

Common Gynecological Issues

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Menstrual Disorders



Menstrual Disorder Vocabulary

BOX 4.1 Menstrual Disorder Vocabulary

- *meno* = menstrual related
- *metro* = time
- *oligo* = few
- *a* = without, none or lack of
- *rhagia* = excess or abnormal
- *dys* = not or pain
- *rhea* = flow

Primary Amenorrhea

- ▶ Primary amenorrhea
 - Absence of menses by age 14 with absence of development of secondary sexual characteristics
 - Absence of menses by age 16 with normal development of secondary sexual characteristics
- ▶ Management
 - involves the correction of any underlying disorders and estrogen replacement therapy
- Treatment
- ▶ Nursing assessment
 - Tanner stages of breast development
 - Laboratory testing
- ▶ Nursing management
 - Teaching

Secondary Amenorrhea

- ▶ Secondary amenorrhea
 - the absence of regular menses for three cycles or irregular menses for 6 months in women who have previously menstruated regularly
- ▶ Management
 - cyclic progesterone, treatment of hyperprolactinemia, eating disorder, obesity, hypothalamic failure, hypothyroidism
- ▶ Nursing assessment
 - Tanner stages of breast development
 - Laboratory testing
- ▶ Nursing management
 - Teaching Guidelines

Dysmenorrhea

- ▶ Etiology
 - Primary
 - ↑ prostaglandin production
 - Secondary
 - Pelvic or uterine pathology, endometriosis
- ▶ S/S
 - pain, nausea, vomiting diarrhea, fatigue, fever, headache, dizziness; bloating, water retention, weight gain, muscle aches, food cravings, breast tenderness
- ▶ Treatment
 - Comfort measures
 - Oral Contraceptives
 - Prostaglandin Inhibitors
 - Vitamin B, E, B6, Mg, omega-3 fatty acids

Premenstrual Syndrome (PMS)/ PMDD

- › Incidence
 - Premenstrual dysphoric disorder (PMDD)
- › Symptoms
 - Mood disorders
- › Etiology
- › Nursing assessment: irritability, tension, dysphoria (most prominent and consistent symptoms)
 - A: anxiety
 - C: craving
 - D: depression
 - H: hydration
 - O: other
- › ACOG criteria
- › Mood disorders: main symptoms of PMDD
- › Treatment
 - Stress Management
 - Diet
 - Exercise
 - Sleep and rest
 - Supplements
 - Medications, NSAIDs, OC, SSRIs, anxiolytics, diuretics, hormones

Treatment Options for PMS and PMDD

BOX 4.2 Treatment Options for PMS and PMDD

- Lifestyle changes
 - Reduce stress
 - Exercise three to five times a week
 - Eat a balanced diet and increase water intake
 - Decrease caffeine intake
 - Stop smoking and limit the intake of alcohol
 - Attend a PMS or women's support group
 - Vitamin and mineral supplements
 - Multivitamin daily
 - Vitamin E, 400 units daily
 - Calcium, 1,200 to 1,600 mg daily
 - Magnesium, 200 to 400 mg daily
- Medications
 - NSAIDs taken a week prior to menses
 - OCs (low dose)
 - Antidepressants (SSRIs)
 - Anxiolytics (taken during luteal phase)
 - Diuretics to remove excess fluid
 - Progestins
 - GnRH agonists
 - Danazol (androgen hormone inhibits estrogen production)

Alexiou, F., Vouzouris, E., & Leonardou, A. (2018). Premenstrual dysphoric disorder: a critical review of its phenomenology, etiology, treatment and clinical status. *Current Women's Health Reviews*, 14(1), 59–66; Appleton, S. M. (2018). Premenstrual syndrome: Evidence-based evaluation and treatment. *Clinical Obstetrics and Gynecology*, 61(1), 52–61; and Oyelowo, T., & Johnson, J. (2018). *A guide to women's health* (2nd ed.). Jones & Bartlett Learning.

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Endometriosis

- › S/S infertility and pain; nonspecific pelvic tenderness; tender nodular masses on uterosacral ligaments, posterior uterus, or posterior cul-de-sac
- › Dx
- › Treatment
 - NSAID's, heat
 - Oral contraceptives
 - Progestins (depo)
 - Danazol
 - Laproscopy for lysis and laser evaporation
 - Hysterectomy
 - Education
 - Healthy lifestyle habits– exercise, diet
 - Support groups



Infertility



Infertility

- ▶ Primary Infertility
- ▶ Secondary Infertility
- ▶ Etiologies



Male Infertility Workup

- ▶ History
- ▶ Physical exam
- ▶ Semen Analysis
 - Sperm count
 - Sperm motility
 - Sperm morphology
- ▶ Sperm Antibody Tests
- ▶ Abnormal Erections
- ▶ Abnormal Ejaculation
- ▶ Abnormal Seminal Fluid
- ▶ Sonogram
- ▶ Testicular Biopsy
- ▶ Sperm Penetration Assay

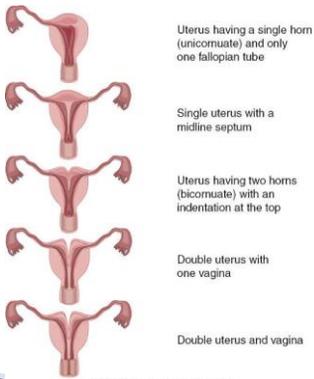


Female Infertility Workups

- ▶ History
- ▶ Physical Exam
- ▶ Ovulation Prediction Tests
 - BBT (basal body temperature)
 - Cervical Mucus
- ▶ Sims-Huhner Test
- ▶ Ultrasound
- ▶ Laboratory testing
- ▶ Clomiphene Citrate Challenge Test
- ▶ Hysterosalpingogram
- ▶ Laparoscopy
- ▶ Endometrial Biopsy

Repeated Pregnancy Loss

- ▶ Abnormalities of the fetal chromosomes
- ▶ Abnormalities of the cervix or uterus
- ▶ Endocrine abnormalities
- ▶ Immunologic factors
- ▶ Environmental agents
- ▶ Infections



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Infertility Drugs

- ▶ Clomid
- ▶ Pergonal (Menotropins)
- ▶ Parlodel (Bromocriptine)
- ▶ Danazol

Assisted Reproductive Technologies

- ▶ Artificial insemination
- ▶ In vitro fertilization (IVF)
- ▶ Gamete intrafallopian transfer(GIFT)
- ▶ Intracytoplasmic sperm injection (ICSI)
- ▶ Donor oocytes and sperm
- ▶ Preimplantation genetic diagnosis (PGD)
- ▶ Gestational carrier (surrogate)

Contraception

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Contraception

- ▶ Individualized
- ▶ Popular Methods
- ▶ Factors to consider
- ▶ Methods
 - Behavioral
 - Barrier
 - Hormonal
 - Permanent



Methods

- ▶ Reversible Methods
 - Behavioral
 - Barrier
 - Hormonal
- ▶ Permanent
 - Tubal Ligature or Essure
 - Vasectomy



Contraception- Behavioral Methods

- ▶ Abstinence
- ▶ Natural Family Planning
 - Calendar
 - Basal Body Temperature
 - Cervical Mucus (Billings method)
 - Symptothermal
 - Coitus Interruptus
 - Lactational Amenorrhea method (LAM)



Contraception- Barrier Methods

- ▶ Condoms (male and female)
- ▶ Diaphragm
- ▶ Cervical Cap
- ▶ Sponge



Chemical

- ▶ Spermicides
 - gels, foams, films, suppositories
- ▶ Use
- ▶ Advantages
- ▶ Disadvantages

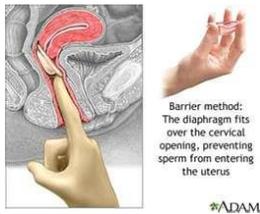


Condoms

- ▶ Male & Female
- ▶ Advantages
- ▶ Disadvantages

Diaphragm

- ▶ Use
- ▶ Advantages
- ▶ Disadvantages



Cervical Cap

- ▶ Use
- ▶ Advantages
- ▶ Disadvantages



Sponge

- ▶ Use
- ▶ Advantages
- ▶ Disadvantages

Hormonal Contraceptives

- ▶ Oral contraceptives
- ▶ Injectable contraceptives
- ▶ Transdermal patches
- ▶ Vaginal Ring
- ▶ Long-Acting Reversible Contraceptive
- ▶ Emergency Contraception (EC)

Oral Contraceptives

- ▶ Advantages
- ▶ Disadvantages
- ▶ Risks
- ▶ Warning Signs
 - A- abdominal pain
 - C- chest pain, dyspnea, hemoptysis, cough
 - H- headache, weakness, HTN, numbness
 - E- eye
 - S- severe leg pain, swelling, heat, redness



Injectable Contraceptives

- ▶ Depo-provera (DMPA)
- ▶ Use
- ▶ Advantages
- ▶ Disadvantages



Transdermal Patches

- ▶ Ortho Evra
- ▶ Use
- ▶ Advantage
- ▶ Disadvantage

Vaginal Ring

- ▶ NuvaRing
- ▶ Use
- ▶ Advantages
- ▶ Disadvantages

Long Acting Reversible Contraceptives (LARCs)

- ▶ Implantable
 - Advantages
 - Disadvantages

- ▶ Intrauterine contraceptive
 - Copper T, paraguard, mirena
 - Use
 - Advantages
 - Disadvantages



Permanent Contraceptive Methods

- ▶ Female
 - Bilateral Tubal Ligation
 - Essure

- ▶ Male
 - Vasectomy



Emergency Contraception (EC)

- ▶ Use
 - 70-120 hours

- ▶ Advantages

- ▶ Disadvantages



Abortions

- ▶ Therapeutic Abortions
- ▶ Elective Abortions
 - Medical Abortions
 - Mifepristone (RU-486), Methotrexate
- ▶ Surgical Abortions
 - Vacuum aspiration and curettage
 - Dilation and curettage (D&C)
 - Laminara



Menopause

- ▶ Premenopause
- ▶ Perimenopause
- ▶ Postmenopause



Impact of Menopause on the Body

- ❖ Brain: hot flashes; sleep, mood, and memory problems
- ❖ Heart: lower levels of HDL; increased risk of CVD
- ❖ Bones: bone density loss; increased risk of osteoporosis
- ❖ Breasts: duct and gland tissue replaced by fat
- ❖ Genitourinary: vaginal dryness, stress incontinence, cystitis
- ❖ Gastrointestinal: less Ca⁺ absorbed; increased fractures
- ❖ Skin: skin dry, thin; collagen decreases

Menopausal Transition

- ▶ Treatment/ Nursing Management
 - Health maintenance education; risk reduction
 - Lifestyle modifications
 - Stress management
 - Complementary and alternative medicine
 - Bioidentical hormone therapy
 - Hormone therapy (HT)
 - Contraindications
 - Other Drugs
 - SSRIs, Clonidine, Gabapentin

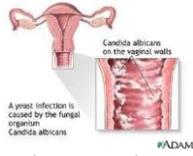
Osteoporosis

- ▶ Risk factors
- ▶ S/S
- ▶ Prevention
- ▶ Medications
 - Calcitonin
 - Bisphosphonates– fosamax, Actonel, Boniva, Reclast
 - Raloxifene (Evista)

Sexually Transmitted Infections

- ▶ Incidence
- ▶ Risk Factors
- ▶ Prevention
- ▶ Patient Education

Candida (moniliasis/yeast) infection



- ▶ Pathophysiology
- ▶ S/S
- ▶ Dx
- ▶ Treatment
 - Cotton underwear, avoid irritants, hygiene, avoid douching or super absorbent tampons
 - Terazol
 - Clotrimazole
 - Monistat
 - Fluconazole (Diflucan) (not in pregnancy)
 - Patient education

Trichomoniasis

- ▶ Pathophysiology
 - Trichomonas vaginalis
- ▶ S/S
 - may be asymptomatic, dysuria, urinary frequency, vaginal discharge, dyspareunia, irritation of genital area
- ▶ Dx
- ▶ Treatment
 - Flagyl
 - Partner txt'd
 - Patient education

Bacterial Vaginosis

- ▶ Pathophysiology
 - Gardnerella vaginalis, Mycoplasma hominis, Prevotella or Mobiluncus
- ▶ Risk Factors
 - Multiple sex partners, douching, lack of vaginal lactobacilli
- ▶ S/S
- ▶ Dx
- ▶ Treatment
 - Flagyl
 - Clindamycin

Chlamydia

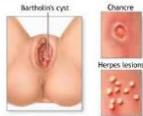


- ▶ Pathophysiology
 - Chlamydia trachomatis
- ▶ Incidence
- ▶ S/S
 - may be asymptomatic, dysuria, urinary frequency, dyspareunia, cervical discharge, endocervicitis, inflammations of the rectum and lining of the eye, can infect throat, DUB
- ▶ Dx
 - Culture- GenProbe
 - ELISA Direct fluorescent monoclonal antibody
- ▶ Treatment
 - Azithromycin, doxycycline, Levoquin, erythromycin, Patient Education

Gonorrhea

- ▶ Pathophysiology
 - Neisseria gonorrhoeae
- ▶ Incidence
- ▶ S/S
 - may be asymptomatic, dysuria, urinary frequency, vaginal discharge, dyspareunia, endocervicitis, arthritis, AUB, PID, rectal infection
- ▶ Dx
 - Culture, genprobe, Thayer Martin
- ▶ Treatment
 - Chlamydial drugs
 - Ceftriaxone, azithromycin, doxycycline, Cipro, Suprax
 - Pregnant- no quinolones or tetracyclines, treat with cephalosproins
 - Patient education
 - Ophthalmia neonatorum-erythromycin ointment

Herpes Simplex Virus (HSV)



- ▶ Pathophysiology
 - HSV I
 - HSV II
- ▶ Incidence
- ▶ S/S
 - wart-like lesions that are soft, moist, or flesh colored and appear on the vulva and cervix and inside; also surrounding the vagina and anus, sometimes appear in cauliflower-like clusters, and are either raised or flat, and small or large
- ▶ Dx
 - lesions
- ▶ Treatment
 - Antivirals (Zovirax, Famvir, Valtrex)
 - Patient education

Syphillis

- ▶ Pathophysiology
 - Treponema pallidum
- ▶ Incidence
- ▶ S/S
 - Primary–chancre
 - Secondary– maculopapular rash, sore throat, lymphadenopathy, flu-like symptoms
 - latent
 - Tertiary– tumors of the skin, bones, and liver, CNS symptoms, CV symptoms; usually not reversible
- ▶ Dx
 - Scraping of chancre
 - VDRL
 - RPR
 - Flurosent teponemal antibody absorption (FTA-ABS)
 - TPPA, TPHA
- ▶ Treatment
 - PCN
 - If not PCN– ceftriaxone, doxycycline

Pelvic Inflammatory Disease

- ▶ Pathophysiology
- ▶ Incidence
- ▶ Risk Factors
- ▶ S/S
 - lower abdominal tenderness, adnexal tenderness, cervical motion tenderness, fever, dysmenorrhea, dysuria, dyspareunia
- ▶ Dx
 - endometrial biopsy, transvaginal ultrasound, laparoscopic examination
- ▶ Treatment
 - Ceftriaxone (Rocephin) and Doxycycline, with or without Flagyl
- ▶ Patient teaching

Human Papilloma Virus (HPV)

- ▶ Pathophysiology
- ▶ Incidence
- ▶ S/S
- ▶ Dx
 - Pap smear
- ▶ Treatment
 - Wart– trichloric acid or podophyllin (not used in pregnancy), bichloroacetic acid, lazer, aldera cream, liquid nitrogen cryotherapy, LEEP (loop electrosurgical excisional procedure), cryotherapy
 - Prevention
 - Human Papillomavirus Quadrivalent Vaccine (Gardasil)
- ▶ Patient education

Hepatitis

- ▶ Hepatitis A, B, C, D, E
- ▶ Incidence
- ▶ Risk factors
- ▶ Treatment



Zika Virus

- ▶ Mosquito
- ▶ Sexual, perinatal, blood transfusion
- ▶ Fetus
 - CNS, microcephaly, ventriculomegaly, motor abnormalities, neuro-epilepsy, hearing IGR
- ▶ Supportive care



Human Immunodeficiency Virus (HIV)

- ▶ Pathophysiology
- ▶ Incidence
- ▶ S/S
- ▶ Dx
 - Treatment in pregnancy
 - Postpartum education
 - Neonatal treatment/ education



Toxic Shock Syndrome

- ▶ Staphylococcus aureus
- ▶ S/S
- ▶ Hypovolemia, hypotension, shock
- ▶ Fever, flu-like symptoms, generalized rash and skin peeling
- ▶ Treatment
 - Fluid replacement
 - Vasopressor
 - Antibiotics
 - Corticosteroids
 - Education- tampons, diaphragm, cervical cap

