

## Gynecology FAQs

### **When should I have my first pap smear?**

Our Providers follow the ACOG (The American Congress of Obstetricians and Gynecologists) recommendations when deciding at what age to perform a pap smear. Currently the recommendations are to have your first pap smear at the age of 21 regardless of whether you have been or are sexually active.

### **How often do I need a gyn exam and pap smear?**

The majority of women will need a yearly gyn exam and pap smear, especially if you are taking birth control pills, sexually active with more than one partner, or having any gyn problems. Pap smears may be recommended more frequently if they are abnormal. If you are postmenopausal and have a normal pap history, your doctor or midwife may recommend spacing out your pap smears to every two years. However, you will still need a yearly gyn visit with a breast and pelvic exam.

### **What if my pap smear is abnormal?**

If your pap smear comes back abnormal, one of our nurses will contact you by phone to inform you of the results and will discuss your doctor or midwife's recommendations for follow-up. Follow-up may be as simple as a repeat pap smear in 4-6 months, or may involve an in office procedure called a colposcopy.

### **What is a colposcopy?**

Colposcopy is done when a pap smear shows abnormal changes in the cells of the cervix. It's a way of looking at the cervix through a special magnifying device called a colposcope, which allows the doctor to identify problems that can not be seen by the eye alone. If your doctor sees any abnormal areas during the procedure, a biopsy of the area may be taken and sent to the lab for further evaluation.

### **Do I need to be screened for Sexually Transmitted Diseases (STD's)?**

We recommend screening for all women who have been sexually active with more than one partner. However, screening is not a routine part of your yearly exam. If you are unsure if you need screening, please discuss your concerns with your doctor or midwife at your appointment. Contact our office at any time if you are worried you may have been exposed or are showing symptoms of an STD.

### **What is HPV?**

HPV is a very common virus that affects approximately 75% of all sexually active people at some time in their lives. HPV is primarily spread through sexual contact, but can also be spread by skin-to-skin contact. There are two types of HPV, high risk and low risk. High risk HPV causes abnormal cells on the cervix, which can lead to cervical cancer. Low risk HPV can cause genital warts, and has not been linked to cancer. There is no medical cure for HPV, however, women can minimize their risks of becoming infected by limiting their number of sexual partners and using condoms.

### **What is Gardasil?**

Gardasil is a vaccine that can be given to girls and young women, ages 9-26, to protect against four of the most common types of HPV. Gardasil works by triggering a woman's immune system to fight off these viruses in the event that she is exposed, and is most effective if given before a woman becomes sexually active. The vaccine is given in three separate doses over a six month period. Gardasil is not a treatment for HPV and does not protect against all types of HPV, therefore, women who are vaccinated should still have regular pap smears to screen for cervical cancer.

**If I have been diagnosed with HPV should I still get the vaccine?**

Yes, even though a woman has been diagnosed with HPV we still recommend getting the vaccine in order to prevent future infection of a different type of the virus.

**What birth control is best for me?**

No two women are alike, and because of this, there are many methods of birth control available depending on your interests and lifestyle. The most common form of birth control is the birth control pill, which is taken at the same time everyday. Newer more convenient methods include Nuvaring, a flexible 2" ring that is inserted monthly into the vaginal like a tampon, and the Ortho Evra Patch, which is worn like a band aid and changed weekly. Another option is the Mirena IUD, which is a small device that's inserted into the uterus, lasts for up to 5 years, and helps to reduce heavy periods.

Depo Provera, another popular method, is a contraceptive injection that's given every 12 weeks. If you are interested in starting birth control, contact our office for an appointment to discuss which option is best for you.

**Is it normal to have irregular bleeding on birth control pills?**

Irregular bleeding can be normal for the 1st three months after starting a new birth control pill. Once you start your 4th pack of pills, your body should be completely adjusted to the hormones and you shouldn't have any further problems. It's also normal to have some spotting or irregular bleeding if you miss a pill, take a pill more than a few hours late, or are using an antibiotic.

**What should I do if I miss one of my pills?**

If you miss one of your pills, take your missed pill the following day, along with that day's pill. For some women, taking 2 pills at the same time can cause nausea, which is due to the increased amount of estrogen. To prevent this from happening, you can take one pill in the morning and one pill in the evening. Missing a pill will decrease it's effectiveness, so you should use another form of birth control, such as a condom, until you start your next pack. You may also have some irregular bleeding or spotting, which should resolve after your next period.

**Can I skip periods with my birth control pills?**

Yes, you can skip your period while on birth control pills. Contact our office for further recommendation on how to do this safely.

**Is it normal to miss my period?**

When birth control is taken correctly, it is not uncommon for women to have very light to non-existent periods. This is nothing to be concerned about because the pill protects the uterus from abnormal cells. Missing periods when you are not on the pill can be a sign of pregnancy, a hormonal imbalance, perimenopause, or menopause. If you miss three consecutive periods and are not pregnant, you should contact our office.

**What is abnormal uterine bleeding?**

Abnormal uterine bleeding is one of the most common reasons women see their doctors. It can occur at any age and can have many different causes. It can be defined as

bleeding after intercourse, bleeding between periods, bleeding that lasts longer than 10 days, bleeding that is heavy enough to saturate a super pad or tampon sooner than every hour, or bleeding after menopause. Menstrual cycles that are longer than 35 days or shorter than 21 days are also abnormal.

### **What causes abnormal bleeding?**

Abnormal bleeding can have many causes. Your doctor or midwife will start by checking for problems that are most common in your age group. Many causes are not serious and are easy to treat, while others can be more challenging. Some common causes of abnormal bleeding include pregnancy, miscarriage, ectopic pregnancy, problems with birth control, hormonal imbalances, infections, uterine fibroids or polyps, clotting disorders, thyroid disorders, diabetes, and certain types of cancers, such as uterine, cervical or vaginal cancer.

### **What can I do for menstrual cramps?**

We recommend any over the counter products that contain Ibuprofen (Motrin) or Naproxen (Aleve) for the relief of menstrual cramping. For best relief, start taking Motrin or Aleve at regular intervals the day before your period starts. Soaking in a warm bath or applying a heating pack to your abdomen can also be very effective. Some research has shown that increasing your daily calcium intake to 1500mg can improve menstrual cramping as well. If you continue to have severe cramping after trying the above recommendations, call our office for an appointment to discuss other treatment options with your provider.

### **What can I do about urinary leakage?**

Urinary leakage is also known as urinary incontinence and is a common problem for many women. Incontinence can present itself in several different forms, such as stress incontinence, which occurs when a woman coughs, sneezes, laughs, or during exercise.

Urge incontinence, otherwise known as overactive bladder, is when a woman suddenly has an urge to urinate and leaks urine before she can get to the bathroom. Mixed incontinence is when a woman has symptoms of both stress and urge incontinence.

Often times women are too embarrassed to discuss their symptoms, however, with a proper diagnosis, urinary incontinence can most often be treated. Most of the treatments you can do at home revolve around lifestyle changes, such as avoiding caffeine, which acts as a diuretic, losing weight, avoiding constipation, limiting the amount of water you drink in the evening, and smoking cessation. Please contact our office for an appointment if you are having any problems with your bladder. Sometimes urinary leakage can be caused by something as simple as a bladder infection, which can be easily diagnosed and treated.

### **When should I start getting mammograms?**

Most women should begin having yearly screening mammograms at age 40. However, if you have any risk factors, such as a family history of breast cancer, your doctor or midwife may recommend having a baseline mammogram done earlier than age 40.

Most insurance companies will cover a one time screening mammogram between the ages of 35-40 if risk factors are present. We recommend contacting your insurance company regarding coverage before your appointment, especially if you are over the age of 35.

### **What is Osteopenia?**

Osteopenia refers to bone mineral density (BMD) that is lower than normal, but not low enough to be classified as Osteoporosis. Bone mineral density is a measurement of the minerals in the bones, which indicate how dense and strong they are. Having Osteopenia puts you at a greater risk for developing Osteoporosis.

### **What is Osteoporosis?**

Osteoporosis occurs when more of your bone is lost than formed, which causes your bones to become thin and brittle. There are two types of bone, compact bone and spongy bone. Compact bone looks solid and hard and is found on the outer part of the bones, while spongy bone is filled with holes (just like a sponge) and is found on the inside of the bones. With osteoporosis, the bones remain the same size, but the outside walls of the compact bone become thinner and the holes in the spongy bone become larger. The combination of these two changes drastically weakens the bone and puts you at a greater risk for fractures.

### **What is a bone density scan?**

A bone density scan is a safe, painless test that determines whether or not you have osteopenia or osteoporosis. It also measures your rate of bone loss and your risk of a future fracture. The most accurate test available is called a DEXA scan. During this scan, you will be asked to lie down for 3-10 minutes while an arm like device (an imager) scans your body.

### **Who needs bone density testing?**

Most women should begin having DEXA scans at age 50. However, there are some instances when women would need tested earlier than age 50, such as long term use of certain medications like prednisone or depo provera, history of a spinal fracture, or a history of certain thyroid disorders. If you are unsure if you should begin having routine DEXA scans, please discuss your concerns with your doctor or midwife at your next visit.

Since DEXA scans are considered a screening tool for osteoporosis, some insurances may not cover it or may only cover it if done at a specific facility. We recommend checking with your insurance regarding your coverage before your appointment.

### **How often should I have a DEXA Scan?**

DEXA scans should be done every 2 years unless otherwise specified by your doctor or midwife.

### **What can I do to prevent osteoporosis?**

Prevention is extremely important because it is difficult to grow new bone after it is lost. Therefore, the focus of prevention should be on building and keeping as much bone as you can. This can be done by performing weight bearing-exercises and choosing foods that are rich in Calcium and Vitamin D. Low-impact or step aerobics, brisk walking, and tennis are all great examples of weight-bearing exercises. Good sources of Calcium are dairy products, such as milk and yogurt, leafy green vegetables, nuts, seafood, and juices and cereals that are fortified with Calcium. Women ages 51 years and older should consume 1,200mg of Calcium per day. Women that are postmenopausal and are not using hormone replacement therapy, along with all women over the age of 65 should take 1,500mg of Calcium per day.

### **What is perimenopause?**

Perimenopause refers to the years leading up to menopause, and can last for a period of up to 10 years. On average, perimenopause begins in the mid-40's and it's during this time that the ovaries begin to produce less estrogen and you may start to experience hot flashes - the most common symptom of perimenopause. You may also begin noticing other changes, such as trouble sleeping, night sweats, irregular bleeding or spotting may occur, periods may be heavier or longer than normal some months, and may be shorter and lighter in other months, the number of days between periods may increase or decrease, and you may even start to skip periods. Some women may also experience a

decreased libido, begin having mood swings or become more irritable than normal, experience memory lapses, or have trouble concentrating.

### **How do I know if I'm in menopause?**

Menopause refers to the period in a woman's life when the ovaries completely stop functioning and menstruation stops. If you have not had a period for 12 consecutive months, you are most likely in menopause.

### **What do hot flashes feel like?**

Approximately 75-85% of perimenopausal women experience hot flashes. A hot flash is a sudden feeling of heat that spreads through the upper body and face. Your face may redden like a blush and you may break out in a sweat. They can last for a few seconds to several minutes, and at times, even longer. Some women experience a few hot flashes a month, while others will experience several per day.

### **What can I do to prevent hot flashes?**

Try to pinpoint what triggers your hot flashes and avoid them if you can. For example, some women find that hot drinks like coffee and tea, alcoholic beverages, or spicy foods precipitate hot flashes. Try dressing in layers so you can remove a piece of clothing when you feel a hot flash coming on. Keep your office and home thermostat low and keep a fan handy. Studies have shown that women who exercise regularly experience fewer and less intense hot flashes. If you have tried the recommendations listed above without improvement, call our office to schedule an appointment with your doctor or midwife to discuss hormones or other therapies he or she can prescribe.