

*“For Your Information”:
Patient Education Handouts
to Accompany*

Guidelines for Nurse Practitioners in Gynecologic Settings

10th Edition

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“For Your Information”: Patient Education Handouts

Bacterial Vaginosis

Candidiasis (Monilia) Yeast Infection

Chlamydia Trachomatis

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Contraceptive Patch

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Trichomoniasis

Vaginal Contraceptive Sponge

Vaginal Discharge

I. DEFINITION

Overgrowth of various anaerobic bacteria, genital mycoplasmas, and/or *Gardnerella vaginalis*

II. TRANSMISSION

The condition is considered sexually associated rather than sexually transmitted, and it may also be identified in the nonsexually active female

III. SIGNS AND SYMPTOMS

- A. In the female
 1. Fishy, musty odor with a thin, milky white to dark or dull gray watery vaginal discharge
 2. Discharge may cause vaginal and vulvar itching and burning
 3. Burning and swelling of genitals after intercourse
 4. No symptoms in some women
- B. In the male: No male version of bacterial vaginosis (BV) has been identified

IV. DIAGNOSIS

- A. Female evaluation may include
 1. Vaginal examination to check for BV
 2. Further laboratory work to rule out *Candida*, *Trichomonas*, gonococcus, or *Chlamydia*
 3. Blood test for syphilis
- B. Male evaluation: Rule out other infections such as *Trichomonas*, gonococcus, or *Chlamydia*

V. TREATMENT

- A. Treatment may be by mouth or with a vaginal cream or gel
- B. Treatment of partners is not recommended because studies have not shown that their treatment decreases the number of recurrences unless partner is a woman also
- C. It is very important to report any medical conditions you may have or medications you take regularly (especially for a seizure disorder) before taking any treatment
- D. If treated with vaginal cream (clindamycin, brand name Cleocin), the mineral oil in the medication may weaken latex or rubber products such as condoms and vaginal diaphragms for 5 days after use

VI. PATIENT EDUCATION

- A. Sexual partners should be alerted to the diagnosis and referred for evaluation and possible treatment if the patient has other concurrent infections
- B. Sexual partners should be protected by condoms until patient's treatment is over. Check with your clinician if you use condoms or a vaginal diaphragm as per section *Treatment, V.D.*

- C. Alcoholic beverages should not be consumed during or for 48 hours after oral treatment
- D. Minor side effects of oral treatment may include nausea, dizziness, and a metallic taste
- E. No douching with or after treatment; douching is never recommended

VII. FOLLOW-UP

Return to clinician for a reevaluation if symptoms persist or new symptoms occur

Special notes: _____

Clinician: _____

For more information call Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease (STD) hotline: 1-800-CDC-INFO: Phone numbers of free (or almost free) STD clinics are listed in the Community Service Numbers in the government pages of your local phone book.

Website: <http://www.cdc.gov/std/phq.htm>

I. DEFINITION

Candidiasis, or monilia, is a yeastlike overgrowth of a fungus called *Candida albicans* (may also be caused by *Candida tropicalis* or *Candida torulopsis glabrata* and rarely by other *Candida* species). *Candida* can be found in small amounts in the normal vagina, but under some conditions, it gets out of balance with the other vaginal flora and produces symptoms.

II. TRANSMISSION

- A. Usually nonsexual
- B. Some common causes of *Candida* overgrowth are the use of hormonal contraceptives such as birth control pills, patches, rings, implants; antibiotics; diabetes; pregnancy; stress; deodorant tampons and other scented and deodorant menstrual products; use of vaginal deodorant sprays, and perfumed toilet tissue

III. SIGNS AND SYMPTOMS

- A. In the female
 - 1. Vaginal discharge: thick, white, and curdlike
 - 2. Vaginal area itch and irritation with occasional swelling and redness
 - 3. Possibly itching, burning, and swelling around and outside the vaginal opening
 - 4. Burning on urination
 - 5. Possibly, pain with intercourse
- B. In the male
 - 1. Itch and/or irritation of penis
 - 2. Cheesy material under foreskin, underside of penis
 - 3. Jock itch; athlete's foot

IV. DIAGNOSIS

- A. Female evaluation may include vaginal examination to check for *Candida* and rule out trichomoniasis, bacterial vaginosis, *Chlamydia* infection, and gonorrhea
- B. Male evaluation may include:
 - 1. Examination of penis to check for irritation and/or cheesy material
 - 2. Culture for ruling out gonorrhea and *Chlamydia*
 - 3. Urinalysis

V. TREATMENT

Prescription medicine: _____; over-the-counter medication recommendation _____

VI. PATIENT EDUCATION

- A. No intercourse until symptoms subside
- B. Continue prescribed treatment even if menses occurs, but use pads rather than tampons
- C. Ways to prevent recurrent *Candida* (yeast) infections
 - 1. Bathe daily (with lots of water and minimal soap)
 - 2. To minimize the moist environment that *Candida* favors, use:
 - a. Cotton-crotched or cotton underwear/pantyhose (or cut out the crotch of pantyhose)
 - b. Loose-fitting slacks
 - c. No underwear while sleeping
 - 3. Wipe the front first and then the back after toileting
 - 4. Avoid feminine hygiene sprays, deodorants, deodorant tampons/minipads, colored or perfumed toilet paper, tear-off fabric softeners in the dryer, and so forth—any of which may cause allergies and irritation
 - 5. Some women have found that vitamin C 500 mg 2 to 4 times each day helps, or taking oral acidophilus tablets 40 million to 1 billion units a day (1 tablet)
- D. Over-the-counter medication. Many women choose to try an over-the-counter preparation before seeking an examination. If symptoms do not subside after one course of treatment (one tube or one set of suppositories), having an examination for diagnosis is recommended.

VII. FOLLOW-UP

Return to the clinician for reevaluation if symptoms persist or new symptoms occur after treatment is completed

Special Notes: _____

Clinician: _____

For more information call CDC STD hotline: 1-800-CDC-INFO. Phone numbers of free (or almost free) STD clinics are listed in the Community Service Numbers in the government pages of your local phonebook.

Website: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/candidiasis_gen_g.htm

I. DEFINITION

Chlamydia infection is a sexually transmitted disease of the reproductive tract. It is currently believed to be the most common cause of sexually transmitted diseases in males and females, more common than gonorrhea. It is caused by a parasite *Chlamydia trachomatis*.

II. TRANSMISSION

Sexual contact with an unknown incubation period before symptoms present

III. SIGNS AND SYMPTOMS

- A. In the female
 - 1. Often no symptoms
 - 2. Possibly, increased vaginal discharge, change in menses
 - 3. Cervicitis or an abnormal Papanicolaou smear
 - 4. Possibly, frequent uncomfortable urination
 - 5. Pelvic pain
 - 6. Bleeding after intercourse
- B. In the male
 - 1. Possibly, thick and cloudy discharge from the penis
 - 2. Possibly, painful urination and/or frequent urination
 - 3. Rarely no symptoms

IV. DIAGNOSIS

- A. Evaluation may include tests to rule out candidiasis, trichomoniasis, bacterial vaginosis, gonorrhea, syphilis, and urinary tract infection
- B. Vaginal and urethral smears are examined for the *Chlamydia trachomatis* organism

V. TREATMENT

Prescription medicine: *Take all the prescribed medicine as directed, even though the symptoms may decrease early in treatment. Incomplete treatment gives the causative organism a chance to lie dormant and reinfect later.*

VI. PATIENT EDUCATION

- A. Patients who had any sexual contacts from the previous 60 days prior to the onset of symptoms should be advised to seek evaluation and treatment
- B. Do not have intercourse for 7 days after single-dose treatment or until you and any sex partner(s) have completed treatment; no intercourse until all sex partners are treated; condom as backup for birth control for the rest of the cycle if on oral contraceptives
- C. In an untreated male or female, the disease may progress to further reproductive infection with possible tissue scarring and infertility risks

- D. Wash all sex toys, diaphragm, and cervical cap with soap and water or soak in rubbing alcohol or Betadine scrub. Be sure to rinse thoroughly.

VII. FOLLOW-UP

Return to clinician if symptoms persist or new symptoms occur

Special notes: _____

Clinician: _____

For more information call CDC STD hotline: 1-800-CDC-INFO. Phone numbers of free (or almost free) STD clinics are listed in the Community Service Numbers in the government pages of your local phone book. Website: <http://www.cdc.gov/std/Chlamydia/STDFact-Chlamydia.htm>

I. DEFINITION/MECHANISM OF ACTION

The contraceptive *implant* Implanon is a single-rod, implantable polymer contraceptive device impregnated with 68 mg of etonogestrel (a synthetic estrogen). It is effective for up to 3 years. The device is inserted subdermally (under the top layer of skin—the dermis) on the inner side of the woman's upper arm and releases a low, steady dose of the synthetic progestin etonogestrel.

II. EFFECTIVENESS

- A. +99% effective
- B. Women weighing 198 lbs (>90 kg), with a body mass index (BMI) of >30 are at an increased risk for pregnancy. An alternative method is recommended.

III. SIDE EFFECTS AND DISADVANTAGES

- A. Minor side effects (numbers 1–5 related to insertion)
 - 1. Pain, irritation, swelling, or bruising
 - 2. Scarring including a thick scar called keloid
 - 3. Infection
 - 4. Implanon breaks, making it difficult to remove
 - 5. Expulsion of the implant (occurs rarely)
 - 6. Decreased menstrual flow (withdrawal bleeding), no bleeding
 - 7. Depression, mood changes
 - 8. Headaches
 - 9. Abdominal pain
- B. Risk factors
 - 1. Blood clots in legs, lungs, stroke
 - 2. Hypertension (high blood pressure)
 - 3. Gallbladder disease
 - 4. Heart attack (smokers 35 and older)
 - 5. Smoking increases the risk of complications. Women with Implanon in place should not smoke.

IV. CONTRAINDICATIONS

- A. Women with a history of any of the following conditions may not be able to use the implant:
 - 1. Known or suspected pregnancy
 - 2. History of serious blood clots in legs (deep vein thrombosis), lungs (pulmonary embolism), eyes (retinal thrombosis), heart (heart attack), or head (stroke)
 - 3. Unexplained vaginal bleeding
 - 4. Liver disease
 - 5. Breast cancer
 - 6. Allergy to anything in the implant
 - 7. Diabetes

8. High cholesterol or triglycerides
9. Headaches
10. Seizures or epilepsy
11. Gallbladder disease
12. Kidney disease
13. Depression
14. High blood pressure
15. Allergic reaction to anesthetics or antiseptics
16. Taking certain prescription drugs
17. Smoking
18. Weight equal to or greater than 198 lbs (90 kg); weight decreases effectiveness of patch
19. Skin disorders that may predispose to application site reactions
20. Breastfeeding—not yet approved

V. ALTERNATIVE METHODS OF BIRTH CONTROL

- A. Abstinence
- B. Sterilization
- C. Natural family planning
- D. Condoms with contraceptive gel, foam, cream, jelly, suppositories, vaginal film
- E. Intrauterine contraceptive device
- F. Diaphragm with contraceptive jelly, cream
- G. FemCap
- H. Female condom
- I. Depo-Provera injection
- J. Progestin-only oral contraceptives
- K. Contraceptive sponge

VI. EXPLANATION OF METHOD

- A. Ways in which the implant works
 1. Withdrawal bleed (period) will occur during the fourth week
 2. If you forget to apply a new patch and less than 48 hours have passed, you can apply a new patch as soon as you remember, and then apply that next patch on the usual renewal day
 3. If more than 48 hours have elapsed, you should stop the current cycle and immediately begin a new 4-week cycle by applying a new patch. The day for patch renewal will now change. Use backup contraception for 1 week
 4. If missed change day occurs at the end of the 4-week cycle, remove the patch and apply a new patch on the usual change day to begin a new cycle

VII. DANGER SIGNALS ASSOCIATED WITH IMPLANON

- A. Visual problems: Loss or blurring of vision, double vision, spots before eyes, flashing lights
- B. Numbness or paralysis in any parts of body or face, even temporary
- C. Unexplained chest pain, coughing blood, or shortness of breath

- D. Painful inflamed areas along veins or severe calf pain
- E. Severe recurrent headaches or new headaches or worsening of migraines
- F. Heavy vaginal bleeding
- G. Breast lumps
- H. Severe pain, swelling or tenderness in abdomen

Contact us at _____ if you develop any of the above problems.

I. DEFINITION/MECHANISM OF ACTION

The contraceptive *patch* is a three-layer transdermal polyethylene/polyester device about the size of a matchbook with an adhesive on one side. It is impregnated by a synthetic progestin and a synthetic estrogen, and releases 150 µg of the progestin and 20 µg of the estrogen every 24 hours. The patch is changed weekly for 3 weeks, then is left off for 1 week. The patch causes suppression of ovulation, changes the lining of the uterus so it is not receptive to an egg, changes the cervical mucus so sperm cannot get through, changes the transportation of the egg down the fallopian tube, and possibly makes sperm less able to penetrate the egg.

II. EFFECTIVENESS

- A. 99% effectiveness
- B. Women weighing 90 kg or 198 lbs with a body mass index (BMI) of >30 kg/m² are at an increased risk for pregnancy. An alternative method is recommended.

III. SIDE EFFECTS AND DISADVANTAGES

- A. Minor side effects
 1. Local irritation from patch
 2. Dislocation of patch
 3. Breast discomfort, tenderness
 4. Nausea
 5. Spotting
 6. Decreased menstrual flow (withdrawal bleeding), no bleeding
 7. Depression, mood changes
 8. Headaches
 9. Abdominal pain
- B. Risk factors
 1. Blood clots in legs, lungs, stroke
 2. Hypertension (high blood pressure)
 3. Gallbladder disease
 4. Heart attack (smokers 35 and older)
 5. Smoking increases risk associated with patch use. Women should not smoke and use the patch.

IV. CONTRAINDICATIONS

- A. Women with a history of any of the following conditions may not be able to use the patch:
 1. Thromboembolic disorders—blood clots in legs, lungs
 2. Coronary artery disease
 3. Heart disease involving the heart valves with complications
 4. Severe hypertension (high blood pressure)
 5. Diabetes with vascular (blood vessel) involvement

6. Headaches, migraines with neurologic symptoms
7. Major surgery on legs or with prolonged immobility
8. Cancer of the breast or reproductive system
9. Undiagnosed genital bleeding
10. Impaired liver function, liver problems
11. Known or suspected pregnancy
12. Taking certain prescription drugs
13. Smoking
14. Weight equal to or greater than 198 lbs (90 kg); weight decreases effectiveness of patch
15. Skin disorders that may predispose to application site reactions
16. Breastfeeding—not yet approved

V. ALTERNATIVE METHODS OF BIRTH CONTROL

- A. Abstinence
- B. Sterilization
- C. Natural family planning
- D. Condoms with contraceptive gel, foam, cream, jelly, suppositories, vaginal film
- E. Intrauterine contraceptive device
- F. Diaphragm with contraceptive jelly, cream
- G. FemCap, Lea's Shield
- H. Contraceptive implant
 - I. Female condom
 - J. Depo-Provera injection
- K. Progestin-only oral contraceptives
- L. Contraceptive sponge

VI. EXPLANATION OF METHOD

- A. Ways in which the patch is used
 1. Apply patch on first day of menses or on the first Sunday after bleeding begins; postpartum nonnursing 4 weeks or with resumption of menses. Apply to clean, dry, healthy skin on buttocks, abdomen, upper outer arm, or upper torso. Patch should not be applied to breasts. If applied to the pubic area, it may cause swelling of the genital area.
 2. Do not use lotions, cosmetics, creams, powders, or other topical products in area where patch will be applied
 3. Press down firmly on the patch for at least 10 seconds and then check if the edges adhere
 4. Check patch daily
 5. If patch detaches, immediately apply a new patch. Supplemental tapes or adhesives should not be used.
 6. Apply a new patch the same day of the week, 7 days after first patch. Repeat this in Week 3.
 7. No patch is applied in Week 4
 8. Begin a new cycle on the same day of the week for Week 1 and repeat cycle of 3 weeks on and 1 week off

9. Withdrawal bleed (period) will occur during fourth week
10. If you forget to apply a new patch and less than 48 hours have passed, you can apply a new patch as soon as you remember and then apply that next patch on the usual renewal day
11. If more than 48 hours have elapsed, you should stop the current cycle and immediately begin a new 4-week cycle by applying a new patch. The day for patch renewal will now change. Use backup contraception for 1 week.
12. If missed change day occurs at the end of the 4-week cycle, remove the patch and apply a new patch on the usual change day to begin a new cycle

VII. DANGER SIGNALS ASSOCIATED WITH PATCH USE

- A. Visual problems: loss or blurring of vision, double vision, spots before eyes, flashing lights
- B. Numbness or paralysis in any part of the body or face, even temporary
- C. Unexplained chest pain
- D. Painful inflamed areas along veins or severe calf pain
- E. Severe recurrent headaches or new headaches or worsening of migraines

Note: Concerns have been raised because of the higher exposure to estrogen as compared to most birth control pills. The U.S. Food and Drug Administration (FDA) warning has been changed to indicate this. At this time, the patch has not been recalled nor has there been an FDA warning to discontinue patch use. If you have concerns regarding this, consult your clinician.

Contact us at _____ if you develop any of the aforementioned problems.

I. DEFINITION/MECHANISM OF ACTION

Lea's Shield is a silicone device similar to a diaphragm that is used to hold spermicide and to provide a partial barrier to sperm when placed over the cervix. It is an elliptical bowl in shape and the posterior end has a reservoir for spermicide. There is a valve in the middle to allow cervical secretions to drain and also to relieve pressure against the cervix. There is a molded loop to aid in removal. Insertion is similar to using a diaphragm.

II. EFFECTIVENESS AND BENEFITS

- A. 86% effectiveness—has not been in use long, so information is scarce
- B. May be inserted before intercourse and left in place for up to 48 hours
- C. Latex free
- D. Reusable for more than a year

III. SIDE EFFECTS AND DISADVANTAGES

- A. Minor side effects
 - 1. Vaginal irritation from the device
 - 2. Vaginal irritation from the spermicide used with the device
 - 3. Sensation of something in the vagina
 - 4. Difficulty in removing
 - 5. Requires prescription

IV. CONTRAINDICATIONS

- A. Allergy to spermicide
- B. Allergy to silicone
- C. Partner allergy to silicone or spermicide
- D. Device is expelled repeatedly during use
- E. Cannot be used during menses
- F. Known or suspected uterine or cervical cancer
- G. History of toxic shock syndrome
- H. Current infection of vagina or cervix, pelvic inflammatory disease
- I. Cannot be used during postpartum or after an abortion for 6 weeks

V. ALTERNATIVE METHODS OF BIRTH CONTROL

- A. Abstinence
- B. Sterilization
- C. Natural family planning
- D. Condoms with contraceptive gel, foam, cream, jelly, suppositories, vaginal film
- E. Intrauterine contraceptive device
- F. Diaphragm with contraceptive jelly, cream, FemCap, sponge
- G. Female condom
- H. Depo-Provera injection
- I. Contraceptive patch, ring, implant
- J. Oral contraceptives

VI. TYPES

Available in one size

VII. FITTING

- A. Pelvic examination to rule out any problems that might occur with use and to evaluate size and position of cervix
- B. Follow-up for any concerns, problems; annual examination

NOTE

1. Discontinued in the United States, available at <http://www.barriermethods.com>

I. DEFINITION/MECHANISM OF ACTION

The contraceptive vaginal ring is flexible, transparent, colorless, and about 2 in. in diameter. It is impregnated with a synthetic progestin and a synthetic estrogen, and releases 120 µg of progestin and 15 µg of estrogen every 24 hours over a period of 3 weeks. The ring is removed at the end of the third week and a new ring is inserted at the beginning of a new cycle, 1 week later. The ring causes suppression of ovulation, changes the lining of the uterus so it is not receptive to an egg, changes the cervical mucus so sperm cannot get through, changes the transportation of the egg down the fallopian tube, and possibly makes sperm less able to penetrate the egg.

II. EFFECTIVENESS

98% to 99% effectiveness

III. SIDE EFFECTS AND DISADVANTAGES

A. Minor side effects

1. Vaginal irritation from the ring
2. Dislocation of the ring
3. Sensation of something in the vagina
4. If ring is out for more than 3 hours, then the woman will need to use backup contraception for 7 days

IV. CONTRAINDICATIONS

A. Women with a history of any of the following conditions may not be able to use the ring:

1. Blood clots in legs (thrombosis), lungs (pulmonary embolism), or eyes (now or in the past)
2. Chest pain (angina pectoris)
3. Heart attack or stroke
4. Severe high blood pressure
5. Pregnancy or suspected pregnancy
6. Diabetes with complications of the kidney, eyes, nerves, or blood vessels
7. Headaches with neurologic symptoms
8. Need for a long period of bed rest following major surgery
9. Known or suspected cancer of the breast or cancer of the lining of the uterus, cervix, or vagina (now or in the past)
10. Unexplained vaginal bleeding
11. Yellowing of the whites of the eyes or of the skin (jaundice) during pregnancy or during past use of oral contraceptives (birth control pills)
12. Liver tumors or active liver disease
13. Disease of the heart valves with complications
14. Allergic reaction to any of the components of the rings
15. Smoking and age older than 35 (15 cigarettes a day or more)

16. Weight greater than or equal to 198 lbs (90 kg); excess weight decreases effectiveness of the ring
17. A prolapsed (dropped) uterus, dropped bladder (cystocele), or rectal prolapse (rectocele)
18. Younger than age 35 and a heavy smoker (15 cigarettes a day or more)
19. Breastfeeding—not yet approved for use

V. ALTERNATIVE METHODS OF BIRTH CONTROL

- A. Abstinence
- B. Sterilization
- C. Natural family planning
- D. Condoms with contraceptive gel, foam, cream, jelly, suppositories, vaginal film
- E. Intrauterine device
- F. Diaphragm with contraceptive jelly, cream
- G. FemCap
- H. Lea's Shield (discontinued in the United States, available at <http://www.barriermethods.com>)
- I. Female condom
- J. Depo-Provera contraceptive injection
- K. Contraceptive patch
- L. Oral contraceptives
- M. Contraceptive implant
- N. Contraceptive sponge

VI. EXPLANATION OF METHOD

- A. Ways in which the ring is used
 1. Insert ring into vagina between Day 1 and Day 5 of menstrual cycle and note the start day
 2. Keep ring in place for 3 weeks in a row
 3. Remove ring for 1 week for withdrawal bleeding
 4. If ring is removed from the vagina and is out for more than 3 hours, use backup contraception for the next 7 days, except for the week with no ring

VII. DANGER SIGNALS ASSOCIATED WITH RING USE

- A. Visual problems
 1. Loss or blurring of vision, double vision
 2. Spots before eyes, flashing lights
- B. Numbness or paralysis in any parts of body or face, even temporary
- C. Unexplained chest pain
- D. Painful inflamed areas along veins or severe calf pain
- E. Severe recurrent headaches or new headaches or worsening of migraines

Contact us at _____ if you develop any of the above problems.

Website for ring information: <http://www.organoninc.com>; <http://www.nuvaring.com>

I. DEFINITION

Cystitis, a bladder infection, is usually caused by bacteria. Women are more prone to cystitis because the urethra (connection between the bladder and the outside through which we urinate) is short and the vagina and rectum are close to the opening of the urethra, called the urethral meatus. However, men can also develop cystitis.

II. SIGNS AND SYMPTOMS

- A. Frequent urination of small amounts of urine; often you will experience an urgent feeling of needing to urinate and then just urinating a little
- B. Burning, pain, or difficulty in urinating
- C. Blood in the urine
- D. Pain in the lower part of the abdomen (pelvic pain) around the pubic bone
- E. Chills, fever

III. TREATMENT

Treatment of cystitis is with an antibiotic. It is important that you tell your clinician if you are allergic to any antibiotics so that you are given a suitable medication.

You may be asked to give what is called a clean catch urine specimen prior to the diagnosis (as opposed to just urinating in a paper cup for the specimen). For the clean catch specimen, you will be given special wipes to use on your perineal area and instructions on collecting the urine specimen in a sterile container. This specimen will be sent to the laboratory to evaluate the bacteria in the urine and to see what antibiotics will be effective against the bacteria.

It is important to take the entire prescription given to you even if symptoms disappear quickly. Follow the directions for times to take the medication and try not to skip a dose because this may allow the bacteria to increase in number. You may also be given a prescription for a bladder pain medication or information about over-the-counter medication (AZO Standard, Uristat) to take away the bladder pain. These bladder pain medications are to be used with, and not instead of, the prescribed antibiotic because they only relieve bladder pain and have no effect on the bacteria causing your cystitis.

IV. PATIENT EDUCATION

There are several things you can do to avoid cystitis and to help your body heal when you have cystitis, more commonly known as a bladder infection.

- A. After going to the bathroom, wipe from front to back, or wipe the front first and then the back, so as not to carry bacteria from your rectal area to the vaginal area where your urethral opening (opening into the bladder) is located. A woman's urethra is quite short, so bacteria can travel into the bladder quite easily.

- B. If sexual intercourse includes vaginal or oral contact after anal contact, you might consider washing off your genitals and those of your partner before proceeding with vaginal and/or oral sex
- C. During a tub bath, it is better not to use bath oils and bubble bath, because these help bacteria travel up your urethra
- D. Try to empty your bladder before sex, and after sex, empty your bladder as soon as you can to wash bacteria from your urethra, particularly if you seem to get cystitis easily (several times a year)
- E. Tight clothing, especially clothes made of synthetic fabrics such as polyester, helps bacteria grow more easily by creating a warm, dark, moist environment. Cotton underpants and loose clothing help your body breathe and discourage bacterial growth.
- F. Always urinate when you have the urge; do not put it off until you are desperate. Bacteria grow better in urine that is sitting in your bladder for a long period.
- G. Drink 6 to 8 glasses of water and juice a day; cranberry juice helps to decrease cystitis. Cranberry is also available as AZO Cranberry juice capsules with 450 mg of cranberry juice concentrate; the dose is 1 to 4 capsules per day with meals.
- H. Caffeine is a bladder irritant, meaning it can cause bladder pain or spasms (cramps), so the less caffeine you take in, the less bladder irritation you will experience. Caffeine is in coffee, tea, chocolate, and many carbonated beverages even if they are not colas. Check the labels.
- I. Smoking (nicotine) is also very irritating to the bladder
- J. A well-balanced diet, including six or more servings of fresh fruits and vegetables a day and three to four servings of whole grain breads, cereals, and pasta, will increase your resistance to infection

Cystitis is the least serious of the urinary tract infections. If left untreated, it can lead to infection of the rest of the urinary tract including the ureters (connecting the bladder and kidneys) and the kidneys. Prompt and correct treatment of cystitis will help you avoid having a more serious urinary tract infection. If your symptoms worsen or do not get better with the treatment prescribed by your clinician, call or return to the health care setting for further help.

Websites: <http://www.mayoclinic.com/health/cystitis/DS00285>; <http://www.niddk.nih.gov/health/urolog/pubs/cystitis/cystitis.htm>

I. DEFINITION/MECHANISM OF ACTION

The contraceptive FemCap is a prescription-only contraceptive device that is used to hold spermicide and to provide a partial barrier to sperm when placed over the cervix. Available in three sizes: 22 mm, 26 mm, and 30 mm. Your clinician will examine you and advise on size.

II. EFFECTIVENESS

96% to 98% effectiveness

III. SIDE EFFECTS AND DISADVANTAGES

- A. Minor side effects
 - 1. Vaginal irritation from the device
 - 2. Vaginal irritation from the spermicide used with the device
 - 3. Sensation of something in the vagina
 - 4. Requires a pelvic examination and prescription for the device

IV. CONTRAINDICATIONS

- A. Allergy to spermicide
- B. Allergy to material the device is made of
- C. Partner allergy to device or spermicide
- D. Device is expelled repeatedly during use
- E. Cannot be used during menses
- F. Known or suspected uterine or cervical cancer
- G. History of toxic shock syndrome
- H. Current infection of vagina or cervix
 - I. Abnormality of cervix, uterus, or vagina
 - J. Cannot be used during postpartum or after an abortion for 6 weeks

V. ALTERNATIVE METHODS OF BIRTH CONTROL

- A. Abstinence
- B. Sterilization
- C. Natural family planning
- D. Condoms with contraceptive gel, foam, cream, jelly, suppositories, vaginal film
- E. Intrauterine contraceptive device
- F. Diaphragm with contraceptive jelly, cream, sponge
- G. Female condom
- H. Depo-Provera injection
 - I. Contraceptive patch, ring, implant
 - J. Oral contraceptives

VI. EXPLANATION OF METHOD

- A. Ways in which the device is used (FemCap comes with instructional video)
 - 1. Insert spermicide into the device according to directions by the manufacturer and place in the vagina over the cervix before any sexual arousal

2. Keep device in place for at least 6 hours after last act of intercourse
3. Add additional spermicide to outside of device for each repeated act of intercourse within the next 48 hours. Do not remove device to add spermicide.
4. Remove FemCap by squatting and bearing down. Slip finger between the dome and the removal strap and pull gently.
5. Wash device thoroughly with antibacterial hand soap, rinse thoroughly in clear water, and allow to air dry

Contact us at _____ if you have any questions or develop any problems. You will need to return for a Pap smear after the first 3 months of use.

Website for FemCap information: <http://www.femcap.com>

I. DEFINITION

The herpes *simplex* virus (HSV) is one of the most common infectious agents of humans. It is transmitted only by direct contact with the virus from an active infected oral or genital lesion. The HSV is of two types:

- A. HSV Type 1: Usually affects body sites above the waist (mouth, lips, eyes, fingers); increasingly the cause of herpetic infections in the anal/genital regions
- B. HSV Type 2: Usually involves body sites below the waist, primarily the genitals

Genital herpes may be caused by either HSV-1 or HSV-2. If oral sex is practiced, remember that cold sores are herpes lesions and can be spread to the genital area. The cause, symptoms, complications, diagnosis, treatment, and patient education are the same for both males and females.

II. SYMPTOMS

- A. Painful, itchy sores similar to cold sores or fever blisters surrounded by reddened skin that appear around the mouth, nipples, buttocks, thighs or genital areas 4 to 7 days up to 4 weeks after contact
- B. Fever or flu-like symptoms
- C. Tenderness or pain in muscles
- D. Burning sensation during urination
- E. Swollen lymph nodes in the area of the lesions—neck, underarms, groin
- F. Joint pain
- G. Painful urination in both males and females; retention of urine especially in females
- H. Pain on intercourse
- I. Headache
- J. Symptoms may last 2 to 3 weeks

III. DIAGNOSIS

- A. Examination based on your clinical symptoms and history
- B. Laboratory analysis of discharge from the lesions to identify virus
- C. Blood test for HSV-1 and HSV-2 antibodies
- D. Consider HIV testing; being tested for other sexually transmitted diseases (STDs)

IV. TREATMENT

- A. Tepid bath with or without the addition of iodine solution
- B. Unrestrictive clothing
- C. Prevent secondary infection
- D. Medication for pain
- E. There are topical and oral medications that do not cure the infection but can shorten the duration and severity of symptoms and decrease recurrence; these medications may, in some cases, be taken on a long-term basis to suppress the virus

V. COMPLICATIONS

- A. Secondary infection of herpes lesions
- B. Severe systemic and life-threatening infections in infants born vaginally during an episode of herpes in the mother

VI. RECURRENCES

Herpes sores may never recur after the first episode, or there may be occasional flare-ups, which are not as painful as the initial infection, lasting up to 7 days. Recurring infections may be related to stress (physical or emotional), illness, fever, overexposure to the sun, or menstruation. Recurrences are caused by a reactivation of the virus already present in the nerve endings of your body.

VII. PATIENT EDUCATION

- A. After urinating, wash the genital area with cool water
- B. If urinating is difficult, sit in a tub of warm water to urinate
- C. Cool, wet tea bags applied to the lesions may offer some relief
- D. Avoid intercourse when active lesions are present. If intercourse does occur, condoms should be used
- E. Women with chronic herpes should have a Pap smear yearly

Medication: _____

Special notes: _____

Clinician: _____

For more information call Centers for Disease Control and Prevention (CDC) STD hotline: 1-800-CDC-INFO. Phone numbers of free (or almost free) STD clinics are listed in the Community Service Numbers in the government pages of your local phone book, or seek out local support groups. The American Social Health Association (ASHA) has booklets, books, handouts that can be used as resources, or you may call The Helper at 800-230-6039; or the ASHA patient herpes hotline at 919-361-8488. Websites: <http://www.herpes.com>; <http://www.ashastd.org/herpes/hrc.html>; <http://www.webmd.com> (America Online keyword: better health); <http://www.viridas.com>; <http://www.diagnology>

I. DEFINITION

Genital warts, or condylomata acuminata, may occur on either the male or female genital areas. The virus family causing the warts is believed to be sexually transmitted, although warts have been found on individuals whose partner has no history or sign of warts. The human papilloma virus (HPV) family has more than 150 types, some of which cause warts on the genitals (more than 30 types), nipples, umbilicus, hands, soles of the feet, cervix, vagina, penis, scrotum, and rectal area. Some HPV types are associated with cancers of the cervix, penis, mouth, anus, lungs, and other parts of the body.

II. SIGNS AND SYMPTOMS

Warts may not appear until 2 weeks (average is 1–6 months) to many months (or even years after exposure)

- A. In moist areas, the warts are small, often itchy bumps or lumps, sometimes with a cauliflower-like top, appearing singly or in clusters
- B. On dry skin (such as the shaft of the penis), the warts commonly are small, hard, and yellowish gray, resembling warts that appear on other parts of the body
- C. On the female, the warts are commonly found on or around the vaginal opening, vaginal lips, in the vagina, around the rectum, and on the cervix. Symptoms include increased vaginal discharge, itching or burning of the vulva, pain and bleeding, and feeling a lump in the vulvar area or groin.
- D. On the male, the warts can be found on any part of the penis, scrotum, or rectal area

III. DIAGNOSIS

- A. The diagnosis is usually obvious based on the appearance of the warts, but sometimes a microscopic examination is necessary to identify minute lesions
- B. Laboratory tests may include checking for gonorrhea, *Chlamydia*, syphilis, HIV/AIDS, and a Pap smear if none within a year

IV. TREATMENT

- A. If small, the warts may be treated by several weekly applications of medication by you or your clinician
- B. Patients with large, persistent warts or warts in the vagina or on the cervix may be referred to a physician for treatment. Some treatments include cryotherapy (freezing) and laser removal of the warts.

V. PATIENT EDUCATION

- A. Always advise sexual partners to see a clinician for examination
- B. Having warts may increase vaginal discharge; have it checked and treated

- C. Treatment medication is applied weekly by the clinician in his or her office or clinic. Some of the drugs used must be rinsed off in 4 hours. Your clinician will advise you. Certain treatment medication should never be used in pregnant patients. If pregnancy is suspected, tell your clinician.
- D. You may be given medication for self-treatment and separate instructions on how to do this
- E. Recurrence is possible without reinfection, because treatment does not always eradicate very small warts. Microscopic examination and treatment by a specialist may be necessary.
- F. A woman with a history of warts, especially if on the cervix, is encouraged to have an annual gynecologic examination with a Pap smear as recommended by her clinician (often twice a year)
- G. A vaccine (Gardasil) is now available for girls and boys who are preadolescent, adolescents, and young women. It protects against several types of HPV—those associated with genital warts and also associated with cervical cancer

Special notes: _____

Clinician: _____

For more information call Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease (STD) hotline: 1-800-CDC-INFO. Phone numbers of free (or almost free) STD clinics are listed in the Community Service Numbers in the government pages of your local phone book.

Websites: <http://www.cdc.gov/std/hpv/>; <http://www.cdc.gov/vaccines/pubs/vis/default.htm#hpv>

Self-Treatment for Genital Warts

Podofilox (Condylox) is a prescription treatment for genital warts that you can use at home. Fill your Condylox prescription at any drugstore or the pharmacy in a department store. The Condylox package contains directions for use of the medication. Please read these carefully and use the medication as directed. It is important to follow these directions and those of your clinician to ensure the maximum possible effect from the medication.

Podofilox works by destroying the wart tissue. This does not happen all at once, but gradually. The wart will change in color, from skin color to a dry, crusted, dead appearance, and then disappear. You may feel some pain or burning when applying podofilox as these changes occur. You may also see some redness, may have some soreness or tenderness at the wart sites, and may even see small sores in that area. These symptoms usually disappear within a week after you have completed the treatment. If any of these changes are severe or concern you, stop the treatment and contact your clinician.

Use sinecatechin (15% ointment green tea extract with active ingredient catchechins) for no longer than 16 weeks.

Treating Your Warts

Treat your warts twice a day with podofilox. It is all right to do so even if you get your menstrual period during the time you are treating your warts. Plan a time in the morning and again in the evening to apply the medication. Repeat the twice-a-day treatments for 3 days, and then do not treat the warts again for 4 days. You can repeat this pattern of treatment—3 days of medication and then 4 days off—for up to 4 weeks. Stop the treatment, however, as soon as the warts disappear. It is important that you do not treat the warts in any week for more than 3 days, because such treatment will not help them to disappear faster and may cause you to have side effects from the medication.

If you have completed 4 weeks of treatment and still have warts, return to your clinician for further evaluation, and do not use Podofilox until you have this check-up.

Remove any clothing over the affected area and wash your hands before treating your warts. Open the bottle of podofilox and place it on a flat surface so it will not spill while you are treating your warts. It may be helpful to use a hand mirror to locate the warts so that you can treat them. Good light is also important so that you do not get medication on skin that is free of warts.

Holding onto the bottle to steady it, dip the tip of one cotton tip applicator (Q-tip) into the medication. The tip should be wet with the medication, but not dripping. Remove any excess medication by pressing the applicator tip against the inside of the bottle. Apply the podofilox only to those areas you and your clinician have identified as warts.

Try not to get any podofilox on any area of your skin that is not a wart. If the wart is on a skinfold, gently spread the skin with one hand to flatten out the wart and touch the medication applicator to the area with the other hand. Allow the podofilox to dry before letting the skinfolds to relax into the normal position and before putting clothing over the affected area.

After application, throw away the Q-tip. Close the bottle tightly to prevent evaporation of the medication and wash your hands carefully when you are finished with the treatment.

If you are using podofilox gel, follow the same treatment schedule as for the liquid. Wash your hands before treating your warts. Squeeze out a small amount of gel (about half the size of a pea) onto your fingertip. Dab a small amount of the gel onto the warts or the areas your clinician has instructed you to treat. Try not to get any of the gel on normal skin areas. For warts in skinfolds, spread the folds apart and apply the gel to the wart, letting the area dry before you return the skinfolds to their normal position. Wash your hands carefully after completing the treatment.

The area you have treated may sting when you apply the gel. It may also become red, sore, itchy, or tender after treatment.

Precautions in Self-treatment

Podofilox is intended only for treatment of venereal warts and only on the outside of the body. It is not safe to use podofilox on any other skin condition. If you have severe pain, bleeding, swelling, or itching, stop the treatment and contact your clinician. Avoid contact of this medication

with your eyes. If you do so accidentally, flush your eyes immediately with running water and call your clinician. The effects of podofilox on pregnancy are unknown, so it is not safe to use this medication during pregnancy.

Apply sinecatechins (Veregen) 15% ointment 3 times a day (0.5-cm strand of ointment to each wart, covering the wart with a thin layer of ointment), continuing this treatment until all warts are covered. The ointment should not be washed off. Do not use the treatment for longer than 16 weeks.

Follow-up Care

It is important to return for a checkup as suggested by your clinician, or if you have completed 4 weeks of treatment and still have warts. If the warts reappear after you have completed the treatment, contact your clinician prior to restarting treatment. Your partner should also be checked and treated for any warts; otherwise, you can be reinfected.

Self-Treatment With Imiquimod Cream 5% (Aldara, Zyclara)

Imiquimod creams (Aldara and Zyclara) are prescription treatments for genital warts that you can use at home. Fill your prescription at any drug-store or pharmacy in a department store. The package contains directions for use of the medication. Please read these carefully and use the medication only as directed.

Imiquimod probably works by boosting your body's immune response to the wart virus (there are more than 150 types of wart virus, called human papilloma virus or HPV). Imiquimod should be used only on warts outside the vagina, on the labia, and on the area around your anus

Treating Your Warts

Careful hand washing before and after application of the cream is recommended so that you do not experience a secondary bacterial infection in the wart area and get the cream on other parts of your body. Apply imiquimod 3 times a week just prior to your normal sleeping hours. Apply a thin layer of the cream to all external genital warts and rub it in until it is no longer visible. Leave imiquimod on the skin for 6 to 10 hours. Do not cover the treated area. Following this treatment period, remove the cream by washing the treated area with mild soap and water. Continue treatment until the warts disappear. Do not continue treatment past 16 weeks without consulting your clinician.

Precautions in Treatment

Imiquimod cream may weaken condoms and vaginal diaphragms, so do not use these while you are treating your warts. Sexual (genital) contact should be avoided while the imiquimod cream is on the skin. Common reactions to imiquimod include redness, burning, swelling, itching, rash, soreness, stinging, and tenderness. If any of these occur, wash the cream

off with mild soap and water. Do not re-treat until these symptoms are gone. A very small percentage of persons have flu-like symptoms—fever, fatigue, headache, diarrhea, and/or achy joints. If you experience any of these and for any questions, call your clinician.

Websites: <http://www.drugs.com/condylox.html>; <http://www.rxlist.com/veregen-drug.htm>; <http://www.cdc.gov/std/hpv/>; <http://www.cancer.gov>

I. DEFINITION

Gonorrhea is an acute infection that is spread by sexual contact and involves the genitourinary tract, throat, and rectum of both sexes. It is caused by the organism *Neisseria gonorrhoeae*.

II. IMPORTANT INFORMATION

- A. The highest incidence of gonorrhea occurs in males between the ages of 20 and 24 and in females from 18 and 24. Gonorrhea is usually contracted from an infected person who has ignored symptoms or has no symptoms. This source can reinfect the patient, or possibly infect others unknowingly.
- B. Incubation: 1 to 13 days; symptoms can occur 3 to 30 days after sexual contact; average is 2 to 5 days after exposure

III. USUAL SIGNS AND SYMPTOMS

- A. Females
 - 1. Up to 80% have no symptoms
 - 2. Abnormal, thick green vaginal discharge; change in vaginal discharge
 - 3. Frequency, pain on urination, urethral pain
 - 4. Pain with intercourse
 - 5. Urethral discharge
 - 6. Rectal pain and discharge
 - 7. Unilateral labial pain and swelling
 - 8. Abnormal menstrual bleeding; increased dysmenorrhea (menstrual cramps)
 - 9. Lower abdominal discomfort and pelvic pain and tenderness
 - 10. Sore throat
 - 11. Fever, possibly high
 - 12. Nausea, vomiting
 - 13. Sores in genital area
 - 14. Joint pain and swelling
 - 15. Upper abdominal pain
- B. Males
 - 1. 4% to 10% have no symptoms
 - 2. Frequency, pain on urination
 - 3. Burning sensation in the urethra
 - 4. Whitish discharge from the penis (early); may appear only as a drop during erection
 - 5. Yellow or greenish discharge from the penis (late)
 - 6. Sore throat

IV. DIAGNOSIS (FOR BOTH SEXES)

- A. History of sexual contact with a person known to be infected with gonorrhea
- B. Smears and cultures taken from infected areas (cervix, penis, rectum, and throat)

V. TREATMENT FOR MALES AND FEMALES

Antibiotics will be prescribed and are effective if taken according to directions. Be sure to tell your clinician if you are allergic to any antibiotic.

VI. COMPLICATIONS

- A. Females: If gonorrhea goes untreated, it may lead to pelvic inflammatory disease (PID). PID involves severe abdominal cramps, pelvic pain, and high fever that will lead to scarring and possible blockage of the fallopian tubes, tubal pregnancy risk, and infertility.
- B. Males: If gonorrhea goes untreated, scar tissue may form on the sperm passageway causing pain and sterility
- C. Females and males: The infection may spread throughout the body causing arthritis, sometimes with skin lesions

VII. PATIENT EDUCATION (FOR BOTH SEXES)

- A. All medications must be taken as directed
- B. No intercourse until treatment of self and partner(s) is completed
- C. Return to the clinician for reevaluation if symptoms persist or new symptoms occur after treatment is complete
- D. Important: All sexual partners of the patient should be informed immediately upon finding out about exposure to sexually transmitted disease so that all persons involved can be evaluated adequately and treated immediately

Special notes: _____

Clinician: _____

For more information, call the Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease (STD) hotline: 1-800-CDC-INFO. Phone numbers of free (or almost free) STD clinics are listed in the Community Service Numbers in the government pages of your local phone book.

Websites: <http://www.cdc.gov>; <http://www.cdc.gov/std/Gonorrhea/STDFact-gonorrhea.htm>

I. DEFINITION

Hormone therapy is the use of traditional hormones or bioidentical hormones (estrogen, progesterone, and/or testosterone) by postmenopausal women. Now known as HT, the use of hormones after menopause was once known as estrogen therapy (ET) because women were given synthetic estrogen only.

II. REASONS FOR TAKING HORMONE THERAPY

A woman's body produces declining amounts of estrogens, progesterones, and androgens during the perimenopausal period, culminating in the cessation of menstrual cycles (ovulation and bleeding). After 12 months without any bleeding (periods), you can consider that you are postmenopausal. A woman is said to have gone through surgical menopause if she has had her fallopian tubes, ovaries, and uterus removed.

Some natural estrogen production does continue after natural menopause; heavier women produce more estrogen because fat cells convert body chemicals called *precursors* to *estrone*, the most common form of natural estrogen in menopause.

Decline in natural estrogen production contributes to such menopausal symptoms as loss of elasticity of the vagina, a less lush vaginal lining causing a feeling of itching or burning or dryness, and pain around the urethra (the opening to the urinary bladder). Hot flashes (or hot flushes), including night sweats, characterize menopause for some women. There may also be a relationship between menopause and loss of bone density leading to osteoporosis.

III. WHAT YOU SHOULD KNOW WHEN CONSIDERING HORMONE THERAPY

HT should never be taken by women who have vaginal bleeding after menopause until the cause of the bleeding is discovered. Pregnant women or perimenopausal women who suspect pregnancy cannot take HT. If you have ever had a stroke, heart attack, or a blood clot in your legs or lungs, liver disease, or any problems with the function of your liver, you may not be an HT candidate. Women with known or suspected cancer of the breast, ovaries, uterus, or cervix may not be good candidates for HT.

Several conditions require special evaluation to determine whether taking HT will be safe. These include undiagnosed vaginal bleeding, known or suspected pregnancy, a history of blood clots in lungs or legs, known or suspected cancer of the breast or reproductive tract or malignant melanoma, history of a bleeding disorder treated with blood transfusion, active gallbladder disease, family history of breast cancer, migraine headaches, untreated elevated lipids that are of concern, and endometriosis.

Considering HT is a decision that is yours to make if you and your clinician decide that you have no contraindications to its use. To make the best decision, you and your clinician will need to discuss whether you are at greater risk of bone density loss leading to osteoporosis because of your family or personal history, whether you have risk factors for developing

osteoporosis, and your personal and family medical history including heart disease. Your desire for taking HT as well as your access to health care for monitoring HT will be considered.

IV. EVALUATING YOUR PHYSICAL RISKS AND BENEFITS IN TAKING HORMONE THERAPY

In addition to a careful personal and family history, your clinician will recommend that you need to have a complete physical exam including a pelvic (internal) exam and possible Pap smear, and testing for infections such as vaginitis and sexually transmitted diseases as indicated. Testing might also include a mammogram if you have not had one in the past year, examination of hormone levels, a lipid profile to determine your cholesterol level and the ratio of low-density lipoproteins (LDL—the bad ones) to high-density lipoproteins (HDL—the good ones), a hematocrit and/or hemoglobin to see if you are anemic, vitamin D levels, and a bone density scan. Other testing will depend on the findings from the physical exam and your personal and family health history. For some women, the benefits of taking HT outweigh the risks. For others, the risks and benefits balance, and for still others, the risks outweigh the benefits.

V. TAKING HORMONE THERAPY

If your uterus has been removed (hysterectomy), you will take estrogen only without progestin. You and your clinician will decide which estrogen is best for you, both the amount and the way you take it (in pill form, patches, or as a vaginal cream, suppository, or vaginal ring). If you still have your uterus, you may take both estrogen and a progestin patch, pill, or intrauterine device. Some women bleed when taking progestin, so you and your clinician will need to decide what is best for you.

As androgen levels drop with menopause, some women also take a small amount of male hormone (androgen), which may help women whose menopausal symptoms are not resolved with estrogen or estrogen and progestin alone, have a decreased sense of well-being, lower libido (sex drive), and/or generalized loss of energy (lethargy).

VI. CONSIDER ALTERNATIVES AND ADJUNCTS TO HORMONE THERAPY

All women need a diet with at least six to eight servings of fruit and vegetables a day; several servings of complex carbohydrates such as breads and pasta; sources of protein including dairy products, eggs, meat, fish, and poultry, and legumes such as beans and peas; and calcium. Women also need to decrease fat to 30% or less of total calories daily by using nonfat dairy products (rich in protein and calcium), limiting red meat, and eating lean meat, poultry, and fish. Whole grain pastas, cereals and breads, bran, vegetables, and fruits add roughage to the diet. Most women need calcium supplements. Postmenopausal women need a total of 1,200 mg of calcium each day as well as 600 to 800 IU of vitamin D. Six to eight 8-oz glasses of water daily will help keep all tissues healthy and promote both bowel and bladder health. Consider adding phytoestrogens to diet and essential fatty acids in recommended amounts.

Regular weight-bearing exercise and strength training are critical to the maintenance of bone density; 30 to 45 minutes, 4 to 6 times a week is recommended. Some women build this exercise into their daily routines by walking on errands and at work, and using stairs instead of elevators. Botanicals; Chinese remedies; vitamins; nonhormonal vaginal lubricants such as KY jelly, KY liquid, Lubrin, Vagisil, Replens, and Astroglide; naturalistic interventions; and homeopathic preparations can be helpful supplements or alternatives to HT. Because herbs and homeopathic remedies can interact with each other and with prescription and over-the-counter medications, it is best to consult a practitioner who specializes in their use. Your local library, health food store, bookstore, and health care providers are all sources of information about caring for yourself after menopause.

Websites about menopause: <http://www.nia.nih.gov/HealthInformation/Publications/Menopause/>; <http://www.nlm.nih.gov/medlineplus/hormonereplacementtherapy.html>; <http://www.nia.nih.gov/HealthInformation/Publications/healthyeating.htm>

I. DEFINITION

Pediculosis means having the skin infested with lice, particularly on hairy areas such as the scalp, underarms, and the pubic area. Three types of lice prey on humans: head lice (*Pediculus capitis*), body lice (*Pediculus humanus corporis*), and pubic lice or crab lice (*Phthirus pubis*).

II. TRANSMISSION

Lice are transmitted by lice-infected shared clothing, bedding, brushes, combs, batting helmets, headphones, hats, stuffed animals, car seats, towels, pillows, and upholstered furniture, or by close personal contact with an infected person. Head lice move from head to head. Adult pubic lice probably survive no more than 24 hours off their host.

III. SIGNS AND SYMPTOMS

- A. Intense itching
- B. Observing the lice or, more easily, their nits (eggs), which are greenish white ovals attached to hair shafts in eyebrows, eyelashes, scalp hair, pubic hair, and other body hair
- C. Known exposure to a household member or intimate partner with lice
- D. Crusts or scabs on body from scratching
- E. Enlargement of lymph nodes (swollen glands) in the neck or groin (for pubic lice), an allergic response to the lice
- F. Body lice found on clothing, especially in the seams, as lice are rarely found on the body
- G. Black dots (representing excreta) on skin and underclothing

IV. DIAGNOSIS

Lice can best be detected by using a magnifying glass or microscope

V. TREATMENT

- A. General measures
 - 1. Wash clothing, towels, and so forth with hot water, or dry-clean contaminated items or run them through a dryer on heat cycle to destroy nits and lice; wash combs and hairbrushes in hot, soapy water. Items can also be sealed in a plastic bag for 2 weeks; lice will suffocate. Or items can be put outside in cold weather for 10 days.
 - 2. Spray couches, chairs, car seats, and items that cannot be washed or dry-cleaned with over-the-counter products (A-200 Pyrinate, Triplex, RID, or store brand products); alternative is to vacuum carefully to pick up lice and nits
- B. Specific measures
 - 1. Head lice
 - a. Thoroughly wet hair with permethrin 1% cream rinse applied to affected areas and washed off after 10 minutes or Triplex Kit (piperonyl butoxide [Pronto]), RID shampoo or

- R&C shampoo, or End Lice; work up lather, adding water as necessary; shampoo thoroughly leaving shampoo on head for 5 minutes and rinse, or use Pronto shampoo/conditioner or Clear lice-killing shampoo and lice egg remover per directions on product or Klout per directions on product.
- b. Rinse thoroughly, towel dry
 - c. Remove remaining nits with fine-tooth metal comb or tweezers (use of vinegar solution and hair conditioner or olive oil make combing easier)
 - d. Consider buying and using a LiceMeister comb to remove nits and to check hair periodically for prevention
2. Body lice
 - a. Bathe with soap and water if no lice are found
 - b. Wash with warm water and dry in dryer all clothing, bed-clothes, towels, and so forth
 - c. Dry-clean items that cannot be washed; for items that cannot be washed or dry-cleaned, seal in a plastic bag for 1 week: lice will suffocate (in cold climates, put bags outside for 10 days; temperature change kills lice)
 - d. If evidence of lice is found or the first two previously mentioned measures are not effective, use malathion 0.5% lotion applied for 8 to 12 hours, and thoroughly rinse off
 3. Pubic lice
 - a. Permethrin 1% cream (Nix) rinse applied to affected area and washed off after 10 minutes; *or*
 - b. Pyrethrins with piperonyl butoxide (RID, Clear, A-200, Pronto, generics) applied to affected area and washed off after 10 minutes; *or*
 - c. Malathion 0.5% lotion applied for 8 to 12 hours, and thoroughly rinsed off
 - d. If pregnant or breastfeeding, use same products as previously mentioned
 - e. Inform any sexual partners within past month that they need to be treated, too
 - f. Wash in warm water and thoroughly dry on heat cycle or dry-clean all clothing, bed linen, towels, and so on, or remove from body contact for at least 72 hours
 - C. Carefully check family and household members and close contacts for evidence of lice contamination and if found, treat as previously mentioned or see clinician for advice
 - D. Call your clinician if signs of infection from scratching occur (redness, swelling of skin, discharge that looks like pus, bleeding, fever)
 - E. Stop using the treatment and call your clinician if you or your family members experience sensitivity to the treatment (pain, swelling, rash)
 - F. Consult with your clinician if you have lice on the eyelashes as the treatments cannot be used near the eyes. Ophthalmic (eye) ointment must be applied to the eyelashes twice a day for 10 days.

VI. FOLLOW-UP

Contact your clinician if itching, redness, or other problems listed previously persist or recur

Special notes: _____

Clinician: _____

Websites: http://www.health.state.ny.us/diseases/communicable/pediculosis/fact_sheet.htm; <http://www.headlice.org>

Modern natural family planning (NFP) methods use normally occurring signs and symptoms of ovulation for both the prevention and achievement of pregnancy. No drugs or devices are used. The couple that uses one of the natural methods to prevent pregnancy makes the choice not to have intercourse during the method-defined fertile phase. Natural methods of family planning are 75% to 99% effective in preventing pregnancy, depending on the method used and on how well the information is taught and applied. The national NFP office uses 85% to 99% as the efficacy range based on “research typically cited.” The monitoring of fertility signs also provides invaluable information for couples who are seeking pregnancy or struggling with infertility. Successful use of natural methods depends on competent instruction and follow-up, correct and consistent charting, and patient compliance with rules. NFP can be a pleasant, healthy way to avoid or achieve pregnancy and become aware of your individual fertility pattern.

I. COMMONLY USED METHODS OF NATURAL FAMILY PLANNING

- A. Cervical mucus method based on detectable changes in cervical mucus throughout the cycle
- B. Basal body temperature (BBT) method based on changes in the temperature of the woman’s body at rest
- C. Sympto-thermal method is based on the changes in the body temperature, cervical mucus, and other bodily signs
- D. Sympto-hormonal method is based on the changes in cervical mucus and also makes use of the ClearBlue Easy Fertility Monitor. The fertility monitor detects rising estrogen and luteinizing hormone (LH) levels in the woman’s urine and provides information on three levels of fertility (i.e., low, high, and peak).
- E. Standard Days Method makes use of CycleBeads (a plastic ring of colored beads) to track the fertility in a woman’s cycle. The Standard Days Method provides a formula for woman who has cycles between 26 and 32 days in length. The days of the cycle that are considered fertile are days 8 to 19.
- F. The TwoDay Method is based on the presence or absence of cervical mucus. It makes use of two simple questions: (a) Do I have secretions today? (b) Did I have secretions yesterday? If the woman answers “no” to both questions, she can consider herself infertile that day.
- G. Terminology used in an NFP class
 1. *Abstinence*: not having vaginal sexual intercourse
 2. *Fertile days*: the days in the menstrual cycle when pregnancy (conception) is possible
 3. *Genitals or genitalia*: organs of the reproductive system in both male and female

4. *Genital-to-genital contact*: penis touching or coming into close contact with the vaginal area
5. *Hormone*: a substance that causes special changes in the body; may be naturally occurring or synthetically produced
6. *Infertile days*: the days in the menstrual cycle when pregnancy (conception) cannot occur
7. *Menstruation*: bleeding that occurs when the lining of the uterus breaks down and is released; this happens about 12 to 16 days after ovulation
8. *Menstrual cycle*: the time from the first day of menstrual bleeding to the day *before* the next menstrual bleeding begins; may vary normally from 21 to 40 days in length
9. *Ovulation*: release of the egg (ovum) from the ovary about 12 to 16 days before the onset of the next menstrual period (the day bleeding begins)
10. *Ovum*: female sex cell, egg
11. *Sperm*: male sex cell (spermatozoa) found in the semen

II. REVIEW OF THE MENSTRUAL CYCLE

The menstrual cycle is controlled by hormones. The cycle begins on the *first* day of menstrual bleeding and ends the day *before* menstrual bleeding begins again. Following menstruation, eggs (ova) are usually maturing in the follicles of the ovaries. As they grow, estrogen (a hormone known as the female sex hormone) is produced in increasing amounts, and the following certain changes take place:

- A. The lining of the uterus builds up the blood supply needed for pregnancy to occur
- B. Cervical mucus is produced and changes in character to become more hospitable to sperm so sperm can live and travel through the cervix, uterus, and fallopian tubes
- C. The cervix becomes higher in the pelvis and softens as the cervical os opens to allow sperm to enter the uterus
- D. BBT is low
- E. As the time of ovulation nears, some women may experience one or more of the following changes:
 1. Clearer complexion and less oily hair
 2. Increase in energy level
 3. Spotting of blood
 4. Pain or aching in the pelvic area
 5. Breast tenderness and/or fullness
- F. Once ovulation has occurred, there is an increase in the production of progesterone (another hormone important to the menstrual cycle and to pregnancy), and the following changes occur during the 12 to 16 days before menstruation begins:
 1. BBT rises
 2. Mucus becomes inhospitable to sperm so they cannot live and travel through the cervix, uterus, and fallopian tubes
 3. Cervix becomes lower, firmer, and the opening closes to prevent sperm from going into the uterus

4. Increased progesterone maintains the lining of the uterus in place for 12 to 16 days. As menstruation approaches, women may also experience one or more of the following changes:
 - a. Cramps
 - b. Headaches
 - c. Oily hair and complexion, acne, or increase in acne
 - d. Mood changes
 - e. Decrease in energy level
 - f. Desire to eat foods with sugar and/or salt
 - g. Breast tenderness
 - h. Pelvic aching or pain
 - i. Low back pain; joint pain or aches

III. CERVICAL MUCUS METHOD

Cervical mucus is produced by tiny cells in the cervix. As the ovum is maturing, the mucus will change in a special way that helps keep sperm alive and makes it easier for sperm to travel into the uterus. The mucus loses this quality within a day after the ovum leaves the ovary. The quality or condition of the cervical mucus is an excellent indicator of the days in the menstrual cycle when the woman can become pregnant.

A. How to check the cervical mucus

1. Begin checking for cervical mucus when the menstrual bleeding ends or becomes light enough to let you be able to determine its presence and traits
2. As you go through the day, note mentally whether the area around the vaginal opening feels dry, moist, or wet
3. Check sensation and for the presence of mucus each time you use the bathroom because the character of the mucus can change during the day. Cervical mucus should be checked before and after urination.
4. Fold a piece of toilet tissue and wipe over the vaginal opening. If the tissue slides across the vaginal opening, the sensation is wet. If the tissue drags, pulls, or chafes across the vaginal opening, the sensation is dry. If the tissue sticks a little to the vaginal opening or if the sensation is neither wet nor dry, it is a moist sensation.
5. After wiping, observe the tissue for the presence of cervical mucus. Note the color, texture, and stretchiness of the mucus. The best way to observe its characteristics is to place it between two fingers and slowly open the two fingers. The woman who does not want to touch the mucus can assess its traits by holding the tissue in both hands, then pulling it apart (see Figure I.1).

B. How to chart information about the mucus

1. A new cycle starts the first day of the menstrual bleeding, regardless of the time of the day the flow begins. Write the date when bleeding begins in the space on the NFP chart.
2. Record each day of bleeding with a star
3. When the period ends, if the vaginal sensation is dry, chart a dry day using the letter D



FIGURE I.1 Mucus check.

Artist: Glen Hawkins

4. Continue to use the letter D each day until a moist or wet sensation is experienced. Chart a moist sensation using the letter M and a wet sensation by using the letter W.
5. Note the color and texture of any mucus found or observed on toilet tissue
6. Write an X through the W on the last day of wet vaginal sensation and/or slippery or stretchy mucus. The last day of slippery or stretchy mucus and/or wet sensation is called the *peak day*. This day will not be noted until the following day when the mucus will no longer be slippery or stretchy and the vaginal sensation will have changed to moist or dry.

C. Summary of mucus descriptions

- | | D | M | W | W |
|---|-----------|-----------|-----------|------|
| 1. menses | dry | moist | wet | peak |
| | sensation | sensation | sensation | day |
| 2. Colors | | | | |
| a. Yellow | | | | |
| b. White | | | | |
| c. Cloudy | | | | |
| d. Clear | | | | |
| 3. Texture | | | | |
| a. Pasty like toothpaste or craft paste | | | | |
| b. Creamy like hand lotion | | | | |
| c. Slightly stretchy: stretches less than a half inch | | | | |
| d. Stretchy: stretches more than a half inch | | | | |
| e. Slippery like raw egg white | | | | |
| 4. Always chart the most fertile sensation and the most fertile characteristics of the mucus. | | | | |

- D. How to chart other symptoms
 1. Record intercourse by a check mark
 2. Record any other changes in your body (e.g., pain with ovulation, breast tenderness) in the column under

IV. BASAL BODY TEMPERATURE METHOD

BBT is the temperature of the body at rest. As the ova are maturing, the temperature is low. At some time shortly before, during, or after the ovum leaves the ovary, the temperature will usually rise about three tenths to one full degree higher than it had been. A sustained temperature rise tells you that ovulation has taken place.

- A. How to take BBT
 1. Begin taking temperature on the first day of menstrual bleeding
 2. Take temperature about the same time every day, in the morning when you first awake. The thermometer can be placed in the mouth.
 3. Take temperature before eating, drinking, smoking, and doing any physical activity
 4. Record temperature on the NFP chart (see Figure I.2)
- B. Change in daily events

Occasionally, a woman may become ill, drink alcoholic beverages, or change the usual time she takes her temperature. Because such events or any change in lifestyle may affect the temperature, when and if they happen, take and record the temperature anyway. In the "Notes" column on the NFP chart, record the possible reason for any change in the usual temperature. Circle your temperature each day on the NFP chart and connect the circles with a line (see Figure I.3).
- C. To adjust temperatures not taken at usual or base time
 1. Pick a base time
 2. For every *half hour* earlier than the base time, *add* one tenth of a degree to thermometer reading before it is recorded on the temperature graph
 3. For every *half hour* later than the base time, *subtract* one tenth of a degree from the thermometer reading before it is recorded on the temperature graph

V. THE CERVIX

After menses, the cervix is low in the vaginal canal, the opening is closed, and it feels firm or pointed, like the tip of a nose. As the ovum is developing and being released, the cervix will rise, soften, and the opening will become wide. These changes help sperm travel into the uterus. Within a few days after the ovum leaves the ovary (ovulation), the cervix will lower in the vaginal canal; it will feel firm or pointed and the opening will close up. These changes help prevent sperm from traveling into the uterus. It is not necessary to check the cervix in order to use a natural method. However, observing and charting the cervical changes can give interested women additional information about their fertile and infertile

days. The information can be particularly useful for the breastfeeding or premenopausal woman.

A. How to check the status of the cervix

1. Begin checking the cervix after the menstrual bleeding ends
2. Check the cervix while in a comfortable position such as squatting or standing with one foot on a stool or chair. Use the same position each time you check the cervix.
3. Check in the evening
4. Wash your hands before placing a finger in the vagina
5. When feeling the cervix, check for its position in vagina: high (may be difficult to feel) or low (usually easy to feel) softness or firmness opening: open or closed
6. Chart the most fertile cervical sign of the day

B. How to chart information about the cervix

1. Use circles to represent the sizes of the cervical opening. Place the circles in different positions in the boxes on the NFP chart to represent the rising and lowering of the cervix. Another way the position of the cervix can be noted is through using arrows:
 - a. Rising cervix
 - b. Lowering cervix
2. You can also use the letter F to represent a firm cervix and the letter S to represent a soft cervix (see Figure I.4)

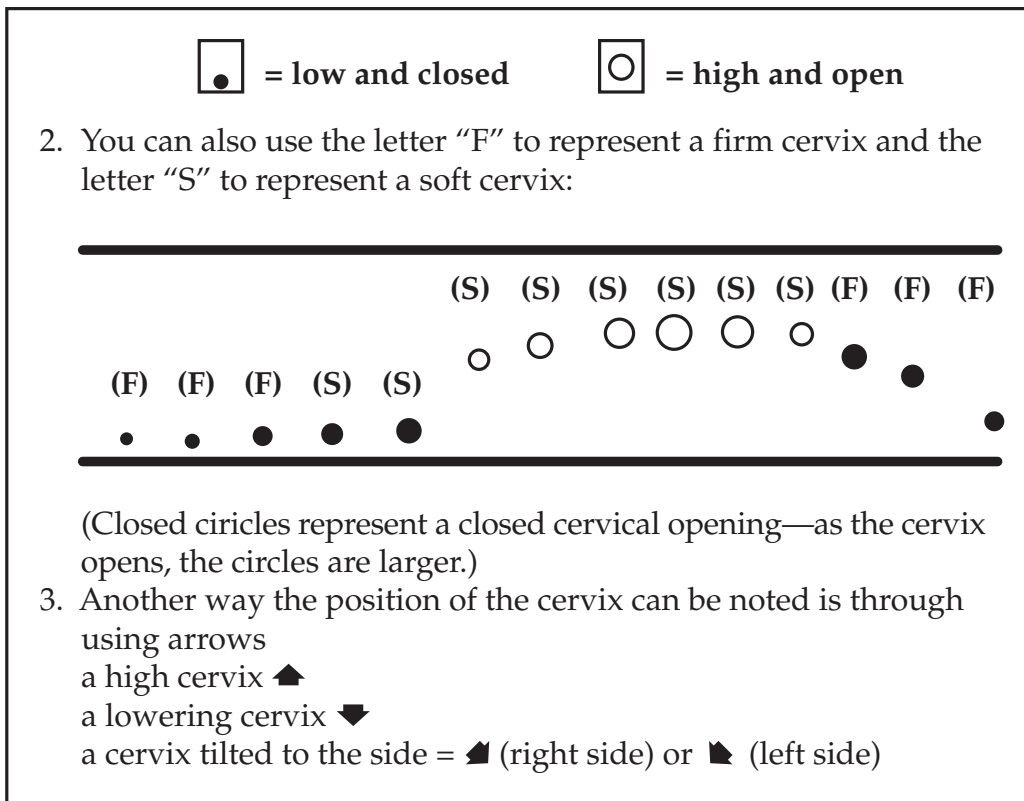


FIGURE I.4 Cervix chart.

- C. Sympto-thermal method
Combining use of all the information described to this point
- D. Sympto-hormonal method
Combining use of the cervical mucus information and the ClearBlue Easy Fertility Monitor
- E. Two-day Method
A woman observes for the presence or absence of cervical mucus secretions starting at noon. She observes for cervical mucus secretions by looking, touching, or feeling.
- F. Looking observation
When visiting the bathroom, the woman wipes and observes before urinating. She looks for cervical mucus secretions on the toilet paper. She can also look for the secretions on her underwear.
- G. Touching observation
When visiting the bathroom, the woman can touch the genital area with clean fingers or touch the surface of the toilet tissue for the presence or absence of secretions
- H. Feeling observation
As the woman goes about her daily activities, she pays attention to whether she feels moisture in her genital area

A woman marks daily on her client card whether she has or does not have secretions.

If she has her period or has had 2 days in a row without secretions, pregnancy is unlikely that day.

I. Standard Days Method

This method is suitable for women with cycles between 26 and 32 days. The woman uses CycleBeads to keep track of her cycle. On the first day of her period, she puts the movable rubber ring on the red bead. She moves the ring from one bead to another each day in the direction of the arrow. Brown beads are infertile days and white beads are fertile days.

VI. NATURAL FAMILY PLANNING RULES

By following the NFP rules, women will know on which days they are fertile and infertile during each menstrual cycle. It is important for women to check with their instructor or health care provider before following any of the rules.

- A. Ovulation method (observing and charting cervical mucus)
 - 1. To avoid pregnancy
 - a. Avoid intercourse during menses
 - b. Every other dry day rule (to determine which days before ovulation are infertile)
 - i. Intercourse can take place on the evening of every other dry day. Fertility begins when mucus is observed or the sensation changes to moist or wet.
 - ii. Intercourse is restricted to the evening so that the woman can observe her cervical mucus during the day undisturbed by intercourse

- iii. It is common for some of the man's semen to be in the woman's vagina on the day after intercourse. If cervical mucus starts to be produced on that day, the presence of semen may prevent the woman from seeing or feeling the presence of mucus. This is the reason intercourse should not take place on consecutive evenings.

Dry Day	Abstinence	Dry Day	Abstinence
Intercourse in the evening	No Intercourse the next day	Intercourse in the evening	No Intercourse the next day

- iv. When the fertile phase begins, the couple should not have vaginal intercourse until the fertile phase ends
- c. Peak day rule (to determine which days after ovulation are infertile)

The fertile phase ends on the evening of the fourth day after peak day. This infertility lasts until the beginning of the next menses.

Remember: The peak day is the last day of wet sensation and/or slippery or stretchy mucus.

- i. Mark the peak day on the chart with an "X"
- ii. Number the days after peak day 1, 2, 3, 4. The sensation on these days must be moist or dry. There may be no mucus present or it may be pasty, sticky, or creamy. It may be cloudy, white, or yellow in color.
- 2. To achieve pregnancy
 - a. Follow the every other dry day rule until the mucus sign indicates fertility. This allows the woman to accurately chart her mucus sign and to identify the start of the fertile phase.
 - b. Intercourse should occur on days identified as fertile by the cervical mucus. Particular attention should be paid to the days of wet sensation *and* clear or slippery/stretchy mucus. It is important for the couple to begin intercourse at the first signs of fertility because the fertile phase is limited in length.

VII. BASAL BODY TEMPERATURE METHOD (OBSERVING AND CHARTING BASAL BODY TEMPERATURE)

- A. To avoid pregnancy
 - 1. Shortest cycle rule (to determine which days before ovulation are infertile days). This rule cannot be used until there is a record of at least six normal menstrual cycles.

Shortest Past Cycle	Assume Infertile	Fertility Begins	Abstinence Begins
26 days or longer	first 6 days of cycle	Day 7	Day 7
23–25 days	first 5 days of cycle	Day 6	Day 6
22 days or fewer	0 day	Day 1	Day 1

2. Earliest temperature rise rule (to determine which days before ovulation are infertile days)
 - a. This rule cannot be used until there is a record of at least 12 normal menstrual cycles
 - b. Subtract 7 days from the earliest recorded day of temperature rise. The result is the first day of fertility/abstinence.
Example: Earliest recorded day of temperature rise Day 15:
 $15 - 7 = 8$.
The first 7 days of the menstrual cycle are infertile, beginning with the first day of menstrual bleeding. Intercourse can take place at any time during these days. Fertility/abstinence begins on Day 8. If a shorter cycle is recorded, the formula needs to be recalculated.
 3. Thermal shift rule (to determine which days after ovulation are infertile). Fertility ends after ovulation on the evening of the fourth consecutive temperature above the temperature cover line.
 - a. Identify the temperature rise. Watch for the temperature rise—four temperatures in a row that are higher than the six preceding temperatures. Find the highest of the six temperatures immediately preceding the rise.
 - b. Draw the temperature cover line. Draw a line across the chart one tenth of the degree above the highest of the six temperatures immediately preceding the rise. Number the first four temperatures above the temperature cover line.
- B. To achieve pregnancy
Previous charts can be reviewed to predict when a temperature rise might occur. Intercourse should occur on the days before an anticipated temperature rise.

VIII. SYMPTO-THERMAL METHOD (OBSERVING AND CHARTING BASAL BODY TEMPERATURE, CERVICAL MUCUS, AND OTHER BODILY SIGNS)

- A. To postpone pregnancy (to determine which days before ovulation are infertile days).
Use any of the following rules:
 - Shortest cycle rule
 - Earliest temperature rise ruleAbstinence should begin if mucus appears at any time during the days that are determined infertile by the aforementioned rules
- Sympto-thermal method (to determine which days after ovulation are infertile)
Fertility ends after ovulation on the evening of the fourth day after peak day or on the evening of the fourth day of temperature above the cover line, whatever occurs last
 1. Identify peak day. Peak day is the last day of wet sensation and/or slippery stretchy mucus. Mark peak day with an "X" and number the 4 days after peak day 1, 2, 3, and 4.

2. Identify the temperature rise. Watch for the temperature rise—four temperatures in a row that are higher than the six preceding temperatures. Find the highest of the six temperatures immediately preceding the rise.
 3. Draw the temperature cover line. Draw a line across the chart one tenth of the degree above the highest of the six temperatures immediately preceding the rise. Number the first four temperatures above the temperature cover line.
- B. To achieve pregnancy

Intercourse should occur on days that are identified as fertile by the cervical mucus. Particular attention should be paid to the days of wet sensation *and* clear or slippery/stretchy mucus. It is important for the couple to begin intercourse at the first signs of fertility because the fertile phase is limited in length. Previous charts can also be reviewed to predict when a temperature rise might occur. Intercourse should occur on the days before an anticipated temperature rise.

Websites: <http://nfp.marquette.edu>; <http://www.irh.org>; <http://www.cyclebeads.com>

I. DEFINITION

Osteoporosis is characterized by decreased bone mass (loss of bone density), deterioration of bone microarchitecture, and an increase in bone fragility and risk for bone fractures (broken bones).

II. ETIOLOGY

Humans have two types of bone—cortical and trabecular. Cortical bone is very compact; it forms the outer shell of bones and makes up 80% of the skeletons of adults. Trabecular bone, also called spongy or cancellous bone, makes up the remaining 20% and forms the interior of bones. For bones to develop properly and maintain bone mass, we need adequate calcium and phosphorus and other minerals in our diets. We also need other vitamins and adequate vitamin D for our bodies to absorb calcium from our diets and enable the body to maintain our bones.

We reach our peak bone mass at about 35 years of age. Estrogen seems to play a role in enabling women's bones to retain calcium and the other minerals necessary to build bone and preserve bone mass. From 35 years of age or so, some sources say that we lose about 2% of bone density each year. After menopause, the loss of bone mass may accelerate during the first 5 or 6 years. Thereafter, rate of loss returns to previous level. If bone mass loss becomes too great, the woman becomes very susceptible to fractures.

III. RISK FACTORS

The risk of developing osteoporosis is greater for women than for men (women begin with less bone mass), and increases with age. Women who have never had children, had early menopause (before the age of 50), are of northern European or Asian descent, have a thin body frame, blond or red hair, fair skin and freckles, curvature of the spine (scoliosis), are unable to digest milk or dairy products, smoke, have a high alcohol intake, low calcium diet, high salt diet, not enough vitamin D, drink more than two or three cups of caffeinated beverages a day, do not exercise or exercise excessively, live in a northern climate, have little fluoride in their drinking water, and have a family history of osteoporosis are at greater risk than women with none of these risks.

IV. PREVENTION

We cannot change our heritage, family history, gender, body build, hair or skin color, the time at which we go through natural menopause, or our inability to drink milk or eat milk products. However, we can exercise an appropriate amount, stop or never start smoking, limit alcohol intake, decrease or eliminate caffeine, decrease daily salt intake, and choose a diet with the amount of calcium we need. Current recommendations for calcium are 1,000 mg for women 19 to 50 years of age and 1,200 mg starting at the age of 51.

Calcium-rich foods include broccoli; bok choy; collard, mustard, and turnip greens; kale; and oranges. Dairy products, sardines, salmon with bones, shrimp paste, dried anchovies, soy products (tofu, soy milk, etc.), and almonds are all high in calcium. Vitamin D recommendation is no more than 4,000 IU daily. This can be obtained from 5 to 10 minutes in the sun each day, drinking the equivalent of a quart of vitamin D fortified milk, or taking a vitamin D supplement. Foods rich in vitamin D include fatty fish, butter, vitamin D–fortified margarine, egg yolks, and liver. Your clinician may choose to do a vitamin D blood level.

We can help prevent osteoporosis by changing what we can change in our lifestyles and by considering hormone therapy after menopause. Hormone therapy, known as HT, is not for every woman and is a decision each should make very carefully with her health care provider.

If you do not choose to use HT, in addition to all the lifestyle changes that are discussed previously, you may also consider the use of vitamins—especially 400 U of vitamin E each day, and exploring botanicals or other homeopathic products with knowledgeable persons.

V. TREATMENT FOR OSTEOPOROSIS

If you have osteoporosis, you can prevent further loss of bone mass and, in some cases, actually restore bone mass with a regimen of exercise prescribed by a clinician specializing in osteoporosis therapy.

Calcium supplements, adequate vitamin D, hormonal and nonhormonal drug therapy, changes in lifestyle including smoking cessation, decreasing or eliminating caffeine, and lowering alcohol intake can also improve the health of your bones.

Making your home as safe as possible will help you avoid fractures. Nurses and physical therapists specializing in working with persons with osteoporosis can help you reduce or eliminate those hazards.

Website: <http://www.mayoclinic.com/health/osteoporosis/DS00128>

I. DEFINITION

Polycystic ovary syndrome (PCOS) is a complex condition of the endocrine system (including the ovaries). It is one of the most common reproductive tract problems in women younger than 30 years of age. Some women, when examined with laparoscopy (a lighted scope for viewing the inside of the abdominal and pelvic areas), have ovaries with a thickened capsule and multiple cysts of the follicles (that develop and release eggs).

II. SIGNS AND SYMPTOMS (ONLY 20% TO 30% OF WOMEN HAVE THESE)

- A. Menstrual cycles without ovulation
- B. Infertility—inability to conceive
- C. No menses (periods) or very scanty menses
- D. Prolonged menses, sometimes unpredictable or irregular menses
- E. Increase in body and facial hair
- F. Increase in or appearance of acne
- G. Loss of hair especially at the crown
- H. Whitish breast discharge
- I. Change in body shape—increased waist to hip ratio
- J. Increase in skin pigment at the nape, in axillae (under arms), and in the groin area

III. DIAGNOSIS

- A. The diagnosis is made based on the signs and symptoms, laboratory tests, ultrasound of the ovaries, and imaging of the adrenal glands
- B. Refer for testing or test for metabolic syndrome based on criteria of the World Health Organization, the International Diabetes Federation, or the National Cholesterol Education Program. These include central obesity, hypertension, glucose uptake, and triglyceride level (see websites for criteria for each).
- C. Laboratory testing can include measures of androgens (male hormones), function and hormone level tests for thyroid, adrenal, and pituitary glands

IV. TREATMENT

- A. Weight loss and exercise program
- B. Low-dose combination oral contraceptives with a low-androgenic progestin to restore menstrual cycles and have a beneficial effect on hyperandrogenism
- C. Possibly prescription drugs to reduce excessive hair growth and acne
- D. Medications for Type 2 (noninsulin dependent) diabetes seem to help symptoms
- E. Electrolysis and/or depilatories for excessive hair
- F. Medications to induce ovulation when pregnancy is desired

V. PATIENT EDUCATION

- A. Education about PCOS and lifestyle alterations
- B. Education about pharmacologic (prescription drug) interventions
- C. Education about fertility

Special Notes: _____

Clinician: _____

Websites: For more information, visit <http://www.pcosupport.org>; criteria for the diagnosis of metabolic syndrome include the World Health Organization criteria that can be found at http://www.medicinenet.com/metabolic_syndrome/article.htm

The International Diabetes Foundation criteria can also be found at <http://www.idf.org/idf-worldwide-definition-metabolic-syndrome>

For National Cholesterol Foundation criteria, visit <http://www.medscape.com/viewarticle/552000>

1. It is helpful to have someone accompany you when you are evaluated for a medical abortion
2. Follow directions from the caregiver in taking pain medication as recommended
3. Seek emergency treatment if you are bleeding (soaking through two thick full-sized sanitary pads per hour for two consecutive hours); you have pelvic pain uncontrolled with medication regimens recommended; you have a fever higher than 100.4°F that lasts for more than 4 hours; severe abdominal pain; weakness; nausea; vomiting; and/or diarrhea for more than 24 hours after taking misoprostol
4. Normal physical activities may be resumed as soon as you feel ready
5. You may experience some uterine cramping (similar to menstrual cramps). It is okay to take acetaminophen (Tylenol, Datril, Tempra, Valadol, Valorin, Acephen) for cramps, or ibuprofen 800 mg (Motrin, Advil; every 8 hours).
6. Consult your clinician if you experience any of the following signs of incomplete abortion or infection:
 - a. Uncontrolled bleeding
 - b. Continued pregnancy symptoms (nausea/vomiting or breast tenderness 1 week after the medical abortion)
 - c. Unexplained fever
 - d. Failure to return to how you felt before you became pregnant
 - e. Because of the risk of infection, it is important not to have intercourse or to insert anything into the vagina for 2 to 3 weeks. Other forms of sexual activity or orgasm will not be harmful to your body. Do not douche at all and do not use tampons for 2 to 3 weeks after the procedure, or until you stop bleeding.
7. Bleeding will probably cease after 3 to 4 days, but may last up to 3 weeks. There may be no bleeding at all. If bleeding exceeds two sanitary pads an hour or if you have a fever, call your clinician or the facility where the procedure was performed.
8. Menstruation (period) should resume in 4 to 6 weeks but may take as long as 8 weeks and as short as 2 weeks
9. You will be given an appointment with a clinician 2 to 3 weeks after your abortion. The clinician will check to see whether your body is back to normal and will provide you with your desired form of contraception or schedule an appointment for a diaphragm or cap fitting 6 weeks after the abortion. An intrauterine device (IUD) can be inserted immediately after or within 3 weeks of a first-trimester miscarriage or abortion. Depo-Provera may be given the day of the abortion or within 5 days of the procedure. This appointment will also give you an opportunity to discuss your feelings. A friend or partner is welcome to see the clinician with you if you wish.

10. If you have chosen to use a hormonal contraceptive method, begin on the Sunday following the abortion procedure. If not, be sure to use another form of contraception such as spermicide and condoms when you resume sexual relations. Remember, you will probably ovulate before you resume menses; you can become pregnant any time after your abortion. If you received Depo-Provera after your abortion, it is still important to return for your postabortion checkup 2 to 3 weeks after the procedure. You can then schedule your next Depo-Provera shot.

If you have a problem or concern, call the clinician or office at _____.

Website: <http://www.fwhc.org/abortion/medical-ab.htm>

The purpose of preconception self-care is to help you be at your healthiest as you plan a pregnancy. Advanced planning can help reduce your risk of having a low birth weight or premature baby. Working with your clinician, you can identify any medical condition or medications you are taking that need to be considered when contemplating a pregnancy. You may also wish to have a genetic consultation if you or your partner has a family history of inherited disorders such as cystic fibrosis, Tay-Sachs disease, hemophilia, or birth defects in the family. Infections such as sexually transmitted diseases (STDs) and tuberculosis may affect the health of a pregnancy, or even your ability to conceive.

Good health is important for a successful pregnancy and healthy baby. A complete health history and physical examination including a Pap smear, pelvic exam, and screening for STDs, as well as other communicable diseases such as hepatitis B and C and HIV prior to conception, will ensure that your body is in an optimal state for a pregnancy. Having your immunizations up-to-date will protect you and your baby. Evaluation of your nutritional state, diet and exercise patterns, and your toxin exposure at work and at home will help you prepare your body for conception.

Smoking and using alcohol and/or street drugs can have serious consequences for the health of a pregnancy and baby. At least one month before attempting to conceive, women who smoke, drink alcohol, or use street drugs should stop. If you use prescription or over-the-counter drugs, limit them to those your clinician approves of. In addition, check with your clinician about the use of herbals, homeopathics, and vitamins.

Protect yourself from exposure to toxins as much as possible. These include pesticides, household cleaning products, gases, lead, solvents, and radiation. Modify, undertake, or continue your program of exercise. Bring your immunizations up-to-date (although some are contraindicated in pregnancy, it is best to do this at least one month before trying to conceive).

Eat a balanced diet, paying particular attention to fresh fruits and vegetables (five–nine or more servings a day); whole grain breads, cereals, and pasta; protein (especially fish, poultry, legumes, eggs, and nonfat dairy products); and drink six to eight glasses of water a day. Avoid eating raw fish or raw meat. Decrease or eliminate caffeine from your diet (including coffee, tea, and carbonated soft drinks). Begin taking 400 µg of folic acid a day; a prenatal vitamin that includes at least 400 µg of folic acid is fine. Increase your calcium intake to the equivalent of 1 qt of milk a day (1,200–1,500 mg of calcium). In general, avoid food with plenty of preservatives and artificial sweeteners.

Avoid hot tubs and saunas because these bring your body temperature higher than 102°F, which can limit or eliminate sperm production. Avoiding such excessive heat will also protect the baby once conception has occurred.

If you are on hormonal contraceptives, stop using them at least one month before you plan to conceive to allow your body to resume cycling.

Several months are advised, because it often takes that long to resume ovulatory (fertile) cycles. You can use spermicides and condoms until you wish to try to conceive.

To maximize the health of their sperm, men who are planning to have children should stop smoking and using street drugs, drink only in moderation (one glass a day), and avoid toxin exposure at least three months before attempting conception. They should also have their infectious disease status checked through an STD screen and hepatitis B and C and HIV testing. One half of the baby's genetic material comes from the father, so he needs to be in good health.

Discuss with your partner your feelings about parenting, your expectations of him or her, and what parenting means to you. How do you expect your life to change? How will having a child change your relationship, the way your household functions, your work schedule, your expectations, and those of your partner? Who will be the primary parent? Will one or both of you have parenting leave? How will your finances be affected by having a child? How do you plan to integrate a new baby into the household with other children, extended family, and other members of the household?

Planning for a pregnancy will help you be at your best when you conceive. It will also help you consider the changes that pregnancy and a baby will have on your life and the lives of those close to you.

For resources on genetic counseling, nutrition, prenatal care, and prenatal classes, as well as information on conception and pregnancy, ask your clinician and check your community library, your local bookstore, and online such as the March of Dimes Birth Defects Foundation, <http://www.modimes.org>; information on preconception care can be found at <http://www.womenshealth.gov/pregnancy/before-you-get-pregnant/preconception-health.cfm>

I. DEFINITION

The premenstrual syndrome (PMS) consists of a group of behavioral and cognitive dysfunctions and physical symptoms that are associated with the menstrual cycle

II. SIGNS AND SYMPTOMS

- A. Usually appear 1 week prior to menses but may also appear up to 2 weeks or just several days before menses, and include:
 1. Mood fluctuations—*anxiety, crying, persistent anger*
 2. Depression, feeling hopeless
 3. Fatigue, lethargy; joint or muscle pain
 4. Weight gain
 5. Headache
 6. Irritability
 7. Breast tenderness
 8. Increased appetite, craving for sweets and/or salt
 9. Insomnia/sleep disturbance
 10. Inability to concentrate, reduced interest in usual activities
 11. Constipation
 12. Palpitations
 13. Hot flashes
 14. Abdominal bloating
 15. Acne
 16. Changes in sex drive
- B. If you are bothered by these changes, make an appointment with your clinician for a consultation. A complete history will be taken, and a diet and exercise regimen will be suggested. You will also be scheduled for a complete physical examination.

III. TREATMENT

Treatment consists of alleviating the signs and symptoms that are described previously with a diet and exercise plan and/or medication

- A. Diet recommendations
 1. Limit your salt intake to 3 g or less per day (i.e., avoid using the saltshaker)
 2. Limit your intake of alcohol
 3. Avoid caffeine (e.g., coffee, tea, chocolate, soft drinks)
 4. Increase your intake of complex carbohydrates (e.g., fresh fruit, vegetables, whole grains, pasta, rice, potatoes)
 5. Consume moderate protein and fat. Limit your red meat consumption to 2 times weekly.
- B. Exercise recommendations
 1. Exercise 3 times per week for 30 to 40 minutes. Examples are brisk walking, jogging, aerobic dancing, martial arts, swimming, and bicycling.

C. Medications

1. Take vitamins, calcium supplements, and other medications such as antidepressants, as prescribed or recommended by your clinician

D. Consider complementary therapies such as meditation, botanicals, aroma or muscle therapy, energy healing, massage therapy, naturopathy, and acupuncture. Talk with your clinician about these.

You may be evaluated monthly for 3 months to determine the effects of diet, exercise, vitamins, and your symptoms. If there is no improvement at that time, a more extensive workup may be done with possible referral.

I. DEFINITION

Scabies is a highly contagious skin rash whose chief symptom is itching. Scabies is caused by the scabies mite (*Sarcoptes scabiei*), which burrows into the skin and deposits its eggs along the tunnel it has made. The eggs hatch in 3 to 5 days and gather around hair follicles. Newly hatched female mites burrow into the skin, mature in 10 to 19 days, then mate and start a new cycle. Norwegian scabies (crusted scabies) is an aggressive infestation of the scabies mite.

II. TRANSMISSION

- A. Scabies among adults may be sexually transmitted
- B. Persons living in proximity with others, in dormitories, and in crowded living spaces are more likely to incur scabies if one person among them becomes infested with the mite. Persons sharing clothing or towels are at increased risk. So are persons with blood malignancies such as leukemia, persons who are HIV positive, and those persons with other conditions in which their immune systems are compromised or have a history of atopic dermatitis.

III. SIGNS AND SYMPTOMS

- A. May appear 4 to 6 weeks after contact with scabies from another person, because it takes several weeks for sensitization to develop. In persons who are previously infected, symptoms may appear within 24 hours after repeat exposure to the scabies mite.
- B. Itching becoming worse at night or at times when the body temperature is raised such as after exercise. Itching begins first, before other signs and symptoms.
- C. Lesions are usually on the webs between fingers, the inner aspects of the wrists and elbows, areas surrounding the nipples, umbilicus (belly button), belt line, lower abdomen, genitalia, and cleft between the buttocks. It can be all over the body, especially in persons whose immune systems are compromised. These lesions look like little burrows about 0.5 to 0.75 in. in length, ending in a raised red area (papule) or a raised area filled with fluid (vesicle). These lesions can become scaly and become crusted over. When scratched, the areas become raw looking and become infected.

IV. DIAGNOSIS

- A. Diagnosis is made through examination of lesions and of those areas of the body that are most frequently involved
- B. Linear burrows can be seen in the affected area
- C. Scaling, crustation lesions, furuncles (boils), and/or scratches may be visible with secondary infection
- D. When scrapings from the lesions are examined under low power with a microscope, the mites can sometimes be seen

V. TREATMENT

- A. Treatments to kill mites
 1. 5% permethrin cream (Elimite), applied to all areas of the body from neck down and washed off after 8 to 14 hours, *or*
 2. Ivermectin 200 µg/kg *orally*, repeated in 2 weeks (not for children younger than 2 years old or less than 33 lbs or for pregnant or breastfeeding women)
 3. Do not use lindane (Kwell) without consulting a clinician because it can be toxic
- B. Treatments to relieve symptoms. Antihistamines may be taken to relieve itching (these do not kill the mites but may make you feel better).
- C. General measures to decrease the risk of reinfestation
 1. Clothing, towels, and bed linens should be laundered (hot cycle) and dried on heat cycle or dry-cleaned on day of treatment with medication
 2. If clothing items cannot be washed or dry-cleaned, separate them from the cleaned clothes and do not wear for at least 72 hours. Mites cannot exist for more than 2 to 3 days away from the body. You can decontaminate mattresses, sofas, and rugs with over-the-counter sprays or powders.
 3. Sexual partner and close personal or household contacts within the past month should be informed and referred to a clinician for examination and treatment

VI. PATIENT EDUCATION

- A. Follow the treatment regimen carefully
- B. Itching may persist for several weeks. If you do not respond to therapy and if itching persists after 1 week, contact your clinician to decide whether further therapy is necessary.
- C. Call your clinician if the infested areas bleed, do not seem to be healing, are swollen or warm to the touch, or have drainage that looks like pus. You may have a secondary infection and need additional treatment.
- D. Discontinue treatment and call your clinician if you develop a rash after using medication

VII. FOLLOW-UP

- A. Call your clinician if:
 1. Lesions do not begin to resolve with treatment or you are getting new lesions
 2. The treatment has brought out another skin condition, the one that you had previously, such as eczema or psoriasis
 3. Lesions appear to be spreading and increasing in size
 4. Lesions appear crusted
- B. Return to your clinician if symptoms persist or new symptoms occur
- C. Return to your clinician for evaluation of the success of the treatment, or the need for retreatment

Website: http://www.cdc.gov/NCIDOD/DPD/parasites/scabies/factsht_scabies.htm

Spermicides

I. DEFINITION/MECHANISM OF ACTION

Spermicides are a barrier method of birth control. All spermicides contain an inert base or vehicle and an active ingredient, most commonly a surfactant such as nonoxynol-9 that disrupts the integrity of the sperm membrane (acts as a spermicide).

II. EFFECTIVENESS AND BENEFITS

- A. Method: 96% effectiveness rate
- B. User: 60% effectiveness rate
- C. Inexpensive and readily available

III. SIDE EFFECTS AND DISADVANTAGES

- A. Local irritation from spermicide
- B. Can necessitate the interruption of intercourse
- C. Emotional difficulty with touching one's own body

IV. TYPES

- A. Creams, jellies, gels
- B. Foams
- C. Foaming tablets
- D. Suppositories
- E. Vaginal film

V. HOW TO USE

- A. Instructions should be read prior to using any spermicide. Method of insertion, time of effectiveness, time needed prior to intercourse, and so forth will vary with each type.
- B. Use new insertion of spermicide with each intercourse
- C. After each use, wash the applicator with soap and water
- D. When using a spermicide, your partner should always use a condom unless you use a female condom

VI. FOLLOW-UP

- A. Yearly physical examination with Pap smear is recommended

Condoms

I. DEFINITION/MECHANISM OF ACTION

Condoms are thin sheaths, most commonly made of latex (female condoms are made of polyurethane; male polyurethane condoms are now on the market), that prevent the transmission of sperm from the penis to the vagina

II. EFFECTIVENESS AND BENEFITS

- A. Method: 97% to 98% effectiveness rate, providing the method is used correctly
- B. User: 70% to 94% effectiveness rate
- C. Inexpensive and readily available
- D. Offer protection against sexually transmitted disease. Only latex condoms provide protection against the AIDS (HIV) virus. The female condom is made of thick polyurethane so it does offer protection.
- E. Encourage male participation in birth control

III. SIDE EFFECTS AND DISADVANTAGES

- A. Allergic reaction to latex (rare). (Female condom is made from polyurethane as are some male condoms.)
- B. Use necessitates the interruption of intercourse for application
- C. May decrease tactile sensation
- D. Psychological impotency with male condom
- E. If latex allergy is a problem, double condom use is an option. If the woman is allergic, the male can wear a latex condom with a skin or polyurethane condom covering it. If the man is allergic, he can wear a polyurethane or skin condom with a latex condom over it. Skin condoms should not be worn alone because they do not offer protection from HIV.

IV. TYPES

Condoms vary in color, texture (smooth, studded, or ribbed), shape, and price; they come lubricated and plain; some have spermicide; some are extra strength; some are sheerer and thinner; some have a unique shape; and some are scented or flavored

V. HOW TO USE MALE CONDOM

- A. Always pull the male condom on an erect penis and before there is any sexual contact. Use for every act of intercourse
- B. Do not pull the male condom tightly over the end of the penis; leave about an inch extra for ejaculation fluid and to avoid breakage; some condoms have a reservoir tip
- C. Withdraw before the penis becomes limp and hold the open end of the condom tightly while withdrawing
- D. Partner should always use a contraceptive spermicide along with condom
- E. Condoms should be used only once

VI. HOW TO USE FEMALE CONDOM

The female condom comes prelubricated

- A. Pinch ring at closed end of the pouch and insert like a diaphragm covering the cervix; adding one to two drops of additional lubricant makes insertion easier and decreases or eliminates squeaking noise and dislocation during intercourse
- B. Adjust other ring over the labia

- C. Can be inserted several minutes to 8 hours prior to intercourse
- D. Remove before standing up by squeezing and twisting the outer ring and pulling out gently

If the condom breaks or slips off, check the website <http://not-2-late.com> for emergency contraception information. Plan B is now available over the counter for women 18 years of age and older.

Smoking is the leading cause of preventable illness and early death in the United States. If you stop, you can expect an increase in your life expectancy and an improvement in your health.

Smokers are at greater risk for:

- Strokes
- Cancer of the larynx
- Oral cancers—tongue, lip, gum
- Lung disease
- Chronic obstructive pulmonary disease
- Heart disease and heart attack
- Possibly breast cancer

Smokers may also develop other smoking-related problems:

- Pregnancy complications and losses
- Sinus infections
- Cataracts
- Impotence and infertility
- Osteoporosis and bone density problems
- Premature skin wrinkling
- Gum disease and dental cavities
- Stained teeth and bad breath
- Poor circulation
- Poor tolerance for exercise
- High blood pressure

Family members are at greater risk for:

- Lung cancer and heart disease
- Children of smokers have higher incidences of sudden death syndrome, asthma and other lung problems, ear infections, colds, and learning delays
- The rewards of quitting are experienced quickly and long term

Within several weeks of quitting smoking:

- Blood pressure drops, circulation improves
- Lung function improves
- Coughing, sinus infections, fatigue, and shortness of breath improve
- Number of colds decreases
- Energy level improves

The risk of lung cancer is increased for both current and former smokers compared with those who never smoke and declines for former smokers with increasing duration of abstinence.

Other long-term benefits include decrease in heart disease; cancer of the mouth, throat, and esophagus; stroke risk; and coronary heart disease.

Do you think you have a dependence on nicotine? Ask yourself the following questions:

- Do you smoke a cigarette first thing in the morning?
- Do you wake up to smoke a cigarette during the night?
- Do you smoke five or more cigarettes a day?
- Do you find it hard not to smoke in places where it is forbidden? Do you leave such places to smoke?
- Do you smoke more cigarettes in hours after you wake up than during the rest of the day?
- Do you smoke when you are ill?

If you answer “yes” to any of these questions, you can consider yourself as having a nicotine problem.

If you want to quit, the following suggestions may help:

1. Make the decision to stop smoking
2. Think about why you want to stop smoking. Make a list of those reasons and the rewards associated with quitting. Keep this list with you and review it when you feel the urge to smoke.
3. Talk to your friends and family; ask for their support and encouragement.
4. Keep a journal. You can start it when you are making the decision to quit. Record each cigarette smoked, the time, the place, the intensity of the craving, and the reward of the cigarette. Think about the social cues associated with smoking and about how you will deal with these after you stop smoking. Record your thoughts and feelings. Doing this can help you identify your smoking “triggers” and assist you in adapting strategies and skills to get past those triggers. Continue recording your feelings in the journal after you have quit smoking.
5. Avoid drinking alcohol. Alcohol will weaken your resolve.
6. Clean your clothes, car, drapes, and furniture to rid them of the smell of smoke.
7. Throw out all cigarettes, ashtrays, and smoking paraphernalia.
8. Avoid being around other smokers.
9. If possible, establish living space as “no smoking.”
10. Increase exercise level (walking, weight lifting, yoga, tai chi). This assists in weight management, stress reduction, and general sense of well-being.
11. Change your daily routine to avoid smoking triggers.
12. Keep oral substitutes handy. Use low calorie vegetables and fruits; sugarless gum; toothpicks.
13. Engage in activities that make smoking difficult, such as exercising, gardening, or washing the car.
14. Spend time in places where smoking is prohibited.
15. Join a support group. Such groups are offered by Nicotine Anonymous, American Cancer Society, the American Lung Association, and your local hospital or health care center.

16. Make an appointment with your clinician to talk about your desire to stop smoking. Your clinician can help you choose the most appropriate method to assist in breaking your habit. Choices available include:
- Nicotine replacements: gum, transdermal patches, nasal sprays, inhaler
 - Zyban or Wellbutrin SR: a nonnicotine oral medication for smoking cessation treatment
 - Chantix (varenicline): an oral medication. Use by pilots, bus drivers, and truck drivers is prohibited by the federal government

Good luck in your journey to a smoke-free life. Remember, if you have a relapse and start smoking again, you can quit again. Many people need to try several times before they are successful. If this happens to you, do not be too hard on yourself. Review the previous suggestions and begin again.

Stress or Urge Incontinence (Loss of Urine)

PATIENT EDUCATION HANDOUT

Copyright © Springer Publishing from Hawkins, J. W., Roberto-Nichols, D. M., & Stanley-Haney, J. L., *Guidelines for nurse practitioners in gynecologic settings*.

Stress and urge incontinence are caused by relaxation of the muscles and ligaments of the pelvic floor, that is, the muscles and ligaments that support the bladder, uterus, urethra (tube leading from the bladder to the outside), lower bowel, and vagina. Because of this relaxation, which is commonly the result of stretching due to childbirth and normal loss of muscle elasticity with aging, any stress such as laughing, coughing, or sneezing can cause involuntary loss of urine or the need to urinate urgently, known as urge incontinence.

Urine can be irritating to the skin, so it is important to wash it off as soon as possible. The ammonia odor from urine leakage may also be distressing. Cotton underwear; the use of nondeodorized, unscented panty liners; and the use of wipes especially designed for the perineal area, such as baby wipes, will all help to prevent irritation, rashes, and cracking of skin. Skin cracking, irritation, and rashes will often increase the possibility of bacterial infection, especially in the warm, moist, genital area. Dusting with cornstarch will protect the skin from irritation. Only mild, unscented soaps should be used, and used sparingly, because soaps can be drying to skin. Perfumes (which are alcohol based) can also increase the drying effect and may cause an allergic reaction or chemical irritation to sensitive skin. Avoid bubble baths, vaginal hygiene products, and perfumed powders and talcum for the same reasons. Caffeine and smoking should also be avoided—both are bladder irritants (see Figure I.5). In addition, try to identify irritants that cause you to have urge incontinence and eliminate

**Log of Times of Urine Loss,
Circumstances of Loss, and Amount**

	S	M	T	W	T	F	S
Week 1							
Week 2							
Week 3							
Week 4							

FIGURE I.5 Log of times of urine loss, circumstances of loss, and amount.

those. Some of these include citrus fruits and juices, caffeine (even the lesser amount in decaffeinated coffees, teas, and chocolate), and alcohol.

Diary of Incontinence

Code numbers for WHEN

- | | |
|----------------------|----------------------------|
| 1. Coughing/sneezing | 5. Bending over |
| 2. Laughing/crying | 6. Sitting or resting |
| 3. Blowing nose | 7. Washing hands or dishes |
| 4. Climbing stairs | 8. Other times |

Code letters for AMOUNT

- a. A drop or two
- b. A teaspoonful
- c. A tablespoonful
- d. More than a tablespoonful

Kegel (Pelvic Floor Muscle Strengthening) Exercises

Practice contracting, holding, and relaxing each time you urinate until you can stop the flow completely and start and stop at will. Then proceed to this exercise program.

Day 1: Repeated contracting, holding, and relaxing of pubococcygeus muscle (muscle band of perineal area) 4 times this day, 10 contractions and 10 relaxations each time.

Log for Pelvic Floor Exercise (Place a checkmark in box for each exercise period each day)

	S	M	T	W	T	F	S
Week 1							
Week 2							
Week 3							
Week 4							

FIGURE I.6 Log for pelvic floor exercises.

Day 2: Increase to 20 contractions and 20 relaxations, 4 times this day.

Day 3: Increase to 30 contractions and 30 relaxations, 4 times this day.

Day 4: Increase to 40 contractions and 40 relaxations, 4 times this day.

Day 5: Increase to 70 contractions and 70 relaxations, 4 times this day.

Continue with Day 5 regimen, so you are now doing the exercise 4 times each day, contracting and relaxing 70 times at each of the four exercise periods (see Figure I.6).

You may want to ask your clinician about the vaginal cones or sphere to help you practice. Graduated weighted cones are available to assist in Kegel exercises; a cone is inserted in the vagina and Kegel exercises are performed using the cones' feedback; when weight of one cone can be maintained for 15 minutes when walking or standing, move to next weight. The sphere is inserted in the vagina to strengthen pelvic muscle tone. You can do Kegel exercises with the sphere in place as well.

1. Someone should accompany you to the facility where you are to have the abortion and wait there to take you home.
2. You may resume your normal physical activities according to the post-operative care instructions that will be given to you and as soon as you feel ready.
3. You may be given some medication (Methergine or Ergotrate, and/or an antibiotic) to take after your abortion. The first two medications will help your uterus return to its normal size and decrease bleeding. Antibiotics will help prevent infection. Follow the directions on how to take the pills. You may experience some uterine cramping (similar to menstrual cramps) with or without the Methergine or Ergotrate, because each of these medications causes the uterus to contract to help it to return to prepregnancy size. It is okay to take acetaminophen (Tylenol, Datril, Tempra, Valadol, Valorin, Acephen) for cramps, or ibuprofen (Motrin, Advil).
4. Because of the risk of infection, it is important not to have intercourse or to insert anything including fingers into your vagina for 2 to 3 weeks. Other forms of sexual activity or orgasm will not be harmful to your body. Do not douche at all and do not use tampons for 2 to 3 weeks after the procedure, or until you stop bleeding. You may also be given 3 to 5 days of antibiotics to help prevent infection. Be sure to complete this medication.
5. Bleeding will probably cease after 3 to 4 days, but may last up to 3 weeks. There may be no bleeding at all. If bleeding exceeds two sanitary pads an hour, if you have a fever, or are passing clots the size of a quarter or larger, call your clinician or the facility where the procedure was performed. If you continue to have bright red bleeding longer than 3 days, call your clinician. Bleeding should change from bright red to darker red and then to pink and then whitish mucousy discharge by the end of 3 weeks, and it should decrease in amount.
6. Menstruation (period) should resume in 4 to 6 weeks but may take as long as 8 weeks and as short as 2 weeks. You will probably ovulate (produce an egg) before you have a period, so protect yourself from pregnancy or abstain from vaginal-penile intercourse until you are using a contraceptive method.
7. You will be given an appointment with a clinician 2 to 3 weeks after your abortion. The clinician will check to see that your body is back to normal and will provide you with your desired form of contraception or schedule an appointment for a diaphragm or FemCap fitting 6 weeks after the abortion. An intrauterine device (IUD) can be inserted immediately after or within 3 weeks of a first-trimester miscarriage or abortion. Depo-Provera may be given the day of the abortion or within 5 days of the procedure. This appointment will also give you an opportunity to discuss your feelings. A friend or partner is welcome to see the clinician with you if you wish.

8. If you have chosen to use a hormonal contraceptive method, begin on the Sunday following the abortion procedure. If not, be sure to use another form of contraception such as spermicide and condoms when you resume sexual relations. Remember, you can become pregnant any time after your abortion if you are not using contraception. If you received Depo-Provera after your abortion, it is still important to return for your postabortion checkup 2 to 3 weeks after the procedure. You can then schedule your next Depo-Provera shot. If you choose to use the contraceptive implant, you can schedule an appointment for its insertion at the time of your postoperative visit.
9. If you have a problem or concern, call the clinician's clinic or office at:

Website: http://teenadvice.about.com/cs/optionsabortion/a/exabortion_4.htm

I. DEFINITION

Syphilis is a sexually transmitted disease (STD) that can affect any organ in the body such as the bones, brain, and/or heart. It is spread by sexual contact and can also be passed on from the mother to her unborn baby. It is caused by the organism *Treponema pallidum*.

II. IMPORTANT INFORMATION

- A. Any sexually active person can get infected with syphilis. An untreated person can spread syphilis for 1 year after being infected.
- B. Symptoms can occur 10 to 90 days after sexual contact; the average is 21 days

III. USUAL SIGNS AND SYMPTOMS: WHAT YOU MAY EXPERIENCE

- A. *Primary syphilis*. The first sign of syphilis is a painless chancre (sore) at the site of entry of the syphilis organism in an average of about three weeks after infection has occurred. The chancre may occur on the vulva, labia, opening to vagina, clitoris, cervix, nipple, lip, roof of mouth, finger, bite area, opening to the urethra on the head of the penis, the shaft of the penis, the anal area, or the scrotum. You may notice painful and/or swollen glands in your groin area, on your neck, or under your arms. The chancre heals in 3 to 6 weeks and will go away even if not treated. If you are not diagnosed and treated, you will progress to secondary syphilis.
- B. *Secondary syphilis*. In 2 to 8 weeks or as long as 6 months after the chancre appears (average is 6 weeks), you will notice a rash on any part of your body. It can even appear on the palms of your hands or the soles of your feet. You may also have some hair loss so that your head has a moth-eaten look and you may lose part of your eyebrows. You may notice swollen glands in any part of your body, have a low-grade fever, a sore throat, headache, feel tired, have loss of appetite, and your joints may feel sore. This will last about 6 weeks and go away without treatment. If you are not diagnosed and treated, you will progress to latent syphilis.
- C. *Latent syphilis*. You will have no symptoms, although 25% of persons may have a chancre again. During primary and secondary syphilis and early latency, you are infectious to sexual partners. After 12 months have passed from the date of the initial infection, you are no longer infectious but the organism is in your blood. If you are not diagnosed and treated, you may remain in the latent stage for the rest of your life.
- D. *Tertiary syphilis*. One third of persons infected with syphilis and not treated will go into the tertiary stage. In this stage, your bones, skin, heart, or nervous system including your brain can be affected. Persons with tertiary syphilis can become unable to work or care for themselves and have a shortened life.

IV. DIAGNOSIS

- A. History of sexual contact with a known infected person
- B. Blood tests and examination of material from a chancre under a special microscope to see the syphilis organism

V. TREATMENT

The treatment of choice is penicillin given by injection. For those allergic to penicillin, other antibiotics can be used. The amount and treatment will depend on the stage of the syphilis.

VI. COMPLICATIONS

- A. Progression of the disease to tertiary stage
- B. Transmission of syphilis from a woman to her unborn baby, causing congenital syphilis in the baby. Congenital means present at birth. Congenital syphilis can cause permanent damage to the baby.

VII. PATIENT EDUCATION

- A. Follow-up for second dose of medications as instructed by health care provider
- B. Use barrier contraception (condom) each time you have sexual intercourse
- C. Look for signs on your partner before having sex. If you see a sore (chancre), rash, swelling, or discharge, consider a checkup for both of you before having sex.
- D. If you think you may have contracted syphilis or any other STD, avoid having sex and visit a local STD clinic
- E. If you are diagnosed with syphilis, report any sexual partners to your clinician so they can be notified and treated, or notify them to seek treatment
- F. Return for testing after treatment for primary or secondary syphilis at 6 and 12 months; for latent syphilis, return for testing at 6, 12, and 24 months
- G. There is no immunity to syphilis, so you can be reinfected by an infected partner

Return for treatment if you believe you have been infected again.

Special Notes: _____

Clinician: _____

For more information call the Centers for Disease Control and Prevention (CDC) STD hotline at 1-800-CDC-INFO. Phone numbers of free (or almost free) STD clinics are listed in the Community Service Numbers in the government pages of your local phone book.

Website: <http://www.cdc.gov/std/syphilis/default.htm>

I. DEFINITION

Trichomoniasis is a parasitic infection occurring in the female vagina or urethra, or male urethra and prostate. The infection is usually sexually transmitted, although it has been identified in nonsexually active women.

II. SIGNS AND SYMPTOMS

- A. May appear 5 to 30 days after contact
- B. In female, symptoms include:
 - 1. Foul-smelling, greenish yellow, frothy vaginal discharge (often fishy)
 - 2. Painful intercourse or urination
 - 3. Discomfort on tampon insertion
 - 4. Itchiness of the perineal area and vagina
 - 5. Redness and irritation of the vulva and upper thigh
 - 6. Pap smear may be abnormal
 - 7. Some patients may not have any symptoms
- C. In male, symptoms include:
 - 1. Mild itch or discomfort in penis
 - 2. Moisture at tip of penis disappearing spontaneously
 - 3. Slight early morning discharge from penis before first urination
- D. Untreated symptoms in female or male can progress to infection of neighboring urinary and reproductive organs

III. DIAGNOSIS

- A. Female evaluation may include:
 - 1. Vaginal examination to check for trichomoniasis and to rule out yeast infections and bacterial infections such as gonorrhea or bacterial vaginosis
 - 2. Blood test to rule out syphilis
- B. Male evaluation may include:
 - 1. Examination for gonorrhea or urinary tract infection
 - 2. Blood test for syphilis

IV. TREATMENT

The male should seek treatment after exposure to a partner with the infection. He may have no symptoms but could harbor the parasite in his urethra or prostate.

It is very important to report any medical conditions you have (especially seizure disorder) or any medication you take regularly before taking any treatment.

V. PATIENT EDUCATION

- A. Take no alcohol during the 48 hours after treatment (medication) per instructions from your clinician

- B. For minor side effects of medication (nausea, dizziness, or metallic taste), take medication with some food or milk
- C. Advise sexual contact(s) to seek simultaneous treatment
- D. Use condoms until all partners are treated

VI. FOLLOW-UP

Return to your clinician if symptoms persist or if new symptoms occur

Special notes: _____

Clinician: _____

For more information call Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease (STD) hotline at 1-800-CDC-INFO. Phone numbers of free (or almost free) STD clinics are listed in the Community Service Numbers in the government pages of your local phone book.

Websites: <http://www.cdc.gov>; <http://www.cdc.gov/NCIDOD/dpd/parasites/trichomonas/default.htm>

I. DEFINITION/MECHANISM OF ACTION

The vaginal contraceptive sponge looks like a small doughnut with a hollow in the center. The hollow area fits over the cervix. The sponge measures about one and three fourths of an inch in diameter. Across the bottom is a string loop to provide for easy removal. The sponge is polyurethane and contains the spermicide nonoxynol-9. It provides a barrier between the sperm and the cervix, traps sperm within the sponge, and releases spermicide to inactivate sperm over 24 hours.

II. EFFECTIVENESS AND BENEFITS

- A. 89% to 90.8% effectiveness
- B. May be inserted before intercourse and left in place for up to 24 hours
- C. Latex-free
- D. Over the counter—no prescription needed
- E. No need to add extra spermicide within 24 hours

III. SIDE EFFECTS AND DISADVANTAGES

- A. Vaginal irritation from the sponge
- B. Vaginal irritation from the spermicide in the sponge
- C. Sensation of something in the vagina
- D. Difficulty in inserting or removing the sponge
- E. Some concern about sponge using increasing the risk of toxic shock syndrome if not used as directed. Use with care or do not use during menses.
- F. Frequent use of nonoxynol-9 can cause genital irritation and increase the risk of HIV and other sexually transmitted diseases

IV. EXPLANATION OF METHOD

- A. How to insert
 1. Read instructions carefully before using
 2. Wash your hands before opening the package
 3. Open package carefully to avoid tearing the sponge
 4. Wet the sponge with water
 5. Insert in vagina as you would a tampon
 6. The sponge can be inserted any time up to 24 hours before sexual intercourse. There is no need to add spermicide once the sponge has been moistened with water and inserted.
 7. The sponge can be left in place for up to 24 hours from the time you inserted it and offers protection for each act of intercourse
- B. How to remove
 1. Read printed instructions carefully
 2. Wash your hands with soap and water
 3. Remember to remove sponge slowly to avoid tearing it
 4. Do not flush the sponge down the toilet

5. Special removal instructions
 - a. If the sponge appears to be stuck, relax your vaginal muscles and bear down, and you should be able to remove it without difficulty
 - b. The sponge may turn upside down in the vagina, making the string more difficult to find. To find the string, run your finger around the edge on the back side of the sponge until you feel the string. If you cannot find the loop, grasp the sponge between your thumb and forefinger and remove it slowly.
- C. Remember that the sponge cannot get lost in the vagina

V. ADDITIONAL INFORMATION

- A. It is okay to use the sponge while swimming or bathing
- B. The sponge should be used only once and then discarded

VI. DANGER SIGNS OF TOXIC SHOCK SYNDROME

- A. Fever (temperature higher than 101°F)
- B. Diarrhea
- C. Vomiting
- D. Muscle aches
- E. Rash (sunburn-like)

Yearly physical examination including Pap smear is recommended

Website: <http://www.todaysponge.com>

All women have a normal discharge called leukorrhea; the amount and consistency vary with each individual. This discharge is generally of a mucus-like consistency and tends to increase during the menstrual cycle up to 2 weeks before menstruation. A normal vaginal discharge may vary slightly in color, although it is usually clear or white, has no unpleasant odor, and is not itchy or irritating to the skin. Occasionally, a woman may notice a fishy or musty-smelling discharge if she has recently had vaginal intercourse. This may be caused by dead sperm being cleansed from the vagina. If this occurs persistently, do not confuse it with a bacterial infection or overgrowth called vaginosis. Have it checked by a clinician. Some methods of birth control may affect the amount of normal vaginal discharge.

Hints for Prevention of Vaginal Infection

1. Even under the best conditions, vaginal infections sometimes occur. Do not panic if you discover that you have such an infection. Treat it with common sense: cleanliness, pelvic rest (no intercourse), prescribed medications, and wear sensible clothing (cotton panties, cotton crotch panties, no panty hose under slacks, no underwear to bed).
2. Cleanliness and personal hygiene are very important. Keep clean by bathing (shower or tub, but be sure you disinfect the tub before and after use) with soap and water. Vaginal deodorants can be irritating and are worthless in treating or preventing an infection. Avoid all use of feminine hygiene sprays and deodorants as well as deodorant or scented tampons, pads, panty liners, and toilet papers because these products tend to alter the natural environment of the vagina and make it more susceptible to irritation and/or infection.
3. *Routine douching is never recommended.* It can be harmful if done when an infection is already present. For example, the pressure of the douche solution may cause the infection to spread into the womb (uterus) and become even worse. In addition, the douche solution removes the natural cleansing secretions of the vagina that normally help to maintain an environment that prevents infections. Indiscriminate douching with various commercial products may aggravate existing conditions, set up a chemical vaginitis (inflammation, irritation of the vagina), or contribute to a pelvic infection. Only douche under the direction of a clinician, following directions carefully.
4. To prevent both vaginal and bladder infections from occurring, wear cotton underwear or underwear and panty hose with a cotton crotch and no underwear while sleeping; change tampons or sanitary napkins after each urination or bowel movement; wipe yourself in the front first and then the back after going to the bathroom; urinate after intercourse and/or genital stimulation; and drink plenty of fluids (at least 6 glasses of water a day); cranberry juice or cranberry tablets may be helpful in avoiding infection.

Rules to Follow if You Have a Vaginal Infection (Vaginitis) or a Vaginosis

1. Take the entire course of medication exactly as prescribed. If you do not, the infection may go underground temporarily and then return and be more troublesome than before.
2. If you are treating an infection with vaginal cream or suppositories, remain lying down in bed for at least 15 minutes after insertion to allow the medication to spread deeply around the cervix, where it is needed. Standing up may cause the medicine to seep outward toward the vaginal opening.
3. Do not use tampons for protection because they will absorb the medication and reduce its effectiveness. Instead, use unscented external pads or small minipads to prevent staining underwear.
4. If you have a vaginal infection and use a diaphragm, soak diaphragm for 30 minutes with Betadine scrub (not solution) or 70% rubbing alcohol after using prescribed medication for 2 days and again when medication is completed. Use alcohol for your FemCap or Lea's Shield.
5. Sexual relations should be avoided for at least 1 week, and preferably throughout the entire course of treatment. Intercourse can be very irritating to the inflamed vagina and cervix during an infection and can slow down the healing process. In addition, the bacteria or other organisms that cause your infection might spread to your partner; if the partner is male, he should use a condom during the entire treatment period. Note that females can share vaginal infections with their female partners.
6. Insufficient lubrication prior to intercourse may contribute significantly to vaginal infections (and bladder infections). Water-soluble jelly can be used for lubrication. There are also vaginal lubricants and moisturizers especially for perimenopausal and postmenopausal women.

