

**RCSI DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY**

**SENIOR CYCLE 1 STUDENT TUTORIALS**

<b><u>DATE</u></b>	<b><u>LECTURER</u></b>	<b><u>TOPIC</u></b>	<b><u>STUDENT</u></b>
<b>Tues 16.30</b>	<i>RCSI lecturer</i>	A primigravida at Term +10 days (41 3/7 weeks) wishes to avoid induction of labour. How will you counsel her?	A1
<b>Wed 11.30</b>	<i>RCSI lecturer</i>	A patient presents with painless vaginal bleeding at 32 weeks' gestation. Ultrasound identifies a placenta praevia. Outline your approach to her subsequent care.	A2
<b>Thurs 08.15</b>	<i>Dr. E. Mocanu / HARI Team</i>	A 36 year old woman requests reversal of sterilisation. How will you counsel her?	A3
<b>Thurs 12.00</b>	<i>Prof. F. Malone</i>	You are the SHO on call. You are called urgently to the postnatal ward to review a 32 year old woman, para 4, who is 6 hours post vaginal delivery with heavy vaginal bleeding. Her BP is 90/50, pulse 110 bpm and she is pale. Outline your management plan.	A5
<b>Thurs 16.00</b>	<i>RCSI lecturer</i>	What are the advantages and disadvantages of a home birth? How would you select a patient that might be eligible for this?	A4
<b>Fri 13.30</b>	<i>RCSI lecturer</i>	A multiparous woman with a breech presentation at 35 weeks' gestation is keen to avoid Caesarean section. Outline your management.	B1
<b>Mon 11.30</b>	<i>RCSI lecturer</i>	Outline the factors which influence the choice of either vacuum or forceps for assisted vaginal delivery.	B2
<b>Mon 16.00</b>	<i>Dr. P. Byrne</i>	A 48 year old woman is found to have an abdominal mass arising from the pelvis, reaching to the umbilicus. Outline your approach to her management.	B3
<b>Tues 16.30</b>	<i>RCSI lecturer</i>	You are called to the postnatal ward where a patient is having a seizure. Outline your management.	B5
<b>Wed 11.30</b>	<i>RCSI lecturer</i>	A 28 year old woman, para 0, attends the antenatal clinic at 36 weeks. She is wondering about the options available in this hospital for pain relief in labour. What will you tell her?	B4
<b>Thurs 08.15</b>	<i>Dr. E. Mocanu / HARI Team</i>	A couple attends for fertility investigations and the male partner is found to be azoospermic. How will you counsel them? What are their options?	C1
<b>Thurs 12.00</b>	<i>Prof. F. Malone</i>	A 24 year old woman, para 0, presents to the emergency room at 31 weeks gestation with a headache and photophobia. Her BP is 160/110 and she has +2 protein on urine dipstick. Outline your management.	C2
<b>Thurs 16.00</b>	<b>RCSI lecturer</b>	Debate the merits of medical management of miscarriage.	C3
<b>Fri 13.30</b>	<i>RCSI lecturer</i>	You are the obstetric registrar on call in the delivery suite. You are asked to review a 30 year old woman, para 0, who presented with spontaneous labour, ruptured membranes and 3cm cervical dilation at noon. By 4pm she was 8cm and now at 6pm she is still 8cm dilated. Outline your management.	C4

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<b>Mon 11.30</b>	<i>RCSI lecturer</i>	An unbooked intravenous drug user presents in labour. Justify your immediate management plans.	C5
<b>Mon 16.00</b>	<i>Dr. P. Byrne</i>	A 44 year old woman, para 2, is referred by her GP because of menorrhagia which has not improved with tranexamic acid. Her most recent FBC reveals a haemoglobin of 9.2 g/dl. Discuss your management.	D1
<b>Tues 16.30</b>	<i>RCSI lecturer</i>	Discuss the proposition that intrapartum electronic fetal heart monitoring should be confined to high risk pregnancies.	D2
<b>Wed 11.30</b>	<i>RCSI lecturer</i>	A 28 year old woman presents to the emergency room with right iliac fossa pain and a history of amenorrhoea for 6 weeks, until she developed vaginal spotting this morning. Her urinary pregnancy test is positive and a transabdominal ultrasound reveals a normal uterus and no adnexal masses. Outline your management.	D3
<b>Thurs 08.15</b>	<i>Dr. E. Mocanu / HARI Team</i>	A 21 year old woman is referred by her GP for infrequent periods and hirsutism. She has a body mass index of 32. What is the most likely diagnosis? Outline your investigations and management options.	D4
<b>Thurs 12.00</b>	<i>Prof. F. Malone</i>	A 40 year old woman presents at her booking visit at 10 weeks and asks 'is my baby normal?' Discuss your reply.	D5
<b>Thurs 16.00</b>	<i>RCSI lecturer</i>	In the emergency room, you are asked to review a 21 year old woman with a history of foul-smelling vaginal discharge, lower abdominal pain, and a temperature of 38°C. What is the most likely diagnosis? How will you manage her?	F3
<b>Fri 13.30</b>	<i>RCSI lecturer</i>	An unexpected fetal death is confirmed during an antenatal visit at 34 weeks in a previously uncomplicated first pregnancy. Describe how you would care for this patient.	F4
<b>Mon 11.30</b>	<i>RCSI lecturer</i>	You are a GP in the student health clinic. A 19 year old woman, para 0, body mass index 30, BP 140/90 attends seeking advice regarding the oral contraceptive pill. Outline your advice and management options.	E1
<b>Mon 16.00</b>	<i>Dr. P. Byrne</i>	Discuss the aetiology, investigations and management of a patient who develops a temperature of 38°C 48 hours after delivery.	E2
<b>Tues 16.30</b>	<b>RCSI lecturer</b>	A 19 year old primigravida presents with regular uterine contractions at 24 weeks' gestation, and her cervix is found to be 2cm dilated. What principles underlie her subsequent management?	E3
<b>Wed 11.30</b>	<b>RCSI lecturer</b>	A 33 year old woman, para 0, is referred to the gynaecology clinic for counselling as she is very upset regarding the death of her sister last month, at aged 40, from ovarian cancer. Her mother died at aged 65 of breast cancer. How would you counsel her regarding her risk of developing breast or ovarian cancer? What investigations would you do? What are her management options?	E4
<b>Thurs 08.15</b>	<b>Dr. E. Mocanu / HARI Team</b>	Outline the management options available for a 27 year-old nulliparous woman with endometriosis who wishes to conceive.	A1

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<b>Thurs 12.00</b>	<i>Prof. F. Malone</i>	A 25 year old woman attends for her first antenatal visit at 11 weeks gestation. Ultrasound confirms a monochorionic diamniotic twin pregnancy. Explain to her the possible complications and the plan for antenatal care.	A2
<b>Thurs 16.00</b>	<i>RCSI lecturer</i>	A Ugandan woman presents to your antenatal booking clinic at 14 weeks in her second pregnancy. Her booking serology reveals that she is HIV positive. Justify your subsequent management of this pregnancy.	A3
<b>Fri 13.30</b>	<i>RCSI lecturer</i>	How would you minimise the risk of litigation in obstetric practice?	A4
<b>Mon 11.30</b>	<i>RCSI lecturer</i>	You are the gynaecology registrar in the emergency room and a 17 year old girl is brought in by the police who believe she has been the victim of a sexual assault. Outline your approach to this patient.	F1
<b>Mon 16.00</b>	<i>Dr. P. Byrne</i>	Compare and contrast the clinical presentation, investigations and management of endometrial and cervical carcinoma.	F2
<b>Tues 16.30</b>	<i>RCSI lecturer</i>	A 29 year old lady, para 0, with insulin dependent diabetes, attends for her first visit at 6 weeks gestation. Outline the management of her pregnancy.	B1
<b>Wed 11.30</b>	<i>RCSI lecturer</i>	A woman has a temperature of 39 degrees 2 days after total abdominal hysterectomy. Outline your approach to her management.	B2
<b>Thurs 08.15</b>	<i>Dr. E. Mocanu / HARI Team</i>	A 52 year old woman, para 2, complains of hot flushes. She has not had a period in 6 months. She is wondering about HRT but recently read in a woman's magazine that HRT causes breast cancer. As her GP, she asks you is HRT safe. What do you think?	B3
<b>Thurs 12.00</b>	<b>Prof. F. Malone</b>	You are the obstetric registrar on call in the delivery suite. You are called urgently to review a 29 year old woman, para 1, who had a caesarean section for breech presentation at term in her first pregnancy, and who is now in labour at 8cm dilation, at 39 weeks gestation. CTG monitoring had been normal until a sudden bradycardia to 50bpm, which is not recovering. What is the most likely diagnosis? What is your management? How will you counsel her for future pregnancies?	B4
<b>Thurs 16.00</b>	<b>RCSI lecturer</b>	A 28 year old woman requests sterilisation. How will you counsel her?	B5
<b>Fri 13.30</b>	<b>RCSI lecturer</b>	A 72 year old woman presents to the gynaecology clinic complaining of a mass bulging out from her vagina. She has severe COPD and has had two myocardial infarctions in the last 12 months. Outline your investigations. What are your management options?	C1
<b>Mon 11.30</b>	<b>RCSI lecturer</b>	A 35 year old woman delivered a baby last year with anencephaly. She is thinking of becoming pregnant again. What advice would you give her? How will you reassure her during her next pregnancy?	C2
<b>Mon 16.00</b>	<b>Dr. P. Byrne</b>	Discuss the management of a woman who complains of stress urinary incontinence.	C3

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<b>Tues 16.30</b>	<i>RCSI lecturer</i>	A young woman attends your gynaecology clinic with a cervical smear result, which reads as follows: 'Moderate dyskaryosis consistent with CIN II, with HPV changes'. How will you manage her?	C4
<b>Wed 11.30</b>	<i>RCSI lecturer</i>	A 22 year old has come to see you for emergency contraception. What advice will you give her?	C5
<b>Thurs 08.15</b>	<i>Dr. E. Mocanu / HARI Team</i>	Discuss the investigation of an 18 year old who has never had a menstrual period.	D1
<b>Thurs 12.00</b>	<i>Prof. F. Malone</i>	A 39 year old woman, para 1, (previous vaginal delivery at 39 weeks of a 3.7kg infant), is referred to the fetal assessment unit at 33 weeks with a fundal height of 28cm. Outline your management.	D2
<b>Thurs 16.00</b>	<i>RCSI lecturer</i>	A woman attends you following a recent miscarriage. The histology report of the products of conception conclude that '...the findings are consistent with a complete hydatidiform mole'. Discuss these findings and her subsequent management.	D3
<b>Fri 13.30</b>	<i>RCSI lecturer</i>	You are the SHO on call and are currently admitting the preoperative gynaecology patients for theatre in the morning. The first case is a 35 year old lady who is having a diagnostic laparoscopy and dye for investigation of primary infertility. Outline how you would explain the procedure to her and the risks of the procedure.	D4