



The Annual Gynecologic Examination Updated for the 21st Century

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Lucia, a healthy 31-year-old woman, presents for her gynecologic examination and an ongoing prescription of oral contraceptives. Lucia asks you whether she needs a Pap test, pelvic examination, and breast examination, because she has seen the news headlines that these are no longer needed on an annual basis for low-risk women. Lucia has had annual cervical cancer screenings since the age of 18 years, all with negative results. As the office nurse, advanced practice nurse, or certified nurse-midwife, how would you respond to Lucia's question about

an appropriate cervical cancer screening interval and whether she needs pelvic and breast examinations?

Annual Gynecologic Screening

The concept of an annual gynecologic screening visit to identify disease at an early stage to ensure more effective intervention has long been an established component of women's health care (Sawaya, 2015). Women and their

Abstract The concept of an annual gynecologic screening visit to identify disease at an early stage has long been an established component of women's health care. Women and their health care providers have historically accepted the schedule of an annual gynecologic examination with cervical cancer screening and a pelvic examination. Recently, researchers questioned the value of the annual breast and pelvic examinations in asymptomatic women and re-established the intervals for Pap test screening with the addition of human papillomavirus co-testing to establish cervical cancer risk. The updated well woman examination is now an opportunity to engage women in health education, screening for chronic disease risks, and health care concerns such as depression and violence. <http://dx.doi.org/10.1016/j.nwh.2016.03.006>

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health care providers have historically accepted the schedule of an annual gynecologic examination with a cervical cancer screening and a pelvic examination as integral to the visit. The terms *screening* and *diagnostic testing* are often used interchangeably, but they do not mean the same thing. A screening test is used to identify asymptomatic individuals who are at risk of developing a disease or condition, whereas a diagnostic test is used to assist in the diagnosis of a suspected disease or condition. In this article we focus on the use of the Pap test, breast examination, and pelvic examination as screening tests in asymptomatic women.

Cervical Cancer Screening

Recent evidence-based guidelines for cervical cancer screening propose beginning screening at age 21 years and screening at 3-year intervals with a Pap test or every 5 years if co-testing for human papillomavirus (HPV) after age 30 years.

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Screening is recommended to continue until age 65 years but may be discontinued sooner in women who have had a total hysterectomy (Centers for Disease Control and Prevention, 2015; Saslow et al., 2012).

These changes to conventional annual screenings are based on a more complete understanding of the nature and the role of persistent HPV infection in the development of cervical cancer. For most women, especially younger women, the immune system clears the infection within a period of a year or two. HPV that does not clear is worrisome and requires closer follow up. Women can reduce their initial risk through HPV vaccination in their teenage years, and clinicians can reduce the burden of cervical cancer by increasing screening rates among women who have rarely or never been screened.

As extended cervical cancer guidelines have been incorporated into practice, clinicians and the women they care for have begun to question the need for the annual screening pelvic examinations as well. What is gained from the screening pelvic examination? Could anything be

missed if clinicians do not perform a screening pelvic examination on low-risk women? What is the evidence for using the pelvic examination as a screening test for disease for asymptomatic, low-risk women?

Pelvic Examination

To screen for sexually transmitted infections that are often asymptomatic, such as chlamydia and gonorrhea, technologic advances in laboratory testing have allowed testing to be performed from a self-collected vaginal swab or urine testing (Workowski, Bolan, & Centers for Disease Control and Prevention, 2015). A pelvic examination is no longer needed to screen for most sexually transmitted diseases. But does the screening pelvic examination identify cancer? The Pap test identifies cervical cancer, and only late stages of cervical cancer can be identified by physical examination. Westhoff, Jones, and Guiahi (2011) identified a number of studies in which authors reviewed the accuracy of the components of the pelvic examination. None of the authors of the reviewed studies showed any value of the pelvic examination in detecting ovarian cancer (Padilla, Radosevich, & Milad, 2000, 2005). Uterine cancer in postmenopausal women is initially identified by a history of abnormal bleeding, not by a screening pelvic examination.

Since the advent of office-based occult blood testing of stool and colonoscopy, rectal examinations as part of a pelvic examination are also no longer recommended for rectal cancer screening (Westhoff et al., 2011). A systematic review found no studies in which researchers assessed the benefits of the screening pelvic examination for cancer detection of the bladder, vagina, vulva, uterus, or ovaries, or for the following benign conditions: fibroids, warts, atrophic vaginitis, or pelvic inflammatory disease (Bloomfield et al., 2014).

There is an absence of data to show that the screening pelvic examination identifies benign conditions that a thorough medical history would not identify. For example, in the case of pelvic floor dysfunction, a simple screening tool was used to identify women with mild symptoms of uterine prolapse who would then benefit from a thorough pelvic examination, rather than screening all women with a pelvic examination (Tehrani, Hashemi, Simbar, & Shiva,

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