

MDC3 Exam 1 Review

ABCs

- A - airway
- B - breathing
- C – circulation

Uterine Leiomyoma

- Benign, slow growing solid tumors of the muscle layer of the uterus (fibroids)
- Excessive local growth of smooth muscle tissues
 - Growth may be stimulated by estrogen, progesterone, and growth hormone

Assessment: asymptomatic or symptomatic **(heavy prolonged vaginal bleeding)****

- Assess pelvic pressure, elimination pattern, abdomen size, dyspareunia, infertility
- Painful menses
- Elimination patterns (due to enlarged fibroid pressing on organs)
- Ask how many pads/tampons used in a day

S/S: Heavy periods or periods that last a long time & abd distention, urinary frequency

Psychosocial assessment:

- Quality of life from dyspareunia
- Fear that symptoms could be cancerous
- Anxiety
- Significance of loss of uterus for patient and partner if want to conceive

Diagnostic assessment:

- CBC – iron deficiency anemia from heavy bleeding
- WBC would be normal
- HGB and HCT – low
- Pregnancy test to rule out uterine enlargement
- **Transvaginal US** – able to see if fibroid is protruding into uterine cavity
- Biopsy: gold standard

Pelvic exam

Planning and Implementation

- Manage bleeding
 - Non-surgical management: **oral contraceptive****
 - Surgical management:
 - MRI focused ultrasound-heat to tumor
 - Uterine artery embolization – starves tumor of circulation allowing it to shrink

- Myomectomy- laser removal
- Hysterectomy

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Erectile Dysfunction: causes & treatment

- Common as one ages: reduced blood flow to penis

Causes

Medical causes: change in blood pressure

Non-organic: increased stressor, illnesses

Treatment

- Medications that increase perfusion to penis (PDE- 5 inhibitors)
- Vacuum pump
- Penile implant
- Managing stress

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Education related to treatment for HPV/Cervical Cancer

- Caused by HPV

s/s of cervical cancer:

- o heavy bleeding in later stages
- o bleeding after sex
- o Most of the time asymptomatic

Bleeding between periods

Preventive screening: PAP smear, surgical biopsy (gold standard) to determine staging

Treatment:

- Early- ablation, laser
- Late- chemotherapy/radiation

Education:

- No sticking anything up the vagina (tampons, douches)
- May have bleeding
- No sexual intercourse
- No tub baths

Breast cancer- preventative screenings, risk factors, diagnostic tests

Preventative screenings

- Mammography
 - o Recommended to start screening at 45
 - o Women over 55 may switch to every 2 years
- Breast self-awareness/self-examinations
 - o >90% detected by patient
- Clinical breast exam

- o At least every 3 years for women in their 20s and 30s and every year for asymptomatic women at least 40 years old

Risk Factors

- Increased age
- Family history
- Early menarche, late menopause
- Lack of breastfeeding
- Postmenopausal obesity
- Alcohol consumption
- Mutations in BRCA1 or BRCA2

Diagnostic tests

- Lab assessment: study of breast mass tissue and lymph nodes, liver enzymes, calcium, and alkaline phosphatase
- Imaging assessment:
 - o Mammogram
 - o Ultrasound
 - o MRI
 - o Chest x-ray, CT for metastasis
 - o Breast biopsy*

Endometrial cancer- symptoms, risk factors, diagnostic testing

- Most common gynecologic malignancy
- Cancer of inner uterine lining
- Grows slowly but vaginal bleeding usually leads to prompt evaluation and treatment = good prognosis
- Most commonly associated with prolonged exposure to estrogen without its protective effects of progesterone

Risk Factors:

- Women in reproductive years
- Family History
- Diabetes Mellitus
- HTN
- Obesity
- Uterine polyps
- Late menopause
- Nulliparity (no childbirths)
- Smoking
- Tamoxifen – given for breast cancer

Symptoms:

- **Postmenopausal bleeding (how many pads/tampons a day)****
- Watery, bloody vaginal discharge
- Low back or abdominal pain
- Low pelvic impaired comfort (describe exact location and intensity)
- Pelvic exam may reveal palpable uterine mass**

Diagnostic testing:

- o **Transvaginal ultrasound***
- o **Endometrial biopsy – gold standard “determine presence of endometrial thickening/cancer”*****
- **Interventions**
 - o **Pelvic exam**

Hysterectomies- what they are, who gets them, post-operative care, education

- **Total Hysterectomy** -The entire uterus, including the cervix, is removed. The procedure may be vaginal or abdominal, with laparoscopic or robotic assistance.
- **Bilateral Salpingo-Oophorectomy (BSO)**- Fallopian tubes and ovaries are removed.
- **Panhysterectomy** - Total abdominal hysterectomy and BSO: The uterus, ovaries, and fallopian tubes are removed.
- **Radical Hysterectomy** - The uterus, cervix, adjacent lymph nodes, upper third of the vagina, and surrounding tissues (parametrium) are removed.
- Leiomyomas are the most common reason for hysterectomies

Postoperative care

- Assess vaginal bleeding
- Abdominal bleeding at the incision site (a small amount is normal)
- Intactness of the incision
- Urine output per urinary catheter for 24 hours
- Incisional or abdominal pain
- Perineal care
- Deep breathing exercises

Education

- o **Avoid sexual intercourse, douching**
- o **Report excessive bleeding or changes in discharge**
- o **Avoid heavy lifting or strenuous activity- can cause hernias or ruptures of sutures**
- o **hydrate**

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Vulvovaginitis- s/s, causes, treatment, education

- Inflammation of the lower genital tract resulting from a disturbance of the balance and hormones and flora

Signs/Symptoms

- Itching
- Change in vaginal discharge, odor, or lesions

Causes

- Yeast
- Bacterial vaginosis
- Changes in normal flora

Education

- Teach wearing of cotton underwear
- Avoiding tight clothing
- Front to back wiping
- No douching
- Do not have sex if partner infected
- Sitz baths, breathable cotton, avoid irritants

Toxic shock syndrome

- An infection caused by staph or strep (mainly staph)
- Not necessarily from tampons
 - o tampon is inserted into vaginal and causes **micro-abrasions** when inserted – if there for long period of time = more prone to bacterial growth

Education:

- Wear pads to bed
- Change tampons every 4 hours
- Do not use super absorbent tampons
- Avoid sprays for hygiene, douching

Treatment:

- IVF
- Antibiotics

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Prostate cancer- risk factors, s/s, lab tests, screening, metastases, post-op education, interventions, and complications

- Prostate cancer screening is recommended to start **discussion** with provider at age **50***

Risk Factors: Men over age 65 are at greatest risk & family history

- If family history, screening starts at age **40***

Lab tests:

- PSA/digital rectal examination