

## Women's Health Factors which influence on women health Healthy women

Lector: MD Ganna Pola

## Women's Health



## Women's Health

Women's health is composed of a broad range of both normal physiological events in a woman's life and conditions which occur as a result of normality of the genital tract and pregnancy

## Women's Health Facts

- More woman die from heart disease than man
- After age 65 woman : men with heart disease 3:1
- While 1 in 31 American women dies from breast cancer each year, 1 in 3 dies of heart disease
- Heart disease causes 1 in 3 women's deaths each year, killing approximately one woman every minute
- Breast cancer kills more in one year than AIDS in a 10 years period

## WOMEN + HEART DISEASE



## Women and Cardiac Disease

- #1 killer since 1908
- Women have different physiology, risk factors and responses to treatment
- When have a MI, more likely to die
- Onset of Coronary Artery Disease 10 years after men
- Risk factors (unique) include BCP (birth control pills), menopause and role conflicts at work
- Incidence includes hypertension, obesity and smoking

## Stress and Women

- Have CAD in clerical workers, secretaries, typists and bookkeepers
- Have migraine, IBS (Irritable bowel syndrome)
- Top executives at a lower risk for MI than middle and low level management
- Have stress non-supportive employers, little or no job motility, tendency to suppress anger, subject to sexual harassment, making less money for same job a man does, still the caregiver

## Sexual Harassment



## Sexual Harassment

- Can be male-female, female-male, same sex
- Is considered a form of discrimination
- Includes unwelcome sexual advances, requests for sexual favors and other form of sexual related conduct when acceptance of the conduct is explicit or implicit

## Factors influencing women's health

- Entering the labor market
- Multiple roles and competition (glass ceiling effect)
- Exposure to environmental hazards and stress
- Increase participation in risky behaviors eg. Drug abuse
- Increase in sports and other areas considered "male domain"

## Continue factors affecting women

- Increase in stress related illness, Cardiac disease
- Delay childbirth
- Problems with former methods of birth control

## Nurse's Role



## Nurse's Role

- Encourage client to determine goals and behaviors
- Assess health and illness manifestations
- Interventions, support, counseling and ongoing monitoring
- Danger signals for any women, spotting, irregular or excessive bleeding and bleeding after menopause

## Domestic violence and abuse

- Abuse can be physical, emotional or sexual
- Battering – the need to maintain control of relationship and involves fear of one partner by another and control by threats, intimidation and physical abuse
- Violence – rarely a one time thing. It usually continues and escalates
- More than 6 million women are victims of domestic violence each year

## Nurse's roles

- Nurses need to be alert and sensitive to issues
- Many women fail to admit abuse
- Tend to blame themselves
- Ask direct questions to client If abuse suspected
- Assessment of risk must be done with woman alone
- Know signs of abuse
- Know local referral services

## Menopause



## Menopause

- It is a physiologic cessation of menses associated with declining ovarian function, during which reproductive function diminishes and ends.
- Postmenopause is the period beginning from about 1 year after menses cease and beyond.
- Starts gradually and is usually signaled by changes in menstruation.
- Monthly flow may increase, decrease, become irregular, and finally cease



## Perimenopause Symptoms

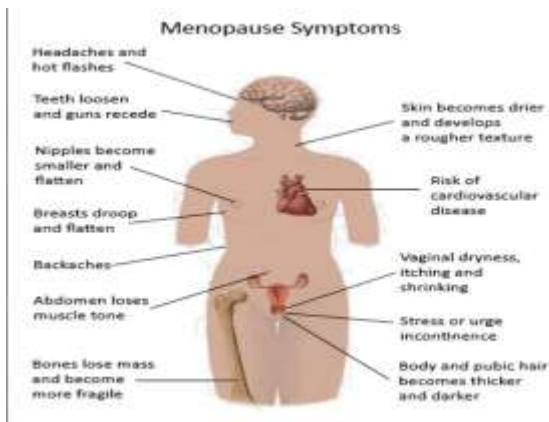
- Hot flashes
- Headache
- Genital atrophy
- Insomnia
- Memory loss
- Dizziness
- Nervousness
- Backache
- Depression
- Breast problems
- Bloating
- Changes in sexual desire
- Osteoporosis
- Generally starts at age 45 and ends around age 52

## Menopause Nursing Diagnoses

- Alteration in sexual function
- Hopelessness
- Body image disturbance
- Altered family process
- Ineffective coping

## Menopause Interventions

- Support and counseling
- Allow expression of feelings
- How to take meds
- Encourage exercise and smoking cessation
- Caffeine intake, broccoli, spinach, bran
- Assess for alcohol and drug use
- Report unplanned bleeding
- Encourage annual physical and paps
- Do monthly SBE
- Use sunscreen and protective clothing



## Premenstrual Syndrome (PMS)



## Premenstrual Syndrome (PMS)

- Combination of symptoms experienced by some women before each menstrual cycle
- Cause is possible estrogen excess or progesterone deficit in luteal phase
- Peak prevalence in the 30's with a decline in the 40's
- No diagnostics can be done to actually diagnosis this problem

## PMS

- Assessment includes: nutritional status, sex with partner, BCP use, look at symptoms over 3 cycles
- Physical symptoms: HA, fatigue, low back pain, painful breasts, abdominal bloating, mood swings, crying
- Management: No cure but can take pain relievers, diuretics or give natural or synthetic progesterones (BCP)
- Mood swings (can affect relationships)

## Medical management

- With no single treatment or known cure for PMS, women are encouraged to chart their own symptoms, so they can anticipate and act on them.
- Exercise
- Avoid caffeine, foods high in sugar, and high fat foods.
- Vitamin b6 and E, calcium, magnesium, and oils



## Pharmacological Management

- Serotonin uptake inhibitors (Prozac)
- Gonadotropin-releasing hormone agonistic
- Prostaglin inhibitors (ibuprofen and anaprox)
- Anti-anxiety agent (Xanax)
- Over the counter carbs (helps with cravings)

## Nursing Management

- Obtain health history
- Nurse should document when the onset of symptoms begin before or shortly after menstruation begins.
- Show the patient how to develop a chart.
- Ask patient to make goals for herself.
- Provide positive coping measures
- Encourage exercise, meditation, imagery and creative activities to reduce stress

## PMS Nursing Diagnoses

- Ineffective coping pt. & family r/t effects of PMS
- Anxiety r/t PMS
- Knowledge deficit r/t no previous exposure
- Potential for suicide and violence r/t uncontrollable mood swings

## Methods of Birth Control



## Methods of Birth Control

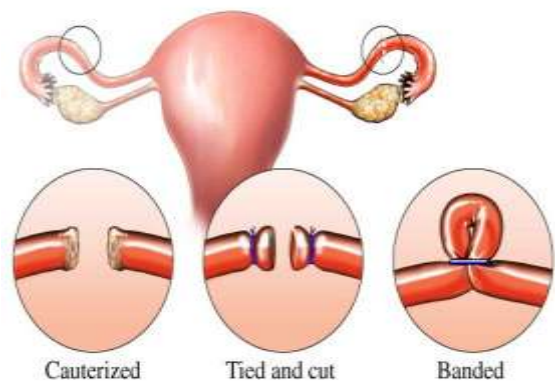
- #1 is Abstinence
- Rhythm method, days 10-17
- BCP (birth control pills) – Can be estrogen and progesterone or just progestin only
- Diaphragm
- Cervical cap
- Sponge
- Condom
- IUD (intrauterine device)
- Norplant
- Tubal ligation
- Vasectomy
- Elective Abortion

## Contraception

In Turkey interrupting pregnancy possible till 10 weeks and just only with medical indications

## Sterilization

- By bilateral tube occlusion or vasectomy
- Both must be considered permanent because neither method is easily reversible
- Make sure you make clear to them that they no longer will be able to conceive
- Should be done when child bearing age is reached
- Sometimes these decisions are regretting at a later time







### Tubal ligation

- Female sterilization is performed as a same day surgical procedure
- Done by laparoscopy with general or local anesthesia
- 99% effectiveness
- Women are instructed to report heavy bleeding, fever and pain that persist or increases
- No intercourse for 2 weeks, strenuous exercise or lifting
- Risk is minimal

### Oral Contraceptives



### Oral Contraceptives

- Preparation of synthetic estrogen and progesterone block ovarian stimulation by preventing the release of follicle-stimulating hormone (FSH) from the anterior pituitary gland
- In the absence of FSH, a follicle does not ripen and ovulation does not occur
- Combined oral contraceptives contains both "estrogen and progesterone"
- Progestin- only progestin

### Benefits of oral contraceptives

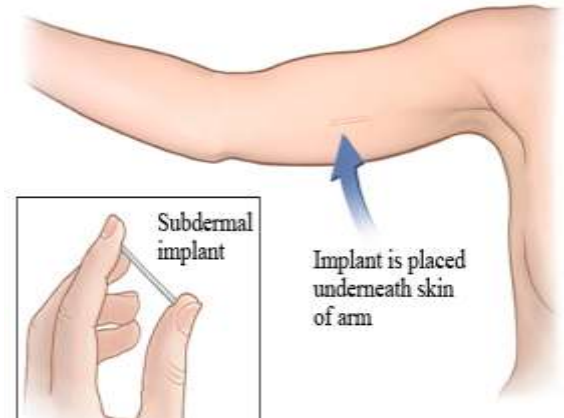
- Decrease cramps and bleeding
- Regular bleeding cycle
- Decrease incidence of anemia
- Protection from benign breast CA
- Decrease incidence of pelvic infection
- Decrease in Ectopic pregnancies

### Risks

- Weight gain
- Nausea
- Mood swings
- Increased incidence of benign liver tumors
- No protection from STD's (due to unsafe sex)
- Small increase in developing clots, strokes or heart attack
- High risk of thromboses

## Implant Contraceptive

- Is reversible low dose progestin-only contraceptive device consisting of six soft silastic capsules implanted under the skin of the women's upper arm
- Contraindications= Liver diseases or liver tumor, pregnancy, unexplained vaginal bleeding, breast CA or a history of thrombophlebitis



## Side effects

- Weight gain
- Hair loss
- Hair growth
- Irregular bleeding
- **Tell patients to report headaches or visual symptoms because of rare intracranial hypertension that can occur**

## Procedure

- Minor surgery
- Small incision in upper arm with local anesthesia
- The capsules are inserted within the first 7 days of the menstrual cycle to avoid the possibility of a preexisting pregnancy
- Effects occurs within 24 hours and lasts for 5 years
- Can removed at anytime but more difficult and lengthy procedure

### Depo-Provera

- Intramuscular injection of Depo-Provera
- Last 3 months
- Inhibits ovulation and provides a reliable and convenient contraceptive method. It can be used by lactating women and those with hypertension, liver disease, migraine headaches, and heart disease





## Mechanical Barriers

### Diaphragm: Domelike latex rubber cap

- Use with spermicide
- Can be fitted by a experienced clinician
- Examine before insertion
- Should remain in place at least 6 hours (but not longer than 12 hours) after intercourse
- Add additional spermicide before every sexual activity is performed

## Diaphragm



## Continue Diaphragm

- On removal clean with soap and water, rinse and dry before placing it back in its original container
- Disadvantages: allergic reaction to those that are sensitive to latex, toxic shock syndrome

## Cervical Cap

- Covers only cervix and can be left in place for 2 days.
- Used with spermicide
- If a women can feel her cervix she can usually use this
- Can cause cervical irritation so obtain a pap smear and repeat the smear after 3 months.
- Does not require additional spermicide after each intercourse activity



## Female condom

- Developed to provide protection against STD's (**sexually transmitted disease**) and HIV as well as pregnancy
- The female condom (reality) consists of a cylinder of polyurethane enclosed are one end by a closed ring that covers the cervix and at the other end by an open ring that covers the perineum
- **ADVANTAGES:** Some degree of protection form STD's
- **DISADVANTAGE:** inability to use with some coital positions



## Spermicides

- Available over the counter as foams, gels, inserts and on condoms
- Are effective, relatively inexpensive chemical contraceptive when used with condoms
- It is better to used with condoms
- Can be used without a partners cooperation
- Burning, rashes and irritation can occur

## Male Condom

- Is impermeable, snug fitting cover applied to the erect penis before it enters the vaginal canal
- The tip of the is pinched before being applied to leave space for ejaculation
- If no space is left, ejaculation may cause a tear or hole in the condom and reduce its effectiveness

## Male Condom

- Remove the condom before the male loses erection to prevent leaking
- Can prevent STD's
- Instruct women that they should insist to the male that they must wear or condom or resist sexual activity
- Some males have latex allergies

## Coitus Interruptus

- Withdrawing the penis before ejaculation, requires careful control by the male and is a frequently used contraceptive method
- Some uncertainty exist here
- Considered ineffective

## Rhythm and natural methods

- Natural family planning is any method of conception regulation that is based on awareness of signs and symptoms of fertility during menstrual cycle
- Advantages: They are not hazardous to your health
- Inexpensive
- Approved by some religion

### Disadvantage

- Require discipline by the couple who must monitor the menstrual cycle and abstain from sex during the fertile phase
- Difficult to use because it is up to the women to determine when she ovulates
- The fertile phase: is estimated to occur between the 10th and 17th day.
- Spermatozoid can fertilize an ovum up to 72 hours after intercourse and the ovum can be fertilized for 24 hours after leaving the ovary.
- Pregnancy rate is 40% yearly.
- A woman who really tracks can increase this to 80%

### Emergency contraceptive

- Dosage of estrogen-Progestin:
- A timed adequate dosage of this after intercourse can prevent pregnancy
- Can be used for rape or if condom is torn, etc.....
- Small dose of oral contraceptive is given and repeated after 12 hours. Cannot be used more than 72 hours after intercourse

### Continue emergency contraceptive

Side effect:

- Nausea
- breast soreness
- irregular bleeding

### Postcoital Intrauterine Device Insertion

- Postcoital IUD insertion is another form of EC insertion of copper-bearing IUD within 5 days of exposure in women who want this method of contraceptive
- The patient should be informed that the insertion of the IUD may interrupt a pregnancy that is already there

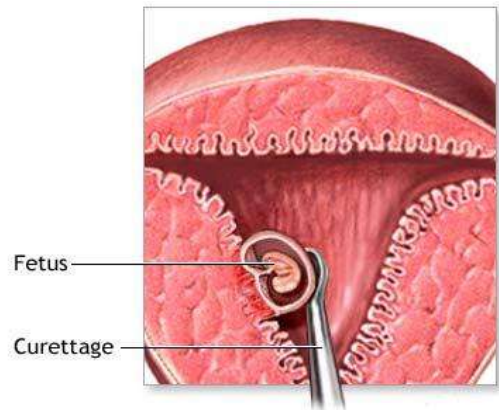


### Spontaneous Abortion

- Occurs 1 of every 5 to 10 conceptions
- Most are due to an abnormality in the fetus that makes survival impossible
- Systemic disease, hormonal imbalance, or anatomical abnormalities
- If a woman experiences bleeding and cramping it is a possibility
- Usually occurs in the 2 or 3 month.

## Elective abortion

**Abortion in Turkey** is legal until the 10th week after the conception, although that can be extended to the 20th week if the pregnancy threatens the woman's mental and/or physical health, or if the conception occurred through rape. The woman's consent is required. If the woman is married, the consent of the husband is also required. Single women over the age of 18 can choose to have an abortion on their own



## Medical management

- Before the procedure the patients feelings, fears and options are discussed with the patient by a trained counselor
- A pelvic exam
- Labs to determine pregnancy and rule out anemia
- Tested for RH negative (may require RhoGAM screened for STD's)

## Nursing Management

Recognize symptoms of complications:

- Heavy bleeding
- Fever
- Pain
- Provide psychological support
- Education about protection

## Infertility



## Infertility

- Failure to achieve a pregnancy after 1 year of unprotected intercourse
- Primary – never had a child
- Secondary – at least 1 conception has occurred, but is now infertile
- Affects 9-25% of couples
- Etiology is unknown but can be from displacement, tumors, anomalies or inflammation

### Continue Infertility

- Diagnostic evaluation: Anatomic, endocrine and psychosocial factors
- Complete H&P (history and physical examination) and labs on both partners
- R/O (rule out) previous sexually transmitted diseases, anomalies, injuries, TB, mumps, psychosocial disorders
- Check sperm count, endometriosis, antisperm antibodies

### Factors basic to infertility

#### Ovarian Factor:

Test to determine if there is regular ovulation and a progestational endometrium is adequate for implantation include a basal temperature, an endometrial biopsy and serum progesterone level

### TubalFactor

- Determines tubal patency, introduce CO<sub>2</sub> into uterus, listen with stethoscope for air swishing into abd., referred shoulder or scapula pain
- Hysterosalpingography: X-ray study with contrast medium of uterus and fallopian tubes. GI tract prepped with cathartic and enema pre-exam
- Laparoscopy: Direct visualization of tubes

### Cervical factor

Cervical mucous examined to determine if proper changes ovulation that are favorable to sperm penetration, survival and growth. Postcoital cervical mucous (Sims Huhner test) 2-8 hrs. post intercourse

### Uterine Factor

- Fibroid
- Polyps
- Congenital malformation

### Seminal factor

- Sperm specimen collected after 2-3 days of abstinence. 60-100 million sperm/cc WNL. <20 M/cc decrease chance of impregnation.
- Management: Difficult to treat, many couple conceive without knowing specific cause
- Surgery, hormonal, attention to timing
- Correction of psychological or emotional factors

## Miscellaneous factors

Immunologic                      abnormal  
maternal response to antigens  
on fetal/placental tissue

## Reproductive Technologies



## Reproductive Technologies

*Artificial Insemination:* Husband or donor semen, attempted 3X between the 10th and 17th days of cycle.

- Insemination with partners semen: Semen is transferred into the vagina. Women tubes must be patent and ova must be available.
- Usually attempted between 10 and 17th day of cycle.
- Sperm is collected by masturbation.

*In Vitro:* Ovary stimulated to produce multiple ova.

- Ova recovered by transvaginal ultrasound retrieval
- Sperm and egg co-incubated for 36 hours
- Embryo transferred hours later
- Implantation within 2-3 days

Nursing management

- Decrease stress
- encourage cooperation
- protect privacy
- refer to appropriate resources

## Infectious Diseases



## Infectious Diseases

*Candidiasis:* Fungal infection or yeast infection caused by strains of *Candida*.

This organism is a normal inhabitant of the mouth, throat, large intestine and vagina.

S/S of *Candida*

- Vaginal discharge
- Itching
- Discharge may be watery, thick and tenacious with white, cottage cheese particles
- Burning sensation, which may follow urination may result from scratching

Medical management

- Antifungal agents (Monistat)
- Nystatin (Myostatin)
- There is one night, three night or seven night treatment.
- Now you can take one pill of Diflucan and call it a day

## Bacterial vaginosis

- Caused by an overgrowth of bacteria normally found in the vagina.
- It is characterized by an odor that patients describe as fishlike and particularly noticeable after sex or during menstruation as a result of increased pH.
- Does not cause local or discomfort in pain.
- Discharge if noticed is gray or yellow

Medical management

- Metronidazole: administered orally twice a day for 1 week.
- It is effective
- Vaginal gel is also available
- If it reoccurs some practitioners will also treat the partner



## Trichomoniasis

Is flagellated protozoan that causes a common, usually sexually transmitted vaginitis. May be transmitted by an asymptomatic carrier who harbors the organisms in the urogenital tract.

### S/S Trichomoniasis

- Vaginal discharge that is thin (sometimes frothy), yellow to yellow-brown and very irritating.
- Burning and itching

### Medical management

- Flagyl (Metronidazole). Both partners receive this antibiotic they receive a 1 time loading dose or a smaller dose three times a day for 1 week.
- One time dose is more convenient
- Use a condom until all symptoms are gone.

## Human Papillomavirus

- Sexually transmitted
- Usually sexually active college women
- Being of Hispanic descent
- Having multiple sex partners
- High alcohol consumption because it impairs decision making

## Herpes

- Genital tract, mouth and rectum
- Cause lesions
- It is an STD
- Can be transmitted by wet surfaces or self-transmission (touching a cold sore and then touching the genital area).
- The initial infection is usually painless and last about 1 week



## Pathophysiology of Herpes

- Vesicular lesions, giant cells, 2-12 days after entering mucous membrane.
- Not curable, virus retreats to spinal ganglia and lies dormant.
- Infectious as long as viral shedding.
- Immunosuppressed and newborns increase disease.
- May spread to other parts of the body, eg., eye.
- Increased incidence of cervical cancer.

### Clinical Manifestations

- Local and systemic
- Clusters of blisters that break, painful ulcers
- urinary symptoms
- Lesions last 3-10 days
- DX: Tzanck test = multinucleated giant cells, culture

## Management

- Oral acyclovir
- Topical mild lesions
- IV if severe

### Nursing diagnosis

- Pain r/t genital lesions
- Goal: relief of pain and discomfort.

### Interventions:

- Keep lesions clean
- Small ice packs
- clean, loose clothing
- Sitz bath
- Increase fluid intake, rest, analgesics

## Toxic shock syndrome

Condition first identified in the 70's, caused by toxin produced strains of the bacterium *staphylococcus aureus* in susceptible patients.  
Occurs to women in menstruation.

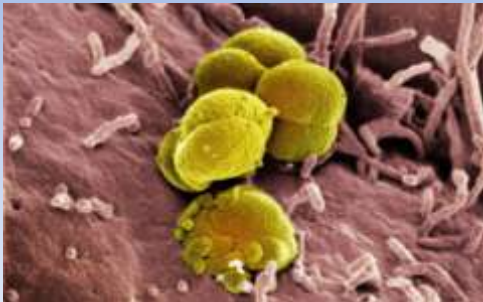
### Clinical Manifestations

- Fever
- chills
- malaise
- muscle pain
- vomiting
- diarrhea
- Hypotension
- headache
- early signs of septic shock
- Sunburn that usually appears in the torso or on the hands (palms and fingers) or feet (soles and toes).
- Diagnostic findings
- Urine output decreases
- Blood urea nitrogen level increase
- elevated bilirubin
- Respiratory distress due to pulmonary edema

## Medical management

- Bed rest
- antibiotics
- restoring circulation
- O<sub>2</sub>
- Swan catheter (to monitor pulmonary artery function)
- dopamine (for B/P)

## Gonorrhea



## Gonorrhea

Infection of mucosal surface of urinary tract, rectum and pharynx caused by gram negative diplococci bacterium, *Neisseria gonorrhoeae*.

### Etiology

- Most common reported STD
- 10X in minority population
- Drug resistant types

### Pathophysiology

- 2-7 days incubation

### Clinical Manifestations

- Men, discharge, dysuria, itching, red urethra.
- Can spread to epididymis, prostatitis
- Women, asymptomatic, mucopurulent discharge from cervix, dysuria, itching.
- Can spread to tubes and pelvis, infertility
- Tonsillitis, pharyngitis, conjunctivitis
- Extragenital: Fever, skin lesion, arthritis
- Diagnostic: Gram-negative. Diplococci

## Gonorrhea

### Medical management

- Amoxicillin, ampicillin, doxycycline
- Oral penicillin
- Treat coexisting chlamydial infections
- Test for other STD's
- Follow up cultures 3-7 days post tx.
- Follow up contacts and treat.

## Chlamydia



## Chlamydia

A gram negative intracellular bacterium

- Cervicitis and urethritis most common.
- Also Women are most likely asymptomatic
- about 4M cases in the US/yearly
- Occurs to sexually active people with multiple partners.
- Usually people with chlamydia have gonorrhea.

### Clinical Manifestations

- Men, discharge, burning, itching, frequency, dysuria.
- Women, cervicitis, itching, burning, pelvic pain, low grade fever.
- DX. By culture, 2-6 days
- Polymorphonuclear leukocytes

### Medical management

- Doxycycline, tetracycline, erythromycin Syphilis
- Acute and chronic infections, multisystem disease caused by *Treponema pallidum*.
- Acquired via sexual contact or congenital.
- A chancre appears @ the site where treponemes enter body.
- Disease transmitted through lesions.
- Fetus infected through mother via placenta.
- Transmission greatest in early stages.

## Continue syphilis



## Continue syphilis

- Notify contacts
- Increase among homosexuals, teens, young adults, and low socio economic groups

### Clinical Manifestations

#### Primary Stage

- Incubation 10-90 days, average 21 days
- Chancre, genitalia, anus and lips
- indurated painless nodule to shallow ulcer
- untreated lesions heals

#### Secondary stage

- Systemic involvement
- In few weeks-months, low grade fever, malaise, sore throat, skin rash (palms and soles).
- Lesions on mucous membrane, flat with yellowish exudate

#### Third stage

- Preceded by latency with no S&S, months-years.
- Slowly progressive inflammatory disease; and organ.
- Cardiovascular, neurologic, lesions of skin, bone and viscera

## Continue syphilis

### Diagnosis

- H & P
- Nontreponemal, reagin test, measure antibodies: VDRL, RPR, ART
- Treponemal tests, specific antibodies to *T. Pallidum*: FTA-ABS, MHA-TP

### Management

- Penicillin for early syphilis or latent < 1 year., given IM
- Tetracycline if allergic to PCN.
- Greater the duration of illness > tx. Needed.
- In late syphilis tx. Cannot repair damage.

### Nursing interventions

- Universal precautions and strict handwashing
- Clients exposed to syphilis within the preceding 3 mos. Should be treated for early syphilis.
- Follow-up evaluation
- Clients with syphilis > 1 year should have serology 24 months post tx.
- No sex with untreated partners

## Pelvic Inflammatory Disease



## Pelvic Inflammatory Disease (PID)

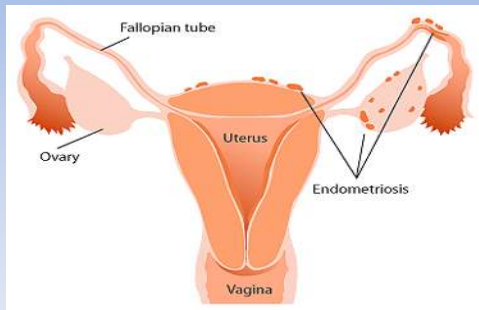
Is an infectious condition of the pelvic cavity that may involve infection of the fallopian tubes (salpingitis), ovaries (oophoritis) and pelvic peritoneum (peritonitis)

- Usually caused from untreated cervicitis
- Most common organisms are *Chlamydia trachomatis* or *Neisseria gonorrhoeae*

### PID Symptoms

- Pain with intercourse and walking
- Lower abdominal tenderness
- Pain during bi-manual exam
- Cervical motion tenderness
- Fever
- Vaginal discharge

## Endometriosis



## Endometriosis

Benign lesion with cells similar to those lining the uterus growing in the pelvic cavity

- Misplaced endometrium responds to hormonal stimulation and bleeding, pain and adhesions and cysts on ovaries
- Endometriosis Clinical Manifestations
- Dysmenorrhea
- Aching in lower back
- Infertility
- Irregular bleeding
- N & D
- Pelvic pain and dyspareunia

## Cervical Cancer

- Increases with multiple sex partners, several early pregnancies and chronic cervical inf.
- Risk factors include HPV, smoking
- Is usually squamous cell
- Mortality rate is > with African-American women than Caucasian women
- Early symptoms may be asymptomatic
- Leukorrhea watery dark & foul smelling
- Irregular bleeding or spotting
- Pain is a late symptom
- Pap smear, D&C, CT scan, MRI, IVP & biopsy
- Stage 4 is metastasis

Management includes a hysterectomy – total, radical or radical vaginal and also radiation

### Diagnostic

- Must clinically stage the disease
- Signs and symptoms
- D & C, CT scan, MRI, IVP, BE

## Cervical Cancer

### Management

- In Situ-removal of affected area, cryosurgery, laser, conization, hysterectomy.
- Radical Hysterectomy: uterus, proximal vagina, and bilateral lymph nodes.
- Radical Vaginal Hysterectomy: As above with vaginal approach
- Radical= extensive area of paravaginal, paracervical, parametrial, and uteroscral tissue removed.
- Pelvic exenteration- removal of pelvic organs and bladder/rectum, and pelvic lymph nodes
- Salpingo-oophorectomy- removal of uterine tube and ovary

## Endometrial (uterine) Cancer

- Most common gynecologic malignancy
- Average age at diagnosis is 61 yo
- Risk factors include estrogen, age, nulliparity, obesity, HTN, DM
- Pregnancy and BCP are protective factors
- First sign is abnormal uterine bleeding, usually in postmenopausal women
- Diagnosed by biopsy
- Treatment is a total hysterectomy and bilateral salpingo-oophorectomy with selective node biopsies
- May have radiation or chemotherapy
- Please read this chapter
- Very carefully. Please learn about Hormonal replacement therapy

Remember women who take HRT without progesterone may be monitored by regular endometrial aspiration or biopsy to rule out hyperplasia a precursor to endometrial CA

## Ovarian Cancer

4th most common cancer death in women, after breast, colon and lung CA

- Occurs between 45-65 years old
- Heredity may be a factor, Tumor marker CA-125
- Risk factors include high fat diet, smoking, alcohol, talcum powder, breast CA, nulliparity, infertility or anovulation

### Risk factors

- High fat diet
- smoking
- alcohol
- using talcum powder perineally
- H/O breast or ovarian cancer
- Nulliparity, infertility
- Overall 5 year survival rate.

### Clinical Manifestations

- Irregular menses
- Abd. Discomfort, ascites
- N/V
- Increased abd. girth, urinary frequency

## Ovarian Cancer

### Diagnosis

- Pelvic exam not detected early cancer
- Pelvic imaging not always definitive
- 75% metastasize outside ovary @ diagnosis.

### Management

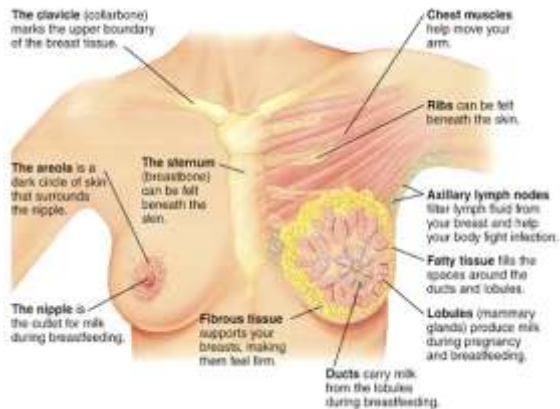
#### Depends on staging

- Stage 1- limited to ovaries
- Stage 2- pelvic extension
- Stage 3- metastases outside the pelvis'
- Stage 4- distant metastases

#### Surgical removal

- Preop work up BE, UGI, CXR and IVP, Sigmoidoscopy.
- Bil S & O
- Radiation and Chemo
- Intraperitoneal radioisotopes
- Hormonal regulation- Tamoxifen

## Breast Cancer Risk Factors



## Breast Cancer Risk Factors

### History of breast CA in other breast

- Familial history of breast CA
- Nulliparity
- First child after age 30
- Menarche < 12, menopause > 50
- Cancer of the ovary, uterus or colon
- Intake of fat or alcohol

### Breast CA Treatment

- Lumpectomy
- Quadrantectomy
- Simple mastectomy
- Modified radical
- Radical
- Tamoxifen
- Oophorectomy
- Hypophysectomy
- Adrenalectomy
- Chemotherapy
- Radiation
- Hormonal therapy
- Bone marrow and stem cell transplants

## Breast self-exam (Women and men)

1. Lie down on your back. Place a pillow or towel under one shoulder and place the arm overhead.
2. With the opposite hand, gently move the fingers over the breast. Use a circular motion (see picture) to probe for lumps starting in a large circle and continuing to probe in smaller and smaller circles. Examine every part of your breast including your nipple. A band of firm tissue along the lower part of the breast is normal. If you have questions, consult your physician.
3. Finally, squeeze each nipple gently between the thumb and first finger. If you notice blood or clear discharge, contact a physician.



## Breast CA Nursing Diagnoses

- Fear
- Ineffective coping
- Body image disturbance
- Alteration in comfort
- Disturbance in self-concept
- Self-care deficit

