The First Gynecological Visit

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CREOG Objectives

• Unit 2 IB1

• Unit 5 IID1-9
COMMITTEE OPINION

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Committee on Adolescent Health Care

This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

The Initial Reproductive Health Visit

**ABSTRACT:** The initial visit for screening and the provision of reproductive preventive health care services and guidance should take place between the ages of 13 years and 15 years. The initial reproductive health visit provides an excellent opportunity for the obstetrician–gynecologist to start a patient–physician relationship, build trust, and counsel patients and parents regarding healthy behavior while dispelling myths and fears. The scope of the initial reproductive health visit will depend on the individual’s need, medical history, physical and emotional
Key Points

• The initial visit for the provision of reproductive preventive health care services should take place between the ages of 13 years and 15 years

• The goal of the initial reproductive health visit is to provide preventive health care services, including educational information and guidance, rather than problem-focused care

• Patients need this visit to see the office, meet the health care provider, alleviate fears, and develop trust
#ew
Creating an Adolescent-Friendly Environment

- Identify office personnel who are a good “match” for adolescents—open minded, positive, flexible, nonpatronizing, and professional
- Design a labeling system that clearly identifies adolescent charts for staff
- Concentrate adolescent visits on a dedicated office day or time
- Before or after school appointments are more convenient for adolescents
- A reception area full of adults or obstetric patients may intimidate adolescents
- Age-appropriate and culturally inclusive reading materials and audiovisual aids in the reception area and exam rooms
Your First Gynecologic Visit

- When should I have my first gynecologic visit?
- Is it normal to be nervous before the first visit?
- What should I expect at the first gynecologic visit?

2. Looking at the **vagina** and cervix with a **speculum**
3. Checking the internal organs with a gloved hand

   The doctor will use a speculum to look at your vagina and cervix. When you have a Pap test, a sample of cells will be taken from your cervix with a small brush.

   To check your internal organs, the doctor will place one or two gloved, lubricated fingers into the vagina and uterus. The other hand will press on the abdomen from the outside.
Timing of the Initial Visit

- The initial visit for screening and the provision of reproductive preventive health care services and guidance should take place between the ages of 13 years and 15 years.

- Developmental stage does not equal the patient’s chronological age.
Scope of the Initial Visit

• Depends on the individual’s need, medical history, physical and emotional development, and the level of care she is receiving from other health care providers

• Age-appropriate discussion about puberty, normal menses, timing of routine gyn visits, STIs, pregnancy prevention, sexual orientation and gender identity, and acquaintance rape prevention

• Healthy lifestyle choices: Eating right, maintaining a healthy weight, staying active, getting enough sleep, dealing with acne
Confidentiality

• Discussion with both the adolescent and her parent

• Legal restrictions on the confidential nature of the patient–physician relationship
  • risk of bodily harm to herself or others
  • state laws mandate the reporting of physical or sexual abuse of minors

• For a listing of state laws that is updated monthly, go to www.guttmacher.org/statecenter
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A model office visit

- 1) Start with a dressed patient
- 2) An initial consultation with both the patient and parent together
- 3) A confidential visit between the health care provider and patient
- 4) A concluding consultation with the patient and parent again
#awkward
The Initial Visit

- normal pubertal development
- menstruation
  - menstrual flow, hygiene, symptoms, duration and frequency of bleeding

### Normal Menstrual Cycles in Young Females

- Menarche (median age): 12.43 years
- Mean cycle interval: 32.2 days in first gynecologic year
- Menstrual cycle interval: typically 21–45 days
- Menstrual flow length: 7 days or less
- Menstrual product use: three to six pads or tampons per day
Keep track of your periods. Mark an “X” on a calendar on the days when you have your period.

As you go through puberty, your breasts grow in stages. Stage 1 shows breasts before puberty. Stage 5 shows breasts that are fully developed.
The Initial Visit

- Past medical hx, family history, etc …..
  - venous thromboembolism
  - cardiovascular disease
  - diabetes
  - hypertension
  - mental illness
  - substance abuse
  - familial gynecologic conditions, such as endometriosis or leiomyomas
  - delayed puberty
  - breast, colon, ovarian, or uterine cancer
  - PCOS
The Initial Visit

- does not require an internal pelvic exam, unless indicated
  - Supported by American Academy of Pediatrics (AAP) and ACOG
- explain the difference between a Pap test and an internal pelvic examination
Pap vs. Pelvic

- Only 2.7% females ages 14-24 could provide an accurate definition of the term Pap smear.
- 68% mistakenly believed that a Pap smear was the same as a pelvic examination.
- 40% mothers accurately defined Pap smear.
The Initial Visit

- Contraception and STIs
  - Address noncoital intercourse
  - 47% of females aged 15–19 years have engaged in intercourse
  - Increases to 67%, aged 18–19 years
  - Rates of oral sex are similar and many teens have also had anal sex

### Table 14-6

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<th>Age</th>
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Other Risky Behaviors

- Female students in grades 9-11:
  - 38% had at least one drink in the last 30 days
  - 20% had five or more drinks in a row on at least 1 day
  - 7% drove when drinking alcohol
  - 25% rode with a driver who had been drinking alcohol
  - 30% report sending a text or e-mail while driving
Other Risky Behaviors

- Female students in grades 9-11:
  - Dating violence
    - 9% reported experiencing dating violence
    - 12% reported forced sex
The Initial Visit

- Exam:
  - General examination
  - Visual breast examination
    - Clinical breast exams do not start until age 20 (SGK)
  - External pelvic examination
- If the patient has had sexual intercourse, annual screening for chlamydia and gonorrhea is recommended
  - screening for human immunodeficiency virus (HIV) at least once is recommended
G/C Screening

- Nucleic acid amplification techniques
  - urine sample
  - vaginal swab specimen
    - patient or health care provider
- Vaginal swabs are more sensitive than urine tests
- Both have been found to be acceptable to young patients
Vaginal Swabs Are the Specimens of Choice When Screening for Chlamydia trachomatis and Neisseria gonorrhoeae: Results From a Multicenter Evaluation of the APTIMA Assays for Both Infections

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Background: Vaginal swabs were recently U.S. Food and Drug Administration-cleared for detecting Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) using Gen-Probe Incorporated's APTIMA COMBO2 Assay (AC2). We assessed the APTIMA CT Assay (ACT) for CT, APTIMA GC Assay (AGC) for GC, and AC2 for both organisms using patient- and clinician-collected vaginal swabs.

Method: Women attending family planning, obstetrics and gynecology, or sexually transmitted disease (STD) clinics had first-catch urines (FCUs), patient-collected vaginal swabs, clinician-collected vaginal swabs, and endocervical swabs tested by ACT, AGC, and AC2. A second endocervical swab and FCU were tested using BD ProbeTec (Becton Dickinson) for CT and GC. We calculated sensitivity and specificity using vaginal swabs to detect CT and GC.

Results: Of 1464 subjects enrolled, 180 had CT and 78 GC. ACT sensitivities and specificities for patient-collected vaginal swabs were 98.3% and 96.5%, respectively; for clinician-collected vaginal swabs, 97.2% and 95.2%, respectively. AGC sensitivities and specificities for patient-collected vaginal swabs were 96.1% and 99.3%, respectively; for clinician-collected vaginal swabs, 96.2% and 99.3%, respectively. AC2 results were similar. If an FCU tested positive for CT or GC, >94% of matching vaginal swabs were positive. Positive endocervical swabs showed slightly less concordance (>90% and >88%, respectively). More infected patients were identified using vaginal swabs than FCUs. With AC2, 171 CT-infected patients were identified using FCUs and 196 using patient-collected vaginal swabs. This difference was more pronounced for CT than for GC.

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Indication for an internal pelvic exam

- Persistent vaginal discharge
- Dysuria or other urinary symptoms in a sexually active adolescent girl
- Dysmenorrhea unrelieved by treatment with NSAIDs
- Amenorrhea
- Abnormal vaginal bleeding
- Lower abdominal pain
- Contraceptive counseling regarding use of an intrauterine device or diaphragm
- Evaluating suspected or reported rape or sexual abuse
- Pregnancy
Choosing a speculum

- Consider the patient’s pubertal developmental status, hymenal opening, and sexual experience
- Pederson or Huffman
FIGURE 1-4 Photograph displays Pederson (A) and Graves (B) vaginal speculum. (Courtesy of Dave Gresham.)
CPT Coding

- **99384** - initial comprehensive preventive medicine evaluation and management of a new patient aged 12–17 years

- **99394** - periodic comprehensive preventive medicine visit of an established patient aged 12–17 years
  - Laboratory services, radiologic services, immunizations, and other procedures and screening tests are identified with specific codes and are separately reported
  - Length of time does not apply
  - Other documentation guidelines for problem visits (eg, chief concern or HPI) do not apply for preventive medicine visits
  - Preventive medicine services are provided to asymptomatic patients and may be used once a year by any health care provider
CPT Coding

- **99401–99404**: Counseling on Risk Factor Reduction and Behavior Change Intervention
  - distinct from preventive counseling services
  - can be reported during the same encounter
  - codes are time based and range from 15 minutes to 60 minutes
- Preventive Services and a Problem-Related Visit
  - Modifier 25 (992XX-25)
#theend #cheers #coffeepause #dunzo
#applauseplease #preguntas?
References


