?  
 b)-Does he know you?  
 c)-Does deafness run in the family?  
 d)-Was it a normal birth?

6/2/7  
 a)-ENT b)-baby c)-concerned/worried/upset d)-at all  
 e)-recalls f)-Although g)-premature

6/3/1 c) f)  
 6/4/1  
 a)-are always ringing b)-hurts/has been hurting c)-Does it

run/Has it been running, d)-has been running, e)-Do you hear/Can you hear/Are you hearing f)-Do you have

6/4/2 1-c 2-d 3-a 4-e 5-b  
 6/5/1  
 a)-kidney basin/bowl b)-speculum  
 c)-apron d)-hook e)-syringe

6/6/1  
 a)-B b)-C c)-B d)-A e)-C f)-B  
 6/8/1  
 beads, peas, beans, bits of toys, bits of food

6/8/2  
 a)-two years b)-female c)-on mother's lap d)-hook e)-runny nose

6/8/3  
 Sit on mummy's lap. I've got this little magic light. I'm putting this little hook down your nose. Promise never to do it again.

6/9/1  
 weak blood vessels, injury to the nose, high blood pressure

6/9/2  
 well done, bear with us, keep going, the worst is over

6/9/3  
 true: a) b) f) g) false: c) d) e)  
 6/9/4  
 A: 1, 3, 4, 5, 6, 7, 9, 10, 11; B: 1, 8, 9, 15, 16; C: 2, 12, 13, 14

6/10/2 1-e 2-b 3-a 4-f 5-d 6-c  
 6/10/4  
 a)-Sit up in this chair and breathe through your mouth.  
 b)-I'll turn on the light to look up your nose.  
 c)-I'll put this anaesthetic on this cotton wool on this silver wire.  
 d)-I'm passing this up your nose. I'm going to push now.  
 e)-Now we'll suck this out.  
 f)-You'll feel water going in and out through your nose.

6/11/1 a) b) c) e)  
 6/11/3 true: a) e) false: b) c) d)  
 6/12/1 1-b) 2-f) 3-g) 4-e) 5-a) 6-c) 7-d)