Clinical Cases in Obstetrics, Gynaecology and Women’s Health

2e

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Clinical Cases in Obstetrics, Gynaecology and Women’s Health
We wish to thank all our students who provided helpful feedback and criticism of the first edition of this text.

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Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required. The editors and the publisher of this work have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication. However, in view of the possibility of human error or changes in medical sciences, neither the editors, nor the publisher, nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete. Readers are encouraged to confirm the information contained herein with other sources. For example, and in particular, readers are advised to check the product information sheet included in the package of each drug they plan to administer to be certain that the information contained in this book is accurate and that changes have not been made in the recommended dose or in the contraindications for administration. This recommendation is of particular importance in connection with new or infrequently used drugs.
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### Part 2

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Introduction

This book is addressed to medical students following the core curriculum in Australia, New Zealand and the United Kingdom; junior doctors at resident or house officer level; and doctors caring for women in general practice, family planning practice or in a women's health clinic.

Although the book broadly covers the whole syllabus for medical students, and the whole range of obstetric and gynaecological problems likely to come into the path of busy junior hospital doctors or general practitioners, it is not a textbook providing simply a list of differential diagnoses and treatments. Our approach has developed from experience teaching problem-based learning scenarios (PBLs) to clinical students. PBLs introduce students to typical clinical situations and encourage students to think about how they would take appropriate histories and examine, investigate and finally treat their patients. By using case histories that are more developed and complex than most of our PBLs, we aim to show readers in greater detail how women may present with particular conditions, and demonstrate what should take place in the way of consultation, investigations and treatment. However, by questioning our readers as we go along we also hope to encourage them to think about why they would choose a certain clinical course of action and to base their decisions firmly on current scientific evidence. In addition to the purely clinical aspects of the cases, emotional, social and psychological aspects of the care of each woman are described. We expect that the book will be used in conjunction with existing standard texts.

Each of the 50 case histories commences with a straightforward description, following a woman through the clinical presentation of a particular condition. Along the way, important points in clinical examination and diagnosis, complications, investigations and management are incorporated into the text as a conversation with the reader, and essential points are highlighted in boxes. Finally, one or more Clinical Pearls are appended—we hope that these facts will lodge permanently in readers' brains, as these gems should never be forgotten when dealing with the particular condition.
References for the information provided can be found at the end of each case history together with suggestions for further reading.

In the chapters dealing with obstetrics and gynaecology we address the reader as a house officer or resident charged with the daily (and nightly) care of patients in a busy urban hospital setting. Being also familiar ourselves with practice in rural areas, we have at times included tips for junior doctors faced with obstetric or gynaecological problems in a smaller metropolitan or rural setting: facilities for care and the advice of senior practitioners may be more limited in such surroundings and different care paths may be more appropriate, especially in remote parts of Australia, New Zealand and the United Kingdom.

In the section dealing with women's health, we address the reader as a general practitioner in an urban or rural setting, in a women's health clinic or in a family planning clinic. Where conditions initially seen in general practice are later referred for care to a specialist or a specialist care facility, we follow the patient through within the case history. We hope the transfer from one clinical situation to another will prove understandable to our readers. We have found this method of direct conversation about situations medical students will shortly face as junior doctors to be useful to the students we teach daily at campuses in Cairns, Canberra and Hobart.

Multiple choice practice and test questions for Clinical Cases in Obstetrics, Gynaecology and Women's Health are now available in an app of the same name for both smartphones and tablets from the Apple App Store and Google Play.