

- Women's Reproductive Health

- 4235

- Learning Objectives

- Review a teaching plan for breast self-examination for patients

- Explain benign breast disorders and relate them to usual age at onset

- Identify factors that cause menstrual disorders and related nursing implications

- Explain management options and nursing care for PMS/PMDD

- Use of Concepts

- Concepts can be used to consolidate a lot of information into a compact package

- COTC nursing program has established 12 concepts and each lesson will be linked to one or more concepts

- Concepts for this presentation
 - Comfort and pain
 - Health management/promotion

- Introduction to Women's Health

- Nurses working with women need to understand :
 - Normal female anatomy and physiology
 - Physical, developmental, psychological and social-cultural influences on health care
 - Up to you to review anatomy and physiology related to women's health

- Role of the nurse in Women's Health
- Promote health and health promoting practices thru education
- Prevent illness
- Provide support, counseling
- Model healthy lifestyle to client
- Provide open, non-judgmental atmosphere
- Be sensitive to personal issue, protect privacy and confidentiality
- Act as client advocate

- The Breast
- Breast has many cultural and emotional connotations
- Conditions of the breast can cause great anxiety, fear
- Care of women with breast disorders requires psychosocial as well physical considerations

- Assessing the Breast
- Clinical Breast Exam (CBE)
 - Women should have CBE once every 3 years during their 20s and 30s
 - Assessment includes inspection and palpation
 - Should include instruction on Breast Self Exam (BSE)
 - Nurses have important role in educating clients about BSE
 - How and when to do
 - What to look for

- When to call with findings
- Breast Self-Examination
- All women beginning in their 20s should be taught the benefits and limitations of BSE and then choose whether or not to perform it
 - BSE should be taught and encouraged but not overemphasized
- Even women who perform BSE may delay seeking medical attention due to fear, economic factors, lack of education, and modesty
- Instructions should be provided to men if there is a family history of breast cancer
- Should be performed monthly by all women over age 20
 - Do BSE one week after menses begin
 - Decreased hormonal influence then
 - Once a month on same date for postmenopausal women
- Routine BSE helps patients become familiar with their own “normal abnormalities”
- Demonstrate the examination technique
- Note the importance of including the area between the breast and underarm, and the underarm itself
- Part of the examination may be done in the shower with soapy hands to glide over the breast and focus on underlying tissue
- Encourage the client to perform a BSE demonstration on herself or on a breast model
- Discuss reporting of any changes
- List resources for information and materials
- Stand in front of a mirror
- Check both breasts for anything unusual
- Look for discharge from the nipple and puckering, dimpling, or scaling of the skin

- Watch closely in the mirror as you clasp your hands, bend your head, and press your hands forward
- Note any change in the contour or your breasts
- Next, press your hands firmly on your hips and bow slightly toward the mirror as you pull your shoulders and elbows forward
- Note any change in the contour of your breasts
- Raise your left arm; using 2 or 3 fingers, feel your left breast carefully and thoroughly
- Beginning at the outer edge, press the flat part of your fingers in small circles, moving the circles slowly around the breast
- Gradually work toward the nipple
- Cover the whole breast
- Feel for any lumps or masses.
- Repeat on the right breast; step 4 should be repeated lying down
- Lie flat on your back with your left arm over you head and a pillow or folded towel under the left shoulder
- Use the same circular motion
- Repeat on the right breast

- Benign and Common Breast Problems of the Young Woman
- Fibrocystic changes
 - Most common after 30 YO
 - Are fluid filled sacs, usually bilaterally
 - Causes mastalgia (breast pain), worse before menses d/t hormones
 - Fluctuate in size, larger before menses also d/t hormones
 - Does not increase risk of breast cancer
 - Feel round, 1 cm or <, soft, elastic, mobile, tender

- Often multiple cysts
- Diagnosis
 - Ultrasound
- Treatment based on symptoms
 - Leave alone
 - Aspirate
 - Removal if large and bothersome
 - Teach to wear supportive bra
 - NSAIDS
 - CAM therapy
 - Evening primrose oil, Vitamin E, decrease caffeine and salt intake
- Benign and Common Breast Problems of the Young Woman
- Fibroadenomas
 - Usually seen from puberty on, peaks around 30 YO
 - Most common reason for lumps in young women during adolescence and the 20s
 - Usually singular, round, disk or lobular shaped, firm and mobile, non-tender
 - Commonly located in upper outer quadrant
 - Do not change with menstrual cycle
- Treatment
 - Observation, aspiration, excision

- Menstrual Disorders Common to the Young Woman
- Amenorrhea
 - Absence of menses
 - Normal before puberty, during pregnancy and after menopause
 - Either primary or secondary depending on when occurs
- Menstrual Disorders Common to the Young Woman
- Primary amenorrhea
 - Occurs when girl has not begun menses by age 16 with secondary sex characteristics present
 - Or by age 14 with absence of secondary sex characteristics
 - Etiology
 - Turners syndrome – no secondary sex characteristics
 - When secondary sex characteristics present may be due to anatomical abnormality, hormones imbalances, hypothalamic-pituitary problems, anorexia
 - Therapy
 - Depends on cause, some not treatable
- Menstrual Disorders Common to the Young Woman
- Secondary amenorrhea
 - Cessation of menses for 6 months or > in woman with established menstrual pattern or absence for duration of 3 normal cycles
 - Causes
 - Systemic diseases such as DM, TB, CNS lesions
 - Hormone imbalance
 - Poor nutrition

- OCs
- Ovarian tumors
- Pregnancy
- Stress
- Assessment of hormone levels, history about eating habits, use of contraceptives and other meds, pregnancy test
- Treatment depends on finding and correcting cause
- Nursing considerations
 - Often a source of concern r/t to femininity and ability to have children
 - Educate about importance of adequate nutrition, avoiding rigorous dieting and exercise
 - Avoid obesity r/t polycystic ovarian syndrome (PCOS)
- Menstrual Disorders Common to the Young Woman
- Abnormal Uterine Bleeding
 - Also known as dysfunctional uterine bleeding or DUB
 - Has no known cause
 - Bleeding is irregular, painless
 - May be excessive in flow or duration or without pattern
 - Sub divided into menorrhagia and metrorrhagia
 - Menorrhagia – prolonged or excessive bleeding at time of usual menses
 - Metrorrhagia – is vaginal bleeding between regular menses
 - Common in adolescents d/t to anovulatory cycles
 - Assessment includes physical exam and evaluation for various conditions
 - Treatment often consists of hormones or OCs

- Menstrual Disorders Common to the Young Woman
- Dysmenorrhea
 - Primary dysmenorrhea is painful menstruation that has no identifiable pathology
 - Usually occurs at menarche or shortly afterward
 - Crampy pain that begins before or shortly after onset of menstrual flow and continues for 48-72 hours, may radiate to back and legs, & is associated with nausea, vomiting, diarrhea
 - Thought to be caused by excessive production of prostaglandins causing uterine hypoxia & spasms of the uterus
 - Usually resolves with age and childbearing
 - Secondary dysmenorrhea
 - Usually due to some sort of pelvic pathology
 - May have pain several days before menses and with sex
 - Assessment
 - Pelvic exam
 - Laparoscopy
 - Management
 - Primary – reassurance, NSAIDS taken around the clock for 48-72 hours, OCs, heating pad, encourage usual activities
 - Secondary – treatment directed at cause
- Menstrual Disorders Common to the Young Woman
- Endometriosis
 - Endometrial tissue implants outside of uterus
 - Cause unknown
 - Retrograde menstrual flow?

- Autoimmune disorder?
 - Runs in families
 - Occurs more in women who delay childbearing or who have fewer children
- Common Sites of Endometriosis
 - Pathophysiology
 - Endometrial tissue outside uterus responds to hormonal stimulation as if in uterus, it grows and sloughs
 - Slough in enclosed area causes pressure and pain on adjacent tissue
 - Cyclic bleeding into pelvic cavity causes chronic inflammation, results in scarring and adhesions
 - Lesions look blue-brown-gray (powder burn)
 - Manifestations
 - Cyclic pain and infertility two major symptoms
 - Ironically, pregnancy relieves symptoms
 - Pain differs from dysmenorrhea
 - Is deep pain, can be unilateral or bilateral, sharp or dull
 - Usually constant
 - Pain is not related to severity of disease
 - Painful intercourse (dyspareunia) common
 - Rectal pain also common especially with defecation
 - Management
 - Medical Management
 - Weigh need for pain relief and desire to maintain fertility against side effects of treatment
 - Continuous oral contraceptives, Depo Provera or Micronor
 - Suppresses endometrial tissue

- Danocrine, Lupron and Synarel
 - Interferes with hormones needed for ovulation and menstrual cycle, brings on pseudo menopause
 - May also produce masculinizing effects
 - Use for 3-6 months
 - Surgical Management
 - Different options depending on size and location of lesions , age of woman and desire to maintain fertility
 - Laparoscopic
 - “Belly Button” surgery – 2 incisions made to insert laparoscope
 - Performed for lyses of adhesions and laser vaporization of lesions
 - Hysterectomy and removal of tubes and ovaries as well as lesions
- Laparoscopy
 - Nursing Considerations
 - Acknowledge pain in supportive manner as women often feel complaints are dismissed
 - Obtain history related to symptoms
 - Offer non-pharmacologic pain relief methods same as for dysmenorrhea
 - Assess effect of previous therapy
 - Educate
 - About side effects of drugs used for treatment
 - About assisted reproduction or adoption
 - About Endometriosis Association

- Menstrual Disorders Common to the Young Woman
- Premenstrual Syndrome (PMS)
 - Is group of symptoms that occur during second half of menstrual cycle
 - Can significantly impair woman's work and social interactions
 - Etiology
 - Unknown
- More severe form called premenstrual dysphoric disorder (PMDD)
 - Symptoms of PMDD often psychiatric in nature
 - May include severe anger, aggression, anxiety and depression
 - Manifestations
 - Signs and symptoms must be cyclic and occur in luteal phase
 - Symptom free during follicular phases with 7 symptom free days
 - Symptoms must be severe enough to interfere with work, lifestyle and personal relationships
 - Diagnosis must be based on symptoms that are recorded as they occur
- Physical symptoms
 - Headache, dizziness
 - Bloating of abdomen
 - Edema of limbs
 - Weight gain
 - Breast tenderness
 - Fatigue
 - Appetite changes
 - Sleep changes

- Reduced sexual interest
- Hot flashes
- Behavioral symptoms
 - Depression, sadness
 - Feeling hopeless
 - Anxiety
 - Forgetfulness
 - Poor concentration
 - Accident prone
 - Irritability, anger
 - Emotional lability
 - Social avoidance
 - Decreased interest in usual activities
 - Management
 - Treatment based on symptoms after ruling out other problems, including psychiatric issues
 - Try Vitamin B6, calcium, magnesium
 - Vitamin E in luteal phases for breast symptoms
 - Eat high carb diet, avoid caffeine, simple sugars
 - Diuretics
 - If have physical, cognitive and emotional symptoms, may be prescribed SSRI antidepressant meds and/or OCs
 - May also use drugs such as Xanax or Buspar to reduce anxiety
- Nursing considerations
 - Educate
 - About lifestyle changes

- Avoid salty or sweet foods, even if crave them
 - About pattern of symptoms to help gain sense of control
 - Encourage positive coping strategies
 - Use exercise, meditation, imagery
 - Enroll in PMS group
 - Assess suicidal, uncontrollable, violent behaviors
 - Education must also include family
 - Family often withdraws or becomes angry
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- Pelvic Exam
 - Woman advised to avoid intercourse for 48 hours prior to exam
 - Should also avoid vaginal medications, sprays or deodorants, douching
 - Should be performed about 2 weeks after menses
 - Exam explained, offer time to empty bladder
 - Client placed in lithotomy position and draped
 - Equipment should be in room and ready for Pap smear and collection of other specimens
 - Speculum, slides, cotton swabs, fixative agent, cytobrush and Ayres spatula
 - Exam begins with inspection of external genitalia, then speculum exam, ends with bimanual exam
 - Speculum exam reveals size, color, shape of cervix
 - Also permits collection of specimen for Pap smear and STI tests
 - Bimanual provides info about uterus, fallopian tubes and ovaries
 - Palpated for size, consistency and tenderness to motion

- Speculum Examination of the Vagina and Cervix
- Use of Ayre Spatula to Obtain Cervical Secretions for Cytology
- Bimanual Palpation

- Pap Smears
- Purpose of screening test: detect changes in cervical cells before cancer develops
- Sample of cells obtained by rotating spatula and small brush in cervical os, then spread on slide or placed in liquid fixative (Thin Prep)
- Abnormal results classified according to standardized terminology
 - Atypical squamous cells of undetermined significance
 - LSIL – Low grade squamous intraepithelial lesion (CIN I)
 - Mild dysplasia
 - HSIL – High grade squamous intraepithelial lesion (CIN 2/3)
 - Is moderate to severe dysplasia, carcinoma insitu (CIS)
 - Both are precursors to invasive cervical cancer, but HSIL more likely to become cancer without treatment
- Abnormal results require prompt notification, evaluation, treatment

- Colposcopy
- Diagnostic is colposcopic exam and biopsy for abnormal Pap
- Done as outpatient
- Colposcope is portable microscope
 - Allow visualization of abnormal areas of cervix to guide biopsy
 - Abnormal tissue highlighted with acetic acid – tissue whitens

- Cervical Cancer
- Prevention, screening, and early detection are vital.
 - Early detection and treatment prevents spread to lymph nodes and metastasis to body
- Less common now d/t Pap smear
- Early disease usually without symptoms, may have slight watery discharge
- Symptoms of late disease
 - Irregular bleeding or bleeding after sex
 - Watery discharge increases
 - Discharge eventually becomes dark and foul smelling from necrosis of tumor
- Risk factors for Cervical Cancer
- HPV infection
- < 20 years of age at initial intercourse
- Multiple sex partners
- Uncircumcised partners
- Multiple pregnancies
- Obesity
- Diet low in fruits and vegetables
- Lower socioeconomic status
- History of STI such as chlamydia or HIV
- Smoking
- Treatment
- Treatment based on location and extent of disease and woman's desire to bear children

- Early treatment may be
 - Cryosurgery – freezing cells with nitrous oxide, outpatient
 - Laser - outpatient
 - LEEP – Loop electrocautery used to excise area with laser beam, usually outpatient, very successful, done if lesion extends into cervical canal
 - Conization – Surgical procedure used to excise area with knife - usually outpatient, done if lesion extends into cervical canal
 - Regular follow up necessary to watch for recurrence
- Advanced disease treated by total hysterectomy and BSO, radiation or chemotherapy

- Ovarian Disorders Common to the Young Woman

- Ovarian cysts

- Common types
 - Follicular , corpus luteum, dermoid (teratomas)
 - Dermoid originates from germ cells – may contain tiny bits of any body tissue
- Typically non-cancerous in women < 29 YO
- Cysts usually asymptomatic until enlarge or rupture
 - Constipation, menstrual irregularities, urinary frequency, pelvic pressure, pain
- Ultrasound useful to diagnose
- Treatment depends on size, symptoms
 - Includes watch and wait
 - Also laparoscopy to remove cyst

- Ovarian Disorders Common to the Young Woman

- Polycystic Ovarian Syndrome (PCOS)

- Also called Stein Leventhal syndrome

- Is endocrine disorder resulting in excess androgen and anovulation
 - Cysts develop because ovulation does not occur
- Symptoms
 - Irregular menses or amenorrhea, DUB
 - Infertility
 - Obesity
 - Hirsutism and acne
 - Hyperinsulinemia
- Left untreated may result in
 - Cardiovascular disease
 - Type II DM
 - Ovarian and endometrial cancers
- Diagnosis by ultrasound, blood work
- Treatment
 - Meds
 - Oral contraceptives
 - Metformin
 - Clomid for ovulation induction of pregnancy desired
 - Weight management