

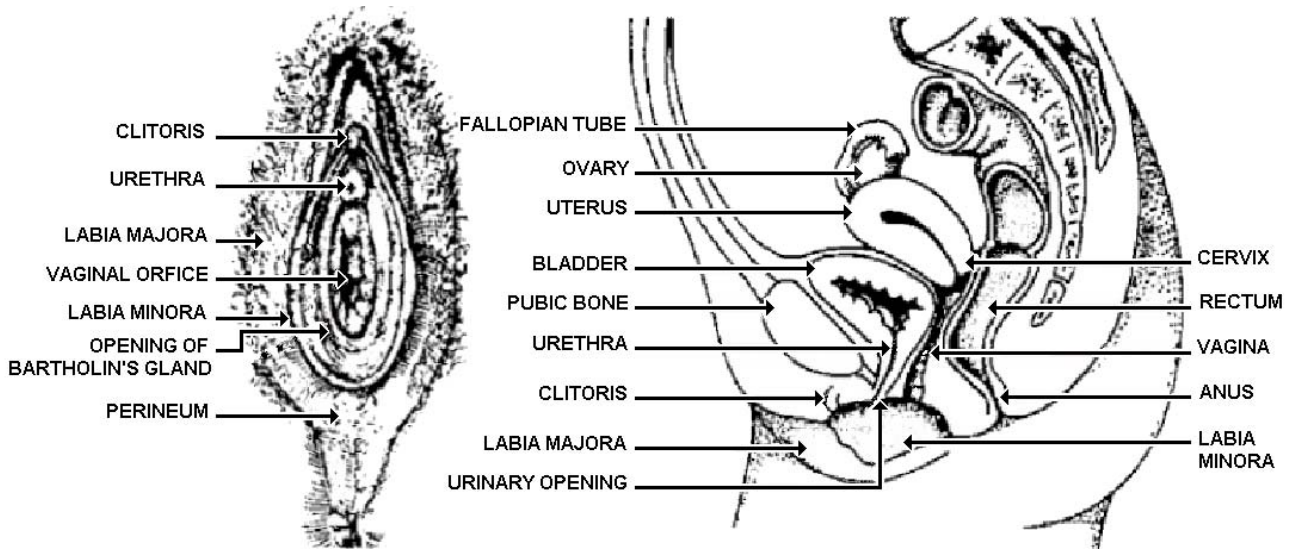
The Annual Woman's Health Exam

Regular gynecological examinations are an essential part of any woman's health care. Ideally, women should have a woman's health exam before they begin sexual activity. All women should have their first woman's health exam by age 21. If a woman detects any pain or menstrual irregularities, an earlier medical exam is also advised. The exam should be done once a year unless the clinician advises differently.

The purpose of a yearly exam is to review your medical history and perform a physical exam. The physical exam usually includes measurement of weight and blood pressure, and an examination of the breasts and abdomen. It may include a pelvic examination. The pelvic examination determines the position and state of health of the internal reproductive structures, as well as the external genitals. For women who have never had sexual relations and have no menstrual pain or irregularities, a pelvic examination is often deferred until the age of 21, and sometimes later based on a woman's religious or cultural beliefs. A pelvic examination is not required to receive oral contraceptives. The reproductive system consists of: the vagina (passage leading from outside the body to the uterus), the cervix (opening to the uterus), the uterus (womb), the fallopian tubes (transport eggs from ovaries to uterus) and the ovaries (glands containing the eggs). The clitoris, labia majora and labia minora make up the external genitals.

A pelvic examination is not the same as a "Pap test." The Pap test is sometimes done at the time of the annual woman's health exam to assure early diagnosis of any change in the cells within the cervix, which may indicate cancer. All women should have their first Pap test at age 21. Most women age 21-65 should have a Pap test every three years. Exceptions to these guidelines would include women who have HIV, are immunosuppressed, have been exposed to DES in utero, or have had a LEEP procedure; these women should have a Pap test at least once a year. Women who recently had an abnormal Pap test or cervical biopsy may need to be seen more frequently than once a year. The gynecological exam is important for prevention and early detection.

Many women may feel some anxiety about their first woman's health exam. Knowing what to expect can relieve anxiety and help you feel more relaxed. Ask your provider any questions you have during the exam. If your provider is a male there will be an escort or chaperone in the room during the exam. You may request a female provider if you wish.



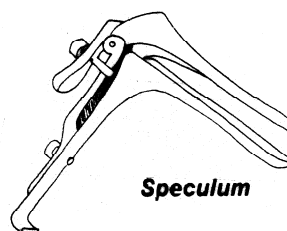
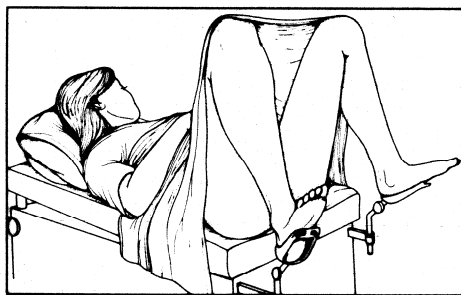
Things to remember

- It is important for all women to have a woman's health exam, including lesbian, bisexual and transgender women.
- For best results on pelvic exams, it is recommended not to use anything inside the vagina 1-2 days prior to the exam. This includes vaginal lubricants, spermicides, medications, douches, and sex toys. Abstain from sex 1-2 days prior to your exam.
- Ask any questions you have.
- Keep track of the first day of your last menstrual period.
- Try to relax; muscle tension may cause discomfort. Take a few slow, deep breaths and relax the muscles in your abdomen and legs.
- Pap tests are not done during your menstrual period.
- Patients with abnormal results will be notified by phone.

- You may choose to receive your laboratory results via email. This is an elected service that can be done at McKinley with your I-Card and the automated check-in system. If your results are normal or as expected, you will be notified via an email and by accessing MyMcKinley using your secure sign-on and password.
- Some women feel anxious before their exam and may forget their questions. It is recommended you write your questions down before coming to your appointment to ensure you get the answers you need.

What happens

1. First, your weight and blood pressure will be measured and you will be given a medical history form to complete.
2. You will then be shown to the examination room and asked to completely undress (you can keep on your socks). You will be given a sheet to cover yourself.
3. The clinician will review the history form with you. This is a good time to ask any questions or talk about any concerns. If you need birth control, you can get information about different methods.
4. After sitting on the table, a brief physical exam of your heart, lungs, neck and abdomen will be done.
5. The clinician will do a breast exam and will teach you how to do your own monthly breast self-exam (printed material is available).
6. If a pelvic exam is done, you will be asked to place your feet in the foot rests and slide to the end of the table. The clinician will examine your external genitals (vulva).
7. Next, a speculum is inserted into the vagina. The speculum is a metal or plastic instrument that holds the vaginal walls apart in order to facilitate a clear view of the vaginal walls and cervix. You may feel some pressure when the speculum is inserted. If you are nervous, the pelvic muscles may tense and make it uncomfortable. Take slow, deep breaths and try to relax. If you feel any discomfort, let your clinician know. You may also hear some clicking sound as the speculum is opening.
8. With the speculum in place, the clinician may take a flat spatula and special brush and gently take a sample of cells from the cervix. This is called the Pap smear test. A culture for gonorrhea and chlamydia may also be taken. The speculum is then removed.
9. Last, the clinician will do the bi-manual exam. You may find this exam slightly uncomfortable. The clinician puts on a glove and inserts one or two fingers into the vagina and, at the same time, presses gently on the abdominal area with the other hand. This is done to determine the size, shape and mobility of the uterus and ovaries. It is not uncommon to have a small amount of discharge or spotting after the examination.
10. After the exam is over, you will get dressed and have the opportunity to talk with your clinician and ask other questions. You will also receive any prescriptions and instructions at this time.



References

Massad, L.S., et al. 2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Tests and Cancer Precursors. *Journal of Lower Genital Tract Disease*, Vol 17, Number 5, 2013, S1-S27

USPSTF, release March 2012: www.uspreventiveservicestaskforce.org/uspstf/uspstfcerv.htm

Practice Bulletin No. 140: Management of Abnormal Cervical Cancer Screening Test Results and Cervical Cancer Precursors. *Obstetrics & Gynecology*: December 2013 – Volume 122 – Issue 6 – p 1338-1366.

If you are a registered University of Illinois student and you have questions or concerns, or need to make an appointment, please call: **Dial-A-Nurse at 333-2700**

If you are concerned about any difference in your treatment plan and the information in this handout, you are advised to contact your health care provider.

Visit the McKinley Health Center Web site at: <http://www.mckinley.illinois.edu>