


Pelvic exam guidelines acog

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Leading causes of death among females of all races in the United States (2010)					
Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Unintentional injury	Unintentional injury	Cancer	Cancer	Cancer	Heart dz
Suicide	Cancer	Unintentional injury	Heart dz	Heart dz	Cancer
Homicide	Suicide	Heart dz	Unintentional injury	Chronic respiratory dz	Stroke
Cancer	Heart dz	Suicide	Chronic liver dz	Stroke	Chronic respiratory dz
Heart dz	Homicide	Stroke	Stroke	Diabetes mellitus	Alzheimer dz
Pregnancy complication	Pregnancy complications				

From CDC. Leading Causes of Death in Females. At <http://www.cdc.gov/women/cod>. Accessed March 20, 2014.

MEN'S SCREENING RECOMMENDATIONS FROM THE AMERICAN CANCER SOCIETY 2012 - PRESENT

Age 21-29

Pap Smear Test
Every 3 years

Age 30-65

Pap Smear Test
HPV DNA Test
Every 5 years

All abnormal results returning with a Pap test should occur every 3 years

Over 65 yrs

No screenings

If you have had normal Pap tests or HPV tests in the last 10 years, you may need screenings

Baylor Scott & White HEALTH



Pelvic Exam Terminology

- To document findings, use terms from the pelvic exam case report form or FGGT
- These terms largely match the FGGT
 - Ecthymosis is listed on CRF but not on FGGT
 - Petechiae is listed neither place but is referenced in protocol
 - Always grade 1 per SSP
 - Use routine QC/QA opportunities to help ensure consistency of terminology across staff and exams



Continue reading the main history in most cases, gynecologists use a spider for the pA 6 lvic exams, but in cases where it is necessary to use their fingers, a € you are going to say, A «I I'm going to touch you, "said a doctor. The key is «Do the business for which you entered and that's all». of female gymnastics of the United States, and Dr. George Tyndall, the gynecologist at the Student Health Center at the University of Southern California, involve accusations that they touched young women, often while doing a pA 6 exam Lvico. This is what women should know about gynecological exams, including what to expect and what is out of the limits. The gynecological visits cover a wide range of topics, especially because many women do not go regularly any other Médico A «For most women, I am acting as a primary care doctor," said Dr. Ifhath Hoskins, Clinical Professor and Director of Security and Quality in Obstetrics and Gynecologia at the University of New York. A «A gynecological visit is much more than putting your fingers on the vagina and doing a Papanicolaou test. I want to make sure you are well in general before it makes you take off your clothes. So the questions can go much more from the gynecologic. Dr. Hoskins asks about domestic violence, social habits, alcohol and tobacco consumption. (A «When a patient says, "I only drink once or twice a week, "he said," he said.) Médos will ask about any pain or genital problem and, according to the circumstances, on the Menstruation, sexual activity or birth control. The topics vary, depending on the age and experience of the patient. Adolescents who are not sexually active usually do not need exams detection of sexually transmitted diseases. Women under 21 years of age do not need invasive vaginal exams unless they have specific conditions or medical risks. Doctors may perform a Pap smear test, which is a test to detect detect detect Cancer. The patient lies on her back and places her feet on supports called stirrups, and the doctor inserts a speculum to keep the vagina open enough to insert a swab to scrape off a small sample of cells from the cervix. Pap smears used to be done annually, but the guidelines now recommend them every three to five years for women over the age of 21. A breast exam may also be done. Sometimes, but not always, gynecologists perform a pelvic exam, which is usually the most uncomfortable part for patients. A doctor uses a speculum to examine the vagina and cervix and then places the fingers of one hand inside the vagina and presses the abdomen with the other hand. Your goal is to evaluate whether the uterus, fallopian tubes, ovaries, and cervix are healthy in size and position, and to try for ovarian or other cancers. In fact, the American College of Physicians recommended in 2014 that pelvic exams should not be performed on non-pregnant women who do not show signs of gynecological problems. The report found no evidence that pelvic exams were better at detecting ovarian cancer than ultrasounds or blood tests, and there was little evidence of success in detecting other conditions such as bacterial vaginosis. He said some patients experienced embarrassment or anxiety and sometimes did not return for another visit if the pelvic exam caused pain. The American College of Obstetricians and Gynecologists (ACOG) recommends pelvic exams for women 21 years of age or older, even if they do not have symptoms. But it says that the test is not needed to detect sexually transmitted diseases, which can be done with vaginal swabs or urinalysis. And it's not needed unless a woman has started taking oral contraceptives. Hormones in birth control pills can affect the vaginal and cervix, and a pelvic exam can identify those effects, said Dr. Hoskins, who is also president of the New York State District of ACOG. ACOG. "Risk behavior", like "if she tells me, "I go to parties on the weekends and I have multiple partners", Dr. Hoskins said. A "Only the necessary amount of physical contact required to obtain data for diagnosis and treatment", according to the guidelines of the Ethics Committee of ACOG 2007 for Sexual Prevention. A "misconduct. Also, "an appropriate explanation should accompany all examination procedures". Dr. Tyndall is accused of using his hands instead of a mirror to examine patients, and of moving his fingers in and out during pelvic exams. Using your hands can't always be a problem, said Dr. Isaac Schiff, former head of obstetrics-gynaecology at Massachusetts General Hospital. "There are some cases where you could use your hands instead of a show, "like checking out a 70-year-old woman who tells you she has difficulty with bladder control", she said. But "you mustn't move your fingers in and out." "The key is to "do the business you came in for and that's it", Dr. Hoskins said. "When I'm going to cut my hair, I don't expect him to rub my shoulders or anything like that". Every time you touch a patient, you're going to say, "I'm going to touch you. Now I'm going to examine this part of your belly, or I'm going to touch the inside of your thigh. Your first step is never to stick your fingers inside her vagina. "Dr. Hoskins said that if patients think a doctor is doing something out of the ordinary, they should not hesitate to ask the doctor about it. "Ideally, no one is alone in the room with a naked patient, because anyone can feel that they have taken advantage of it verbally, physically", Dr. Hoskins said. "A second person in the room will be a pacifier for the patient and the doctor. "But actually, other staff members are not always available. And sometimes patients ask to speak only Dr. Hoskins said she tries to make sure that a nurse or other medical colleague is present when patients are naked or in other vulnerable situations. "Doctors should avoid sexual innuendo and sexually provocative comments", says ACOG. "It's a very serious test", Dr. Hoskins said. Schiff said. "It's a very private test. It should be purely medical level without the editorial or description. "Some patients have said that Dr. Tyndall told them they had "joyful breasts", "flawless skin", or "intact hymen". "It's offensive" and "I don't know why he would have said that." Other comments might be more understandable. Describing the condition of a patient's muscle tone might be appropriate if she came in "complaining about bladder control", Dr. Schiff said. "You could say the woman has a good tone". Dr. Hoskins said that most gynecologists are trained to talk a lot when patients are fully dressed and seated. "You're in the middle of a pelvic exam when you're naked, I can tell you, "Your hymen looks good; your lips look good." There's nothing wrong with that. I can say, "Your breasts look good", but I don't have to say they look cheerful.

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