



Bayou Regional
Women's Clinic

Care You Can Count On



COMMON GYNECOLOGICAL CONDITIONS & THE PROCEDURES TO KEEP YOU HEALTHY



Most women are accustomed to visiting their gynecologist for routine visits. You probably see them annually for a wellness exam and Pap smear. Depending on your age, these visits may include a mammogram as well. If you have children, this same doctor probably also served as your obstetrician, caring for you and your growing baby from the first trimester up to delivery.

A woman's gynecologist plays a very big role in her healthcare over her lifetime. And, this includes when things aren't quite right.

When something is “off” about a woman's health, it can be worrisome. Every symptom seems to have several possible causes, and a Google search will surely lead you to the worst of them. The good news is that in most cases, the conditions experienced are relatively harmless, but it is always best to be sure.

If you are experiencing any of the following symptoms, your gynecologist can perform the necessary examinations and tests to provide a definitive diagnosis and treatment.



ABNORMAL UTERINE BLEEDING

What is it?

Abnormal uterine bleeding refers to vaginal bleeding that occurs as part of any of the following situations:

- Bleeding or spotting in between periods
- Bleeding or spotting after sex
- Heavy bleeding during the menstrual cycle
- Bleeding after menopause
- Bleeding or spotting during pregnancy
- Irregular menstrual cycles that are longer than 38 days or shorter than 24 days

What causes it?

There are many potential causes of abnormal uterine bleeding. It could be something as simple as vaginal irritation from soap or similar products, but there is no way to know this for certain until a physician is consulted. Some other possible sources of vaginal bleeding include:

- Hormone imbalance
- Benign cysts or tumors
- Uterine fibroids
- Birth control pills or IUD
- Miscarriage
- Cancer (less common)
- Ectopic pregnancy





DIAGNOSIS & TREATMENT

Before attempting to diagnose the source of abnormal uterine bleeding, your gynecologist will first complete a physical examination. This may include obtaining your health history, including information surrounding your menstrual cycle if applicable, blood tests, and screenings for pregnancy and sexually transmitted infections (STIs). Other potential diagnostic tests may include ultrasound, biopsy, MRI, or CT scan.

Depending on the results from these tests, gynecologists will make recommendations for treatment. These options may include:

Medication

If bleeding is related to the menstrual cycle, medications such as hormonal birth control, gonadotropin-releasing hormone, or tranexamic acid may be given to regulate, reduce, or even stop periods. If the bleeding is related to an infection, antibiotics may be used.

Endometrial Ablation

Endometrial ablation is a procedure that uses either heat or cold energy to destroy the endometrial lining of the uterus. This option may be used to address particularly heavy menstrual bleeding, but it should only be considered for women who do not wish to become pregnant at any point in the future.

Dilation and Curettage (D&C)

A D&C is a procedure that removes tissue from the uterus. It may be used as a diagnostic test for abnormal bleeding or as a treatment option for certain conditions. A physician may perform a D&C to clear tissue following a miscarriage or abortion, helping to prevent complications such as infection or heavy bleeding. It may also be used to remove a molar pregnancy, to remove excess placenta after delivery, or to remove cervical or uterine polyps.

Hysterectomy

A hysterectomy is the surgical removal of the uterus, with or without the ovaries. There are many conditions which may warrant a hysterectomy such as endometriosis, fibroids, uterine prolapse, and forms of gynecologic cancer. It is most often performed in women who are over the age of 35, unless necessitated by a serious medical condition without viable alternative treatments. Women will no longer have a period or be able to become pregnant following a hysterectomy.

ENDOMETRIOSIS

What is it?

Endometriosis is a condition in which the tissue that normally lines the inside of the uterus (the endometrium) grows outside the uterus, most commonly on pelvic organs such as the fallopian tubes or ovaries. This tissue will continue to grow, break down, and bleed with each menstrual cycle, just as it would inside the uterus. The problem, however, is that this outlying tissue has no place to go after it has broken down, and it remains trapped within the body.

Complications & Symptoms

Endometriosis can lead to a number of painful and frustrating complications. In some cases, cysts known as endometriomas may form on the ovaries. In others, the condition may lead to inflammation and the development of scar tissue or adhesions of fibrous tissue between pelvic organs and tissue.

Such complications can present with many different symptoms, the most common being pelvic pain, particularly during the menstrual cycle. Women who are diagnosed with endometriosis may experience any of the following signs:

- **Dysmenorrhea (Painful Periods)** – The pain women with endometriosis experience during their menstrual cycle is exceptional. Most report that it is far worse than normal and that it increases with time. This pain may begin before the period starts and continue for several days. It may also be experienced in the abdomen or lower back.
- **Painful Intercourse** – The pain may occur during intercourse and continue after.
- **Painful Bowel Movements or Urination** – This is also more likely to occur during menstruation.
- **Excessive Bleeding** – Heavy periods or break-through bleeding in between cycles may occur.
- **Infertility** – The scarring and adhesions from endometriosis can cause blockages of the fallopian tubes and ovarian cysts which may impact the ability to conceive.
- **Other Symptoms** – In addition to these, women may experience symptoms during their menstrual cycle such as diarrhea, vomiting, fatigue, nausea, constipation, or bloating.



DIAGNOSIS & TREATMENT

The diagnosis of endometriosis begins with a complete physical, including medical history and pelvic exam. However, a definitive diagnosis can only be reached via laparoscopy. This type of visualization will allow a physician to evaluate the condition of organs, as well as the size and location of endometrial growths.

Endometriosis varies from patient to patient and may be considered mild or severe. In mild cases, most physicians agree that no additional treatment beyond over-the-counter pain medication is necessary. However, for those who are suffering from more severe cases or those who are struggling to become pregnant, additional steps may be taken. *These may include:*

Hormone Therapy

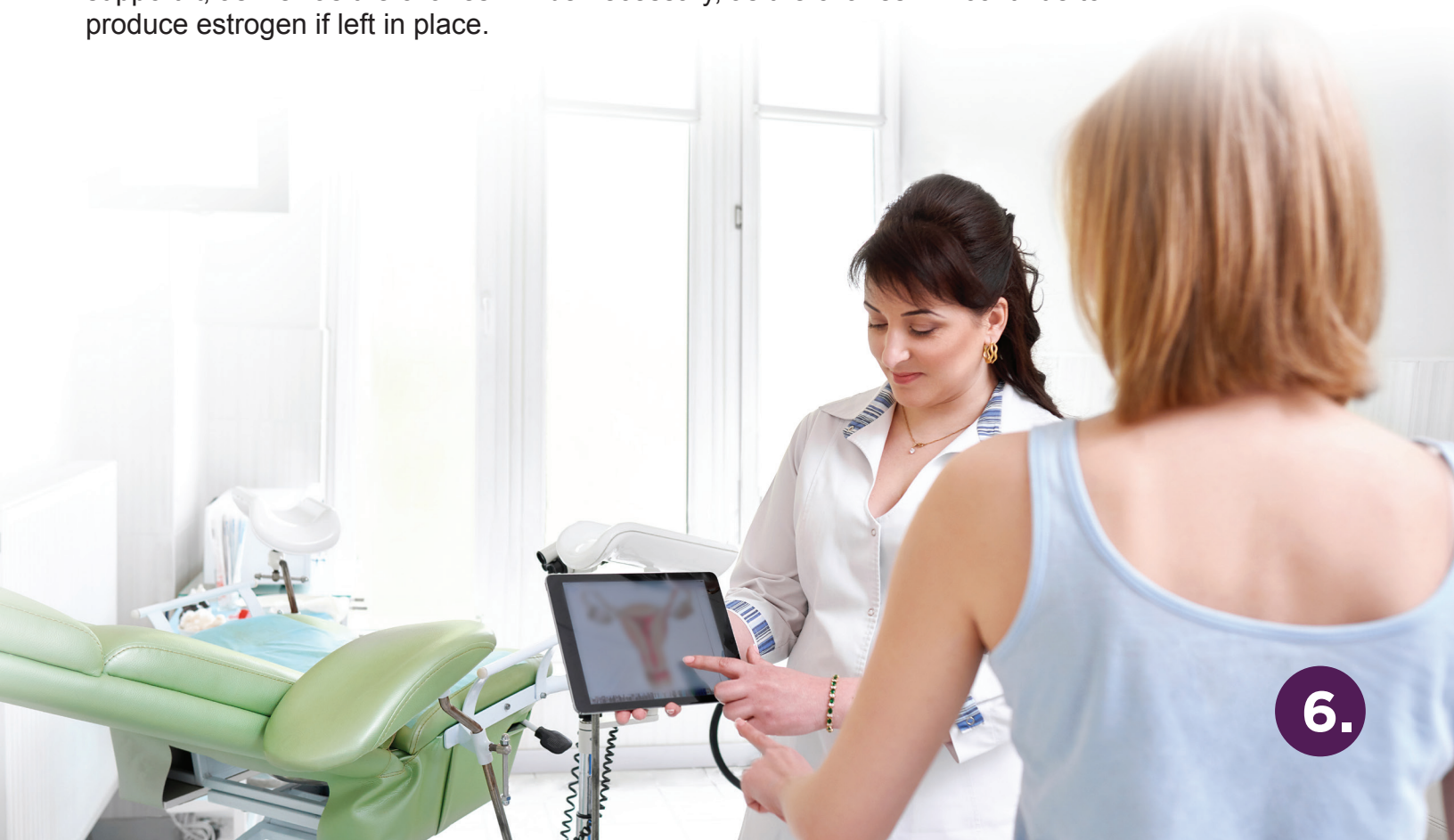
Hormone therapy such as birth control pills can help control the hormones that contribute to the thickening of tissue each month. By helping keep this factor in check, patients can experience less pain and keep further endometrial growth in check.

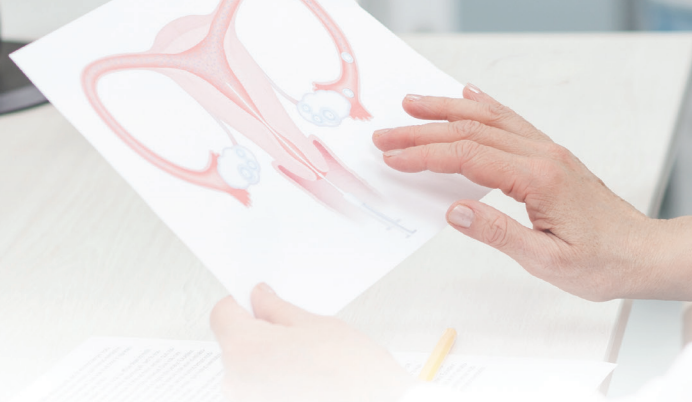
Surgery

For some patients, removal of endometrial tissue can aid in symptom reduction and ability to conceive. In most cases, this is accomplished via a conservative, laparoscopic procedure.

Hysterectomy

In severe cases of endometriosis, a hysterectomy may be recommended as a last resort option. If so, a “radical hysterectomy” which removes the uterus, the structures that support it, as well as the ovaries will be necessary, as the ovaries will continue to produce estrogen if left in place.





ABNORMAL PAP SMEAR

What is it?

Pap smears are an important part of a woman's annual wellness exam. In most cases, the results of a Pap smear will be "negative" meaning no abnormalities have been detected. However, there are times when Pap smears yield "positive" or abnormal results. This, of course, can be frightening for patients to hear, but it's important to understand that an abnormal Pap smear can result from a number of causes and does not often equate to cancer.

What Causes it?

An abnormal Pap smear is an indication that something is not right within the cells of the cervix. It is not a diagnostic tool. Rather, it is merely a screening that indicates if further testing is required. Among the potential abnormal results that may be detected are the following:

Atypical Squamous Cells of Undetermined Significance (ASCUS)

ASCUS is the most common abnormal finding on a Pap smear. It indicates the presence of atypical squamous cells on the surface of the cervix and may appear due to an infection from human papillomavirus (HPV) or benign growths such as cysts or polyps. Further testing for the presence of high-risk viruses may be necessary.

Squamous Intraepithelial Lesion (SIL)

The finding of an SIL indicates abnormal squamous cells on the surface of the cervix. It may also be referred to as cervical intraepithelial neoplasia (CIN). These particular types of lesions can be divided into two types:

Low-grade SIL

Changes to the size, shape, and number of cells appear to be just beginning with only a few abnormal characteristics. These changes are often due to an HPV infection and may or may not require treatment.

High-grade SIL

These cells appear very abnormal. However, they are still confined to the surface of the cervix and have yet to invade deeper. They are due to HPV and can lead to cancer if left untreated.

Atypical Glandular Cells (AGC)

Glandular cells produce mucus and are located at the opening of the cervix and within the uterus. It will be unclear if these cells are cancerous until further testing is completed.

Adenocarcinoma In Situ (AIS)

AIS indicates a finding of an advanced lesion of abnormal cell growth within the cervix's glandular tissue. The cells could become cancer and spread to other areas if not treated.

Squamous Cell Carcinoma or Adenocarcinoma Cells

Either of these findings indicate the presence of cells so abnormal that cancer is nearly certain. Squamous cell carcinoma arises in the flat, surface cells of the cervix or vagina, whereas adenocarcinomas develop from glandular cells. Results of this stage are uncommon in women who receive regular Pap smears, but if a finding does occur, immediate evaluation and testing will be needed.

DIAGNOSIS & TREATMENT

In the majority of cases involving abnormal Pap results, monitoring for continued cell changes is all that is required. Many cases such as those involving ASCUS or low-grade SIL rarely increase in severity. However, if a patient is uncertain that they can upkeep the necessary screenings or a more bothersome result is found, additional diagnostic testing may be recommended, including the following:

HPV Test

Just like a Pap smear, an HPV test involves the collection of cells from the cervix. However, this test is not merely looking for indication of cell changes. It is designed specifically to detect the presence of human papillomavirus.

Colposcopy

This procedure is performed with a lighted, magnifying instrument known as a colposcope. Physicians can then more closely examine the vagina and cervix and scrape small samples of tissue for microscopic testing using a curette.

Biopsy

A biopsy involves the removal of a larger amount of tissue than a colposcopy. With the use of a tool such as a scalpel or laser knife, a physician will remove adequate tissue from the cervix for testing under a microscope.

Depending on the results of these follow-up tests, specific procedures for treatment may be needed. These can include the following:

Medication

If a vaginal or sexually transmitted infection is determined to be the source of abnormal cells, treatment may be achieved with prescription medications.

Tissue Removal

In the case of moderate to severe cell changes not due to infection, treatment will focus on the removal or destruction of abnormal tissue. This may be accomplished through biopsy, loop electrosurgical excision procedure (LEEP), cryotherapy, or laser therapy.

Surgery

In the case of cervical cancer, surgical intervention may be recommended, particularly for those in the earlier stages. This may include some of the tissue methods listed above such as LEEP or cryotherapy. For others, more invasive surgical procedures such as a hysterectomy could be necessary. In cases of recurrent cervical cancer patients may require a pelvic exenteration to remove the cervix, uterus, ovaries, fallopian tubes, lymph nodes, and any nearby structures where the cancer may have spread such as the bladder or vagina.

Radiation Therapy

Radiation therapy involves the use of high-energy x-rays or radioactive particles to kill cancer cells. It may be used alone or in conjunction with other treatments such as surgery or chemotherapy.

Chemotherapy

In chemotherapy, anti-cancer drugs are given either intravenously or orally. These drugs then enter the blood stream and work to destroy cancer cells at their original source, as well as in any areas where they may have spread. It is often combined with radiation therapy.





Few issues with a woman's gynecological health are "straightforward." There are always a number of possibilities and treatment approaches for any given symptom.

The single most important step any woman can take to keep her health protected is to keep up with her recommended wellness exams. By doing so, the vast majority of patients can ensure that any problems that do arise will be detected early and treated before they are able to become more problematic.

To begin actively addressing your own gynecological health, contact Bayou Regional Women's Clinic to schedule an appointment.



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