GYN Evaluation Workshop Demo

Aleece Fosnight, MSPAS, PA-C, CSC-S, CSE, NCMP, IF
Urology, Women's Health, Sexual Medicine
Skin, Bones, Hearts, and Private Parts 2021

Pelvic Exam Best Practices

- What might be reasons for a pelvic exam?
- Anyone guess how many pelvic exams are performed each year?
- Components of a pelvic exam
- The exam consists of:
  - Inspection of the external genitalia
  - Monomanual examination
  - Speculum examination of the vagina and cervix
  - Bimanual examination
  - Sometimes rectal or rectovaginal examination

Pelvic Exam Best Practices

- BIG QUESTION = Should we perform routine pelvic examinations in asymptomatic, average risk, adult women or is this unnecessary?
- Several organizations have tried to answer this question:
  - USPSTF – 2017
  - ACP – 2014
  - AAFP – 2014
  - ACOG – 2012 (Reaffirmed in 2016 after USPSTF Draft Recommendation)
- Consensus on many reasons NOT to do a screening/routine pelvic exam in healthy women.

Pelvic Exam Best Practices

- Use this as an opportunity to educate!
- A pelvic exam is NOT required in asymptomatic women for the initiation of systemic hormonal contraceptives
  - Remember – only need medical history and blood pressure measurement to rule out contraindications
- Annual pelvic exam
  - Also an opportunity for…
    - Screening for STI's
    - Screening for cervical cancer
    - Immunizations
    - Blood pressure check
    - Weight measurements
    - Cholesterol measurements
    - Colon cancer screening
    - Risk factor assessment and counseling
  - There is no data indicating that the performance of the routine pelvic examination in asymptomatic average risk women reduces morbidity or mortality from any condition

Pelvic Exam Best Practices

Are there any harms to a screening pelvic exam?

- False positive work ups and unnecessary surgeries + complications add to the cost
- Opportunity costs:
  - Preparing room and supplies
  - Patient disrobing and putting on a gown
  - Clinician finding a chaperone
  - Chaperone taking time away from other duties
  - Adds at least 10 minutes to an office encounter
- False Reassurance
- Psychological Harms:
  - Approximately 1/3 of women experience pain, discomfort, fear, anxiety and or embarrassment related to the pelvic exam
  - Less likely to return for another visit.
- Delay in Services and Obstruction of efforts to:
  - Increase appropriate cervical cancer screening
  - Reduce unwanted pregnancy
  - Prevent infertility through early treatment of chlamydia infections.

Pelvic Exam Best Practices

Summary of Guidelines for Screening Pelvic Exam

	Recommendation	Rationale
USPSTF (2017)	Neither for nor against	Not enough evidence
ACP (2014)	Against	No evidence to support and significant harms
AAFP	Against	No evidence to support and low likelihood of benefit and increased risk of harm.
ACOG	Yearly after age 21	Expert Opinion.
APAOG	Yearly after age 21	Expert Opinion.

Consent Exercise

- Experiences of compliance, consent, boundaries, and communication vary
- Relationship between client & practitioner
- Remember, many women have experienced trauma

Consent Exercise

Exercise #1: Come Here, Go Away

- Pick a partner
- Form two lines
- Three hand gestures
  - Come here
  - Go away
  - Stop

Consent Exercise

Exercise #1 – Tell me to START

- Break into Pairs – Person A (taking direction) and Person B (giving direction)
- Person A
  - "May I touch your hand?" – Don't touch them without permission.

    Breathe into the feeling.
  - "Let me know when you are ready for me to touch your hand."
- Person B
  - Tell Person A when to touch, or not
- Either can remove hand at any time.
- Then….Switch.

Consent Exercise

Exercise #2 – Tell me to STOP

- Stay in current pairs.
- Person A
  - Take Person B's hand in yours
  - Ask them to tell you to remove them – take your hand away and check in on how that feels.
  - Ask them to tell you when to put their hand back.
- Person B
  - Tell Person A when to stop.
- Pause and notice how it feels to say stop and be in charge of actions.
- Then….Switch.

Consent Exercise

Exercise #3 – HOW do you want me to touch?

- Touch is limited to hand or hand & forearm
- Set boundaries and do what they ask.
- Person A – Giver
  - Receives direction – Ask: "How do you want me to touch you?"
- Person B – Receiver
  - Gives the direction.
    - Can demo with other hand.
    - Can give clarifying directions.
    - Make this about what you want.
    - Feel free to change it up.
    - Explore directing and accepting.

Types of Touch:
Long strokes
Circles
Long scratching
Short scratching
Tapping
Squeezing
Tickles
Firm gripping
Cat walking

Consent Exercise

- How can we apply this to our physical exams?
- How can we apply this to our pelvic exams?

Challenging Vaginitis

Recurrent Yeast – Case study (See handout)

- Vaginitis = inflammation of the vagina
- Symptoms = discharge, odor, pruritis, burning, pain, dysuria, dyspareunia
- Common condition affecting almost all women at some point in their life
- Most common causes
  - Candidiasis
  - Bacterial vaginosis
  - Trichomoniasis
- After puberty, 90% of cases are infectious vaginitis – *Gardnerella*
- Contributing factors
  - Lack of estrogen
  - Anatomy
  - Hygiene – too much and too little
  - Lack of pubic hair
  - Contact irritants
  - Pregnancy
  - Comorbidities

Challenging Vaginitis

- Vulvovaginal candidiasis is a common vaginal infection affecting 70-75% of women at least once in their reproductive years
- Primary symptom = vulvar pruritis
  - Additional symptoms can be burning, soreness, irritation
- Physical exam
  - Vulvar edema/erythema
  - Fissures
  - Excoriations (scratching)
  - Discharge – thick, white, clumpy *** Can you have a candida infection without discharge? ***
- Diagnosis
  - Obtain a vaginal swab for wet mount with saline or KOH – will see budding yeast and hyphae
  - No microscope? Send for fungal culture – PCR can help differentiate between species and sensitivities
  - 90% of all vaginal candida infections are from *C. Albicans* (second most common is *C. Glabrata*)
- Treatment
  - All OTC imidazoles (butoconazole, clotrimazole, miconazole) and Rx single-dose oral fluconazole

Challenging Vaginitis

- Criteria for complicated/recurrent candidiasis
  - Four or more episodes in one year
  - Severe symptoms or findings
  - Suspected or confirmed non-*albicans Candida* infection
  - Comorbidities – diabetes, severe medical illness, immunosuppression
  - Co-vulvovaginal infections
  - Pregnancy
- Treatment
  - *Candida glabrata*
    - 50% improvement with "azoles"
    - Topical Gentian Violet
    - Vaginal boric acid 600mg daily for 14 days
    - Flucytosine 15.5% vaginal cream , 5g daily for 14 days with/without amphotericin B 50mg suppositories nightly
  - Longer duration of initial therapy – fluconazole 100/150/200mg on the 1, 4, 7 days
  - Fluconazole 100-150mg PO weekly for 6 months
- Complication with vulvar cellulitis rare – swollen, beefy-red vulva and pain, tenderness, fever, chills, lymphadenopathy
- Management of sex partners

Challenging Vaginitis

Bacterial Vaginosis – Case study

- Most common vaginal infection in women between the ages of 15-44
- 84% of women with BV have no symptoms
- 18% of women with BV had never had vaginal penetration
- African Americans and Latino women are at higher risk
- Caused by the lack of normal hydrogen peroxide-producing lactobacilli
  - Overgrowth of anaerobes – *Gardnerella vaginalis*, *Mycoplasma hominis*, *Atopobium vaginae*
  - Other possible causes – menstrual flow, intercourse, douching, female partner
- Complications
  - Preterm labor
  - Pelvic inflammatory disease
  - Urinary tract infections
  - Acquisition/transition of STIs including HIV

Available Tests for Diagnosis of BV		
Test	**Time for Results**	**Description**
Amsel Criteria	<30 minutes	Meets 3 out of 4: • Homogeneous white/gray thin discharge • Vaginal pH >4.5 • Positive amine (whiff) test • Wet prep – 20% or more clue cells seen
Affirm VP III test	<1hr	Automated DNA probe assay for detecting *G. vaginalis*
OSOM BV Blue system	10 minutes	Chromogenic diagnostic test based on presence of elevated sialidase enzyme activity
Vaginal Culture	3 days	Not recommended by the CDC due to decreased viability of bacteria after 24 hours and failure to distinguish pathogens from normal flora

Challenging Vaginitis

- Treatment options
  - New option – Secnidazole 2g oral granules single dose
  - Metronidazole 500mg PO BID x 7 days
  - Metronidazole 0.75% gel, 1 applicator PV daily for 5 days (not for use in the first 13 wks of pregnancy)
  - Clindamycin 2% cream, 1 applicator PV daily for 7 days
  - Alternative therapies
    - Tinidazole 2g PO daily x 2 days
    - Tinidazole 1g PO daily x 5 days
    - Clindamycin 300mg PO BID x 7 days
    - Clindamycin ovules 100g PV QHS x 3 days
- Other considerations
  - Recurrence is high! Consider higher doses and longer courses of medications used for initial therapy
  - Routine testing of partner or partner treatment is not recommended
  - Oral and vaginal probiotics are currently being studied
  - Condom use after treatment to allow the vaginal ecosystem time to heal
  - Clean sex toys after each use and avoid sharing
  - Avoid douching, multiple sex partners, spermatocides

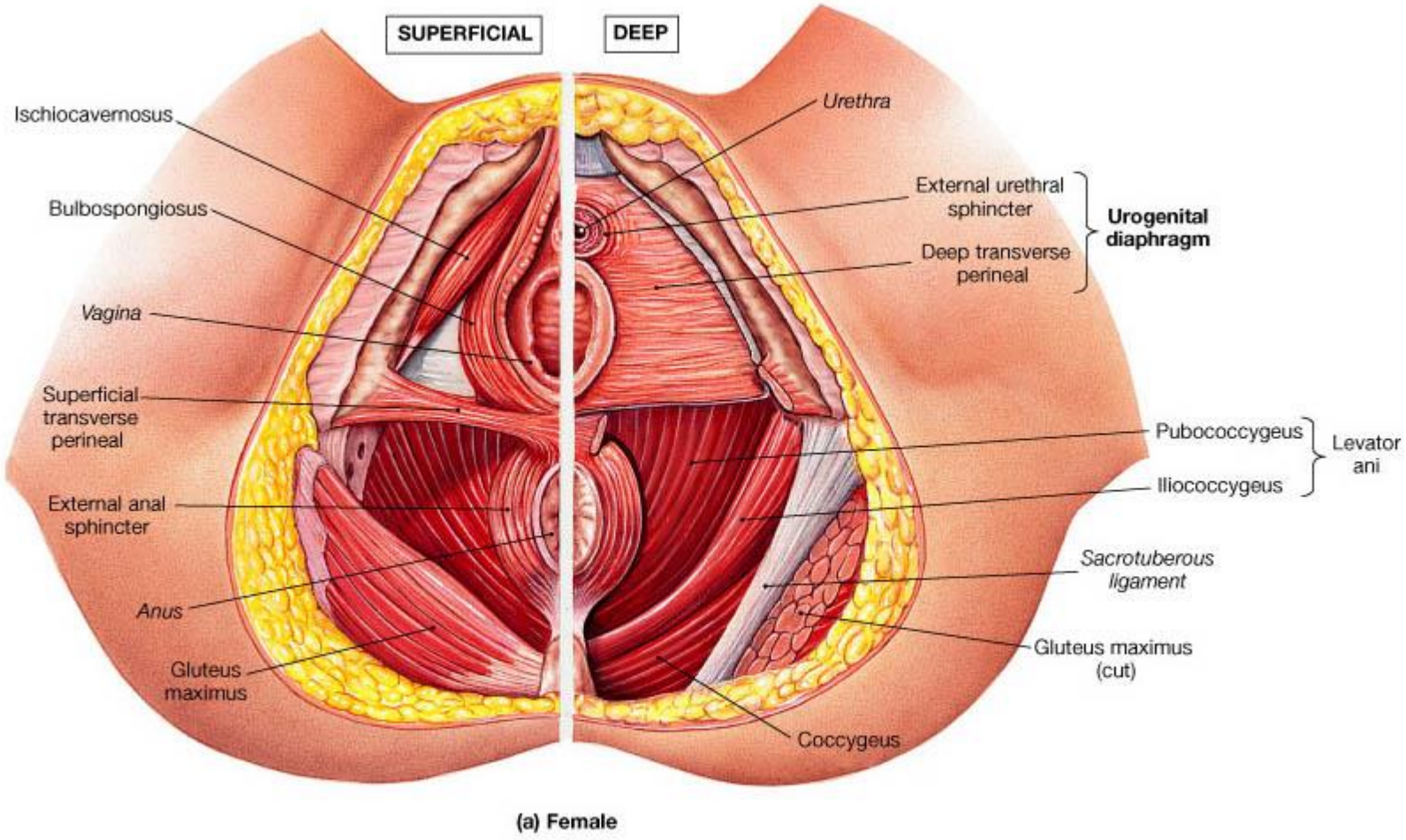
Challenging Vaginitis

Vaginal Microbiome

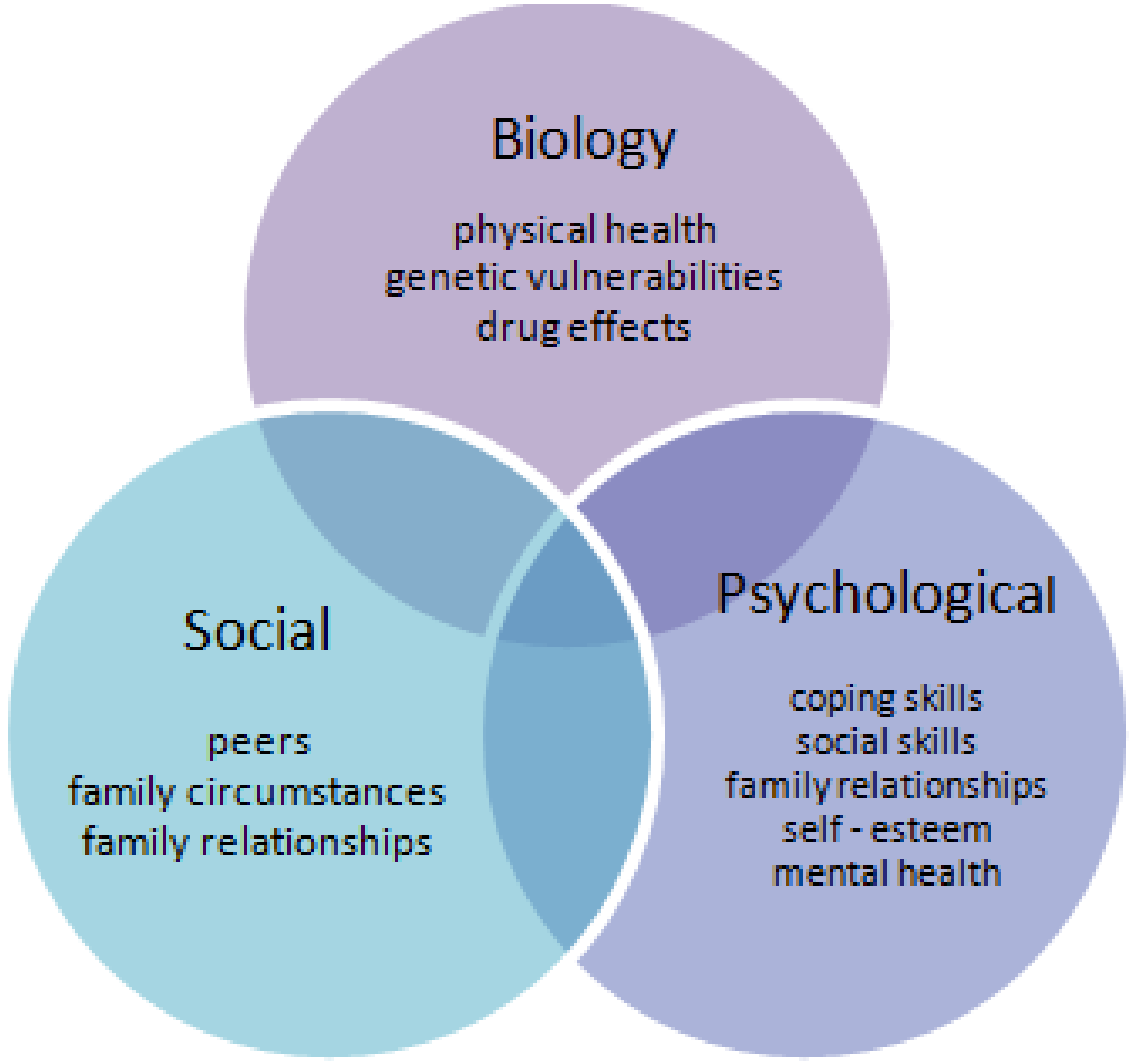
- Undergoes dramatic shifts that coincide with hormonal and lifestyle changes.
- Lactobacilli in the vagina produce lactic acid and create a low pH environment to protect against pathogens
  - *L. crispatus*, *L. iners*, *L. gasseri* and *L. jensenii*
  - Although otherwise healthy individuals have vaginal microbiota lacking significant numbers of *lactobacilli* and harbor other anaerobes
- Relationship between mother and baby
- Disruption of ecological equilibria is believed to increase the risk to invasion by infectious agents
  - Hormonal contraceptives
  - Antibiotics
  - Sexual activity
  - Vaginal products and douching

Pelvic Floor Muscles

- Let's Find Our Pelvic Floor!!



Biopsychosocial Model



Biopsychosocial Model

- Interactive Case Discussion

Pelvic Pain

- Give me the numbers…
  - 1 in 3 women during their lifetime
  - 9 million women in the US – 15% chronic pelvic pain and 8.9% vulvodynia
  - Comorbid pain conditions are common – IC, IBS, TMJ, Fibromyalgia
  - $3 BILLION spent every year
- Barriers to diagnosis and treatment
  - Lack of awareness and training
  - Frustration – difficult to diagnose, to treat, to cure
  - Embarrassment by provider and patient
- Burden of Illness
  - 75% of women feel "out of control" of their bodies
  - 60% report that it compromises their ability to enjoy life
  - 60% cannot have sexual intercourse due to pain
  - 60% of women consulted at least three doctors in seeking a diagnosis and 40% of those who sought professional help remain undiagnosed

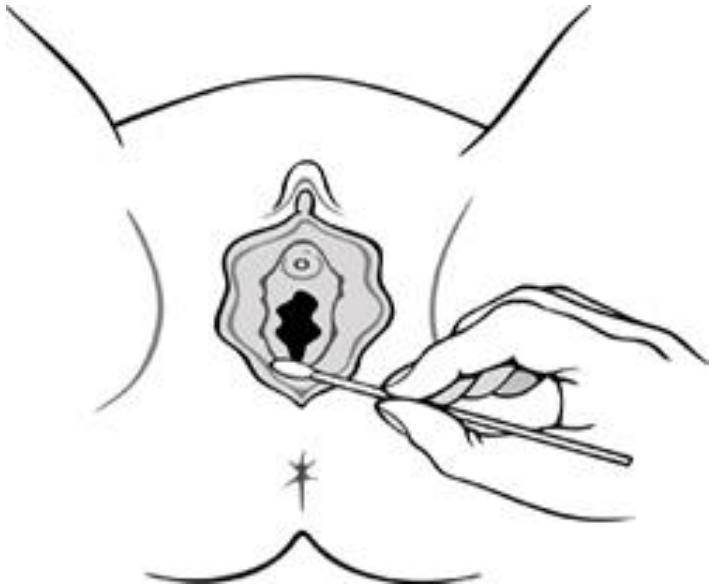
Pelvic Pain

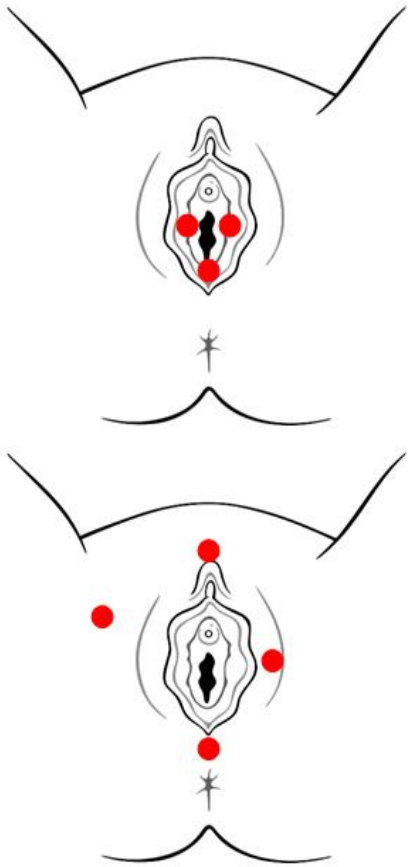
Vulvodynia

- Symptoms
  - Most common = BURNING
  - Pain can be irritating, sharp, prickly, pruritic, stinging, rawness
  - Vestibule Pain
    - Think → tampon insertion, gynecological exam
  - Generalized
    - Think → Activities that apply pressure to the vulva
  - Factors that lessen the pain
  - Potential causes and risk factors
    - Injury to nerves
    - Abnormal cell response
    - Genetic factors
    - Localized hypersensitivity to candida
    - Pelvic floor muscles
    - Estrogen deficiency

Pelvic Pain

Q-Tip Test – Interactive Activity





References

- Guirguis-Blake et al.
Periodic Screening Pelvic Examination. Evidence Report and Systematic Review for the US Preventive Services Task Force. JAMA. 2017 Mar 7;3 17(9):954-966.
- Glickman C. AASECT Annual Conference 2019, Sexology Bodywork, Consent Exercises.
- CDC 2015 Sexually Transmitted Disease Treatment Guidelines, available at https://www.cdc.gov/std/tg2015/bv.htm. Accessed November 30, 2018.
- Hillier SL, Nyirjesy P, Waldbaum AS, et al. Secnidazole Treatment of Bacterial Vaginosis. *Obstetrics & Gynecology*. 2017;130(2):379-386
- Pentikis H, Adetoro N. An integrated efficacy and safety analysis of single-dose secnidazole 2 g granules in the treatment of bacterial vaginosis from pivotal phase 2 and phase 3 trials. *American Journal of Obstetrics and Gynecology*. 2018;219(6):647-648.
- Bradshaw CS, Morton AN, Garland SM, Morris MB, Moss LM, Fairley CK. Higher-Risk Behavioral Practices Associated With Bacterial Vaginosis Compared With Vaginal Candidiasis. *Obstetrics & Gynecology*. 2005;106(1):105-114.
- Maintenance fluconazole therapy for recurrent vulvovaginal candidiasis. *Obstetrics & Gynecology*. 2004;104(6):1392.
- CDC 2015 Sexually Transmitted Disease Treatment Guidelines, available at https://www.cdc.gov/std/tg2015/candidiasis.htm. Accessed November 30, 2018.
- Kingsberg S, et al. *Handbook of Female Sexual Health and Wellness*, www.arhp.org. Accessed November 30, 2018.
- Bø K, Berghmans B, Mørkved S, Kampen MV. *Evidence-Based Physical Therapy for the Pelvic Floor - E-Book: Bridging Science and Clinical Practice*. Churchill Livingstone; 2014.
- Borgdorff H. *The Vaginal Microbiome: Associations with Sexually Transmitted Infections and the Mucosal Immune Response*. S.l: s.n.; 2016.
- Ahangari, Alebtekin. Prevalence of Chronic Pelvic Pain Among Women: An Updated Review. Pain Physician 2014, 17: E141-E147.
- ACOG Practice Bulletin No. 51. Chronic pelvic pain. Obstet. Gynecol. 103(3), 589-605 (2004).
- Engeler, D. et al. Guidelines on Chronic Pelvic Pain. European Association of Urology 2014.
- The International Pelvic Pain Society Pelvic Pain Assessment Form. www.pelvicpain.org. Accessed November 30, 2018.
- Goldstein, AT, et al. Vulvodynia: Assessment and Treatment. J Sex Med. April 2016, 13 (4): 572-590.

Thank you!

aleece@fosnightcenter.com

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