

Advantages

1. No assistant is required by surgeon.
2. Gives a very good view of the cervix.
3. Causes lesser discomfort to the patient.
4. Can be used in patients who cannot be positioned by the edge of the table.

Disadvantage

Only a limited field of vision is available.

AUVARD'S VAGINAL SPECULUM

It is heavy instrument used to retract the posterior vaginal wall. It consists of a curved blade at one end and a heavy lead weight at the other end and hence acts as a self retaining speculum with the advantages of both the Sim's speculum and the Cusco's speculum.

Technique

Similar to Sim's speculum.

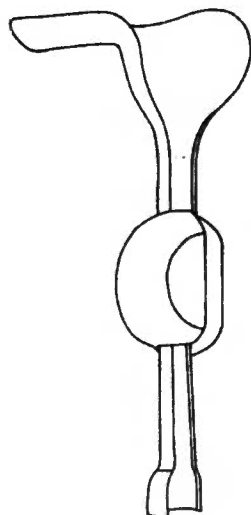


Figure 1.3 : Auvard's vaginal speculum

Disadvantage

It can sometimes cause damage to the cervix when it is soft and friable as it is a toothed instrument.

JARCHO'S TENACULUM

It is a long instrument used in place of volsellum. The difference here is that it is straight and not curved and here only a single tooth is present. The blades have some distance in between and thus prevent crushing of tissue held in between.

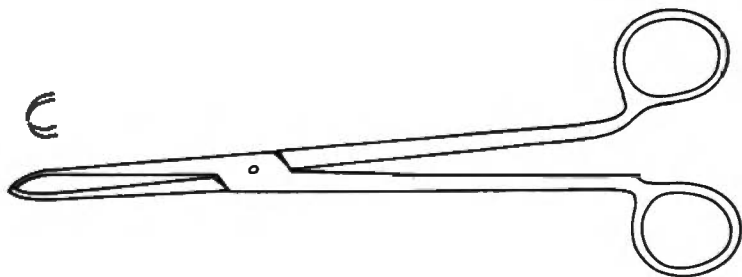


Figure 1.7 : Jarcho's tenaculum

Technique

The anterior lip of the cervix is held with the tenaculum after retracting the anterior and posterior vaginal walls as in case of a volsellum.

Uses

1. It is used to hold the anterior or posterior lip of the cervix in all indications similar to that of volsellum when patient is nulliparous.
2. It has special use in cases of tubal insufflation tests, hysterosalpingography where it prevents back leakage of gas.
3. For holding the stump of an amputated cervix.

Technique

The size chosen is according to laxity of urethra. It is available in different sizes according to the English scale. A size of No. 1 is equal to 1.5 mm in diameter and the diameter increases by .5 mm for each subsequent number. 1% lignocaine jelly is applied to the urethra and after 5 minutes the sound is passed into the urethra. It is held vertically straight with the curve towards the patient as it goes into the urethra. The handle is then depressed so that it enters the urinary bladder.

Uses

1. To define the limits of the bladder in vaginal operations.
2. Diagnosis of bladder injury in gynaecological operations.
3. Diagnosis of bladder diverticulum.
4. To test the mobility of urethra in urinary stress incontinence
5. For urethral dilatation in cases of urethral stenosis. Increasing sizes are used serially in this condition.
6. To sound the bladder in following cases :
 - (a) Suspicion of foreign body in bladder.
 - (b) Stone

AYRE'S SPATULA

The instrument is made up of wood, plastic or steel. It consists of a shaft and one flattened blade on each end. One blade is broad and rectangular while the other blade is bifid with one tongue smaller than the other. The broader rectangular end is used to take smears from the lateral vaginal wall and the bifid end is used to take smears from the cervix and the endocervical canal.

Uses

1. Cervical cytology

Interpretation

1. Intercrestal and interspinous diameters become equal in a flat pelvis.
2. Substraction of $3\frac{1}{2}$ inches from external conjugate gives the approximate value of true conjugate.
3. When both intercrestal and interspinous diameters are shortened it indicates a contracted pelvis.

Besides measuring the external diameters it can also predict the obstetric conjugate. The diagonal conjugate is the distance between the lower border of symphysis pubis to the upper border of sacral promontary.

Two fingers are introduced into the vagina and the sacral promontary is reached. The position where the lower border of symphysis pubis is falling on the hand is marked and the hand is withdrawn. The distance between the tip of the finger and the point marked on the hand is measured with the pelvimeter. This distance gives the diagonal conjugate. Subtracting 1.5 cm from this gives the value of the obstetric conjugate. A value of less than 10 cm of obstetric conjugate indicates probable dystotia due to pelvic contraction.

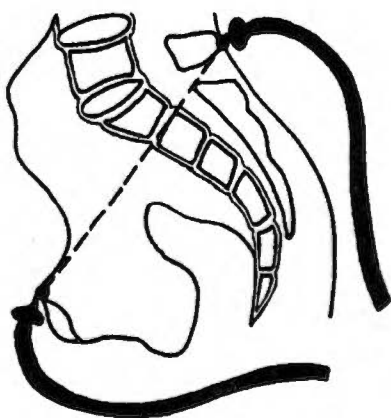


Figure 1.14 : Measurement of external conjugate