Updating the Check-up: The Well Woman Exam

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Reproductive Health Access Project
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Goals of the Check-up

Health promotion
Early detection

How do we know what we know?

- Expert advice
- Personal experiences
- Guidelines
- Original Research
- Recommending bodies
- Other?

What does the USPSTF say?

Grade ABCDI

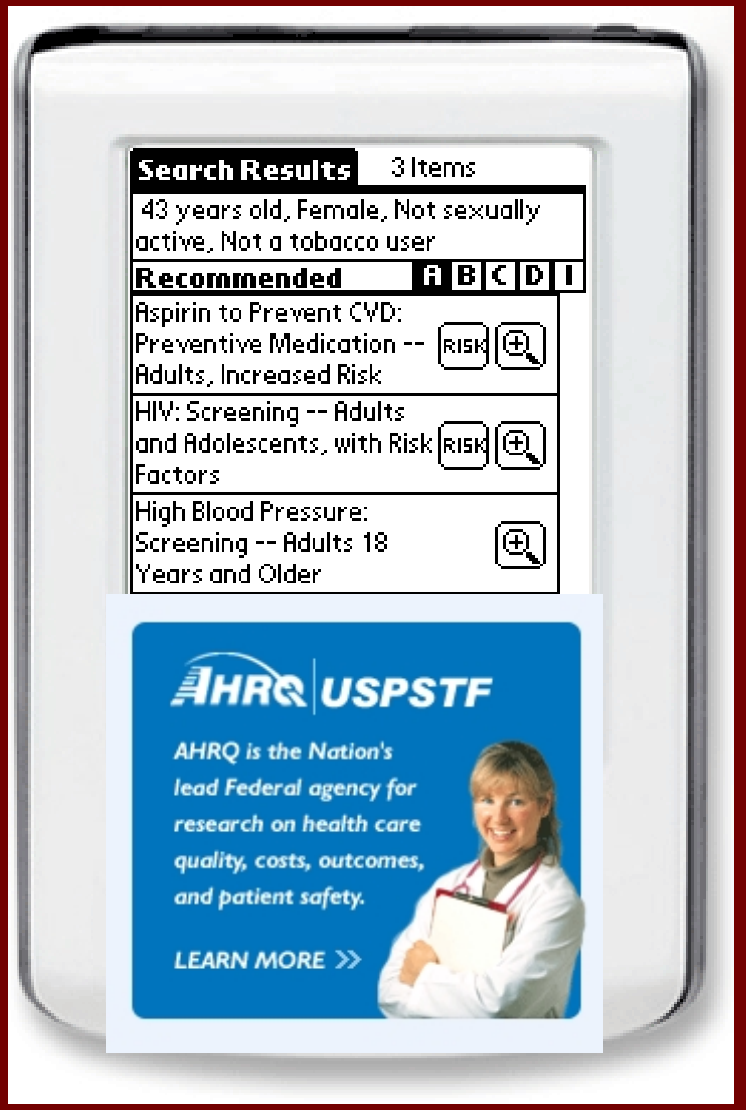
A – high certainty, net benefit substantial

B – high/mod certainty, net benefit mod to substantial

C – mod-high certainty, no net benefit or harm > benefits

D – recommend against

I – insufficient evidence



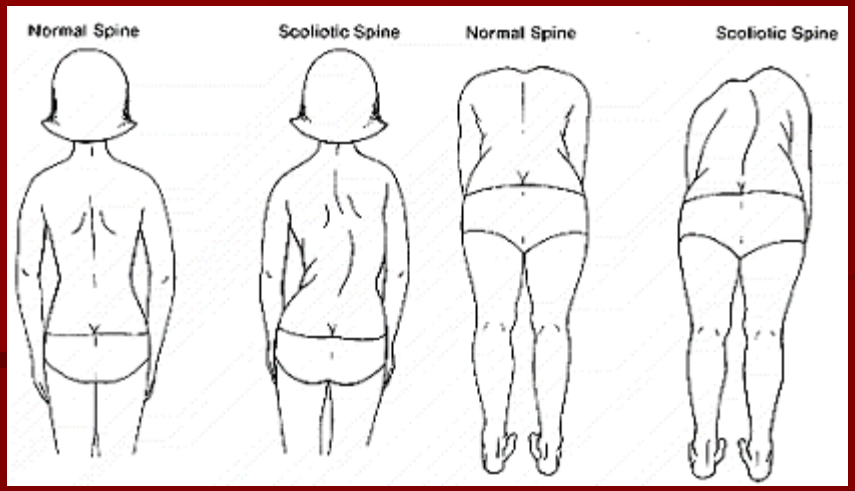
Lucia

17-year-old
High school senior

First priority: complete history

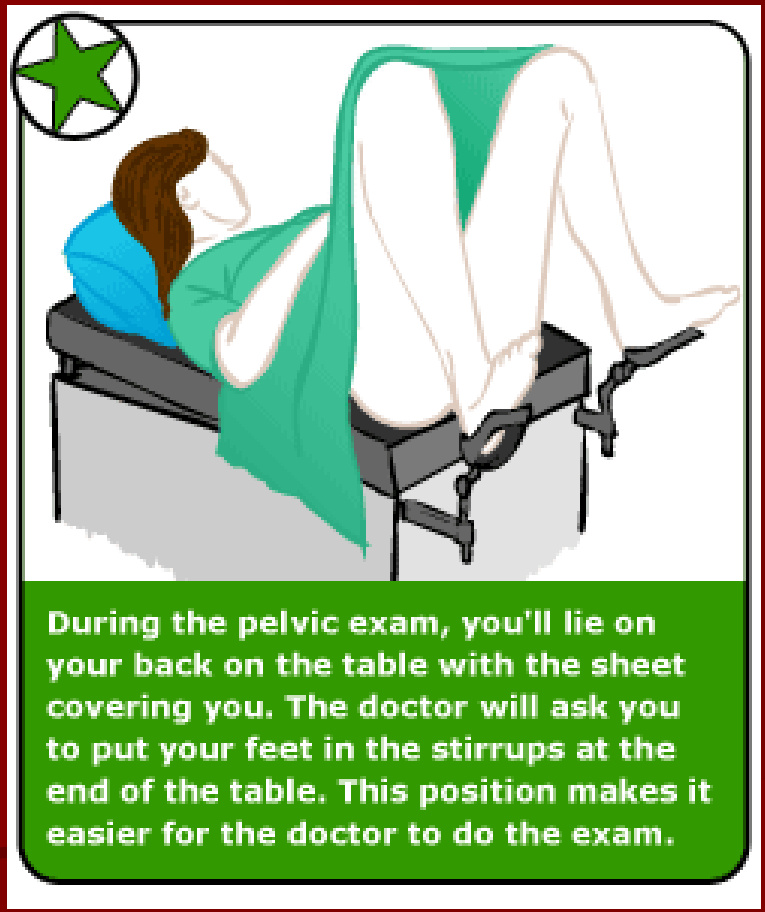
Sexually active x 2 years
Uses condoms “sometimes”
Eats lots of chips & pizza
On track team

Physical exam: which elements are needed?



What does the USPSTF say?

Does Lucia need a pelvic exam? Pap smear?



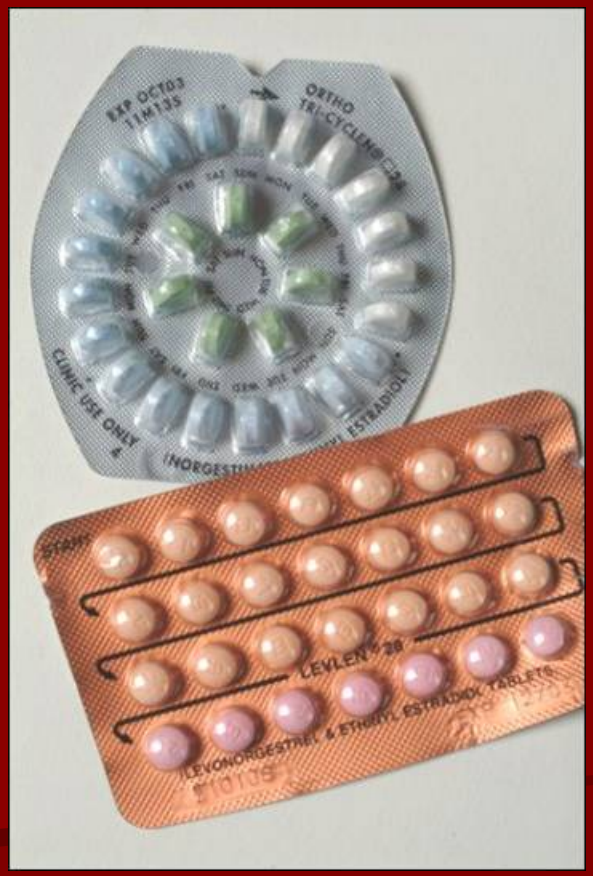
Does Lucia need a Pap smear?

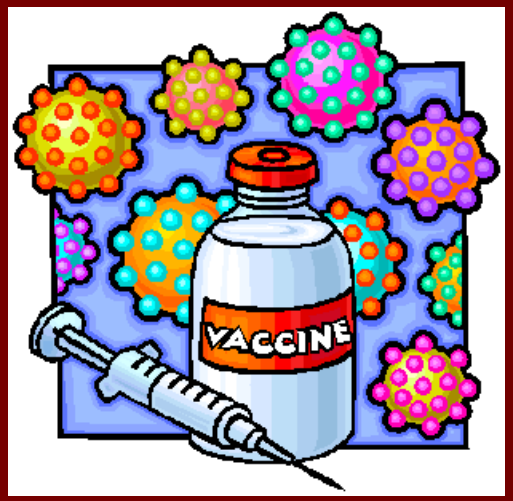
Thin-prep or slide?
With or without HPV test?

Does Lucia need STI tests?

"First Void"

What about primary prevention?





Birth control
Emergency contraception
Immunizations

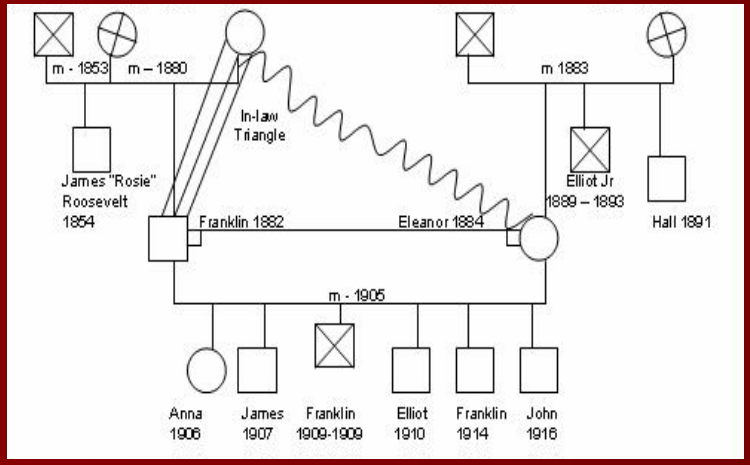
Summary: what Lucia needs

BMI
BP
Urine GC/chlamydia
HIV test
RPR
Immunizations
Contraception counseling

Katie

32-year-old
“Check me for everything!”

Complete history: our first priority



How often does Katie need a Pap smear?

- ACOG, ACS:

Annual screening under age 30
Every 3 years after age 30

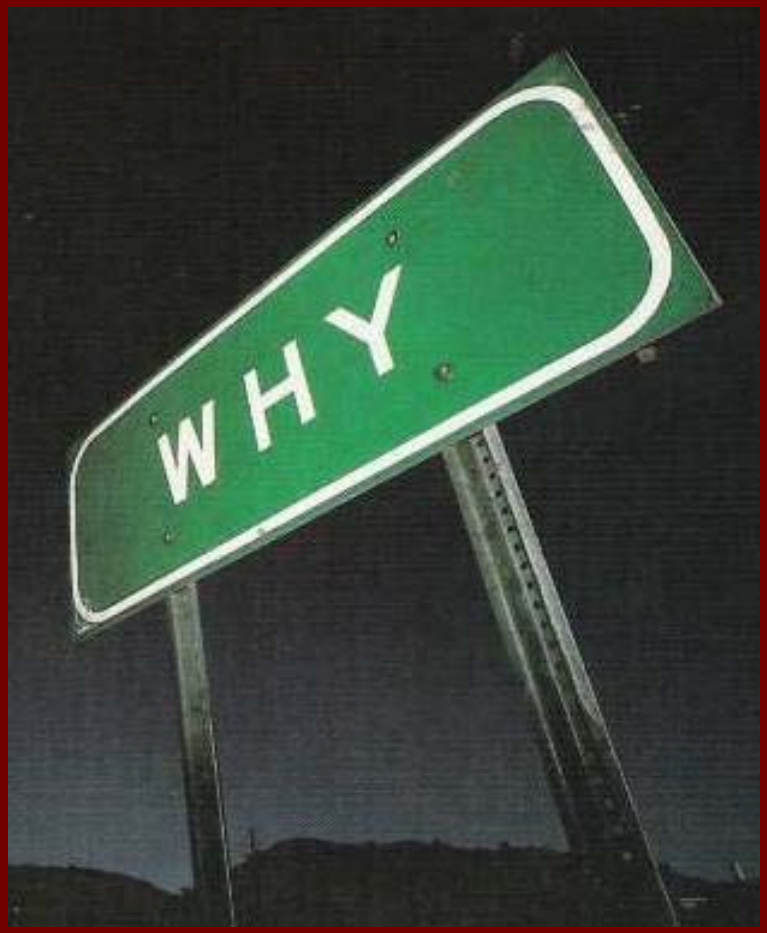
- ACS:

Every 2 years if liquid-based test

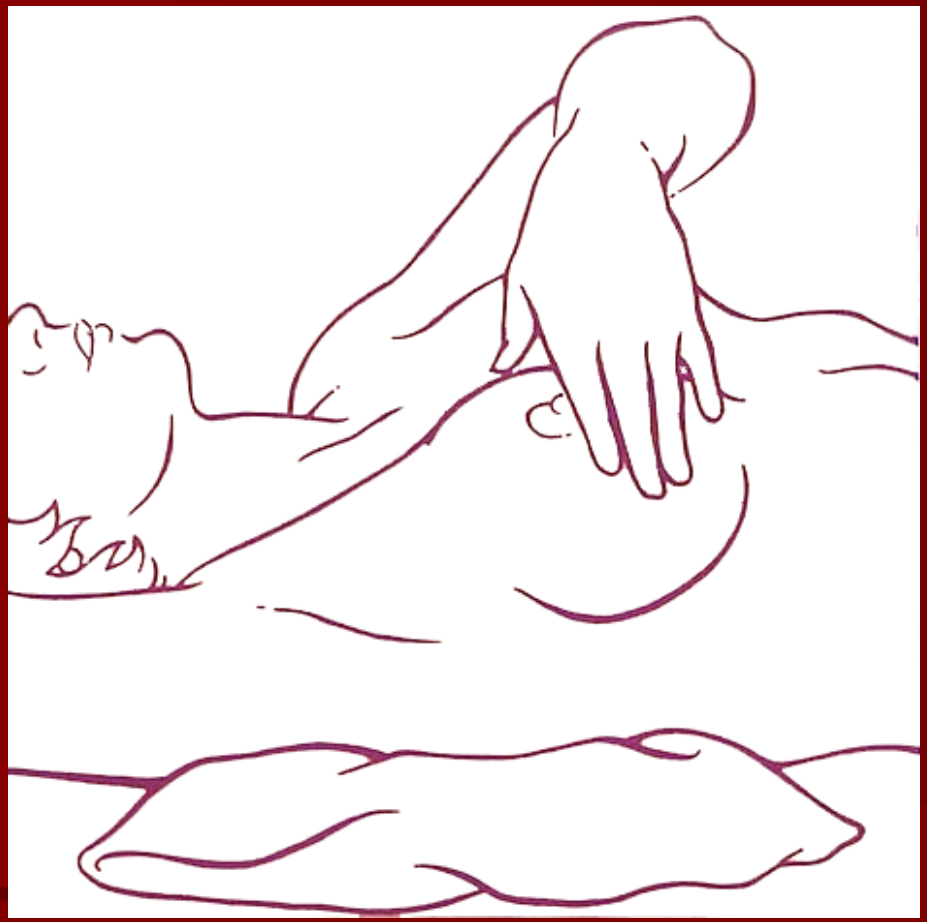
- USPSTF:

At least every 3 years

Bimanual exam



Breast self-exam?



Smoking cessation

HEALTH RECORD

PLEASE ANSWER ALL QUESTIONS. Type or print answers. This information is confidential and will not be released without your written consent.
Return this form to: *University of the Incarnate Word, Health Services, 4301 Broadway, San Antonio, Texas 78209, Phone (210) 829-6017.*

OFFICE USE ONLY
Date Received _____
Health Record ☐
Immunizations ☐
Insurance Card ☐

CLASSIFICATION
Date Enrolled _____
First Year ☐
Sophomore ☐
Junior ☐
Senior ☐
Graduate ☐
Transfer ☐
International ☐

NAME: _____ (Last) (First) (Middle)
Social Security No. _____ Date Of Birth _____ Gender _____ Marital _____
Home Address _____
City _____ State _____ Zip _____
Phone No. _____ Citizenship _____ Are you a Military Dependent? _____
PARENT, GUARDIAN OR SPOUSE (please circle)
_____ (Last) _____ (First) _____ (Middle)
Home Address _____
City _____ State _____ Zip _____
Phone No. _____ (Daytime) _____ (Evening)

FAMILY HISTORY

Father	Living	Deceased
	Age at Death	
	Cause of Death	
	Occupation	
Mother	Living	Deceased
	Age at Death	
	Cause of Death	
	Occupation	
Siblings	Number Living ___	Number Deceased ___
	Age at Death	
	Cause of Death	

Have any of your relatives had any of the following?

Circle Yes or No		Relationship (if yes)
No	Arthritis	Yes
No	Asthma	Yes
No	Heart Disease	Yes
No	Cancer	Yes
No	Diabetes	Yes
No	Kidney Disease	Yes
No	Seizure Disorder	Yes
No	Emotional Illness	Yes
No	Tuberculosis	Yes
No	Other: Specify	Yes

Personal Medical History: Have You Or Do You Have:

- ☐ Asthma
- ☐ Cancer
- ☐ Diabetes
- ☐ Chronic Cough
- ☐ Tuberculosis
- ☐ Heart Disease
- ☐ Kidney/Bladder Disease
- ☐ Bone Joint Disease
- ☐ Sexually Transmitted Disease
- ☐ Seizures/Blackouts
- ☐ Anxiety/Depression
- ☐ Head Injury
- ☐ Recurrent Headaches
- ☐ Hi/Low Blood Pressure
- ☐ Gum/Dental Disorder
- ☐ Peptic Ulcer
- ☐ Eating Disorder
- ☐ Chicken Pox
- ☐ Bleeding Disorder
- ☐ Hepatitis/Jaundice
- ☐ Recent Weight Change
- ☐ Infectious Mononucleosis
- ☐ Psychiatric Treatment
- ☐ Wear Contact Lenses
- ☐ Wear Hearing Aid
- ☐ Other Handicaps/Needs
- ☐ Tonsillectomy
- ☐ Appendectomy
- ☐ Hernia Repair
- ☐ Other Operations
- ☐ Female Menstrual Problems
- ☐ Scarlet Fever
- ☐ German Measles (Rubella)
- ☐ Measles (Rubeola)
- ☐ Mumps
- ☐ Malaria

ALLERGIES
- ☐ Penicillin
- ☐ Sulfa
- ☐ Codeine
- ☐ Aspirin
- ☐ Foods
- ☐ Seasonal Pollen
- ☐ Wasp/Bee Stings
- ☐ Other:

Please Comment On Any Checked Boxes: (Include Explanation and Dates of Illness) _____

STATEMENT OF AUTHORIZATION

I authorize the Student Health Service at the University of the Incarnate Word to administer medical services, and to perform routine and emergency diagnostic a therapeutic procedures as deemed necessary by duly licensed medical personnel.

Student Signature _____ Date

Parent/Guardian Signature if student is under 18 _____ Date

"Oh, and I need this form filled out."

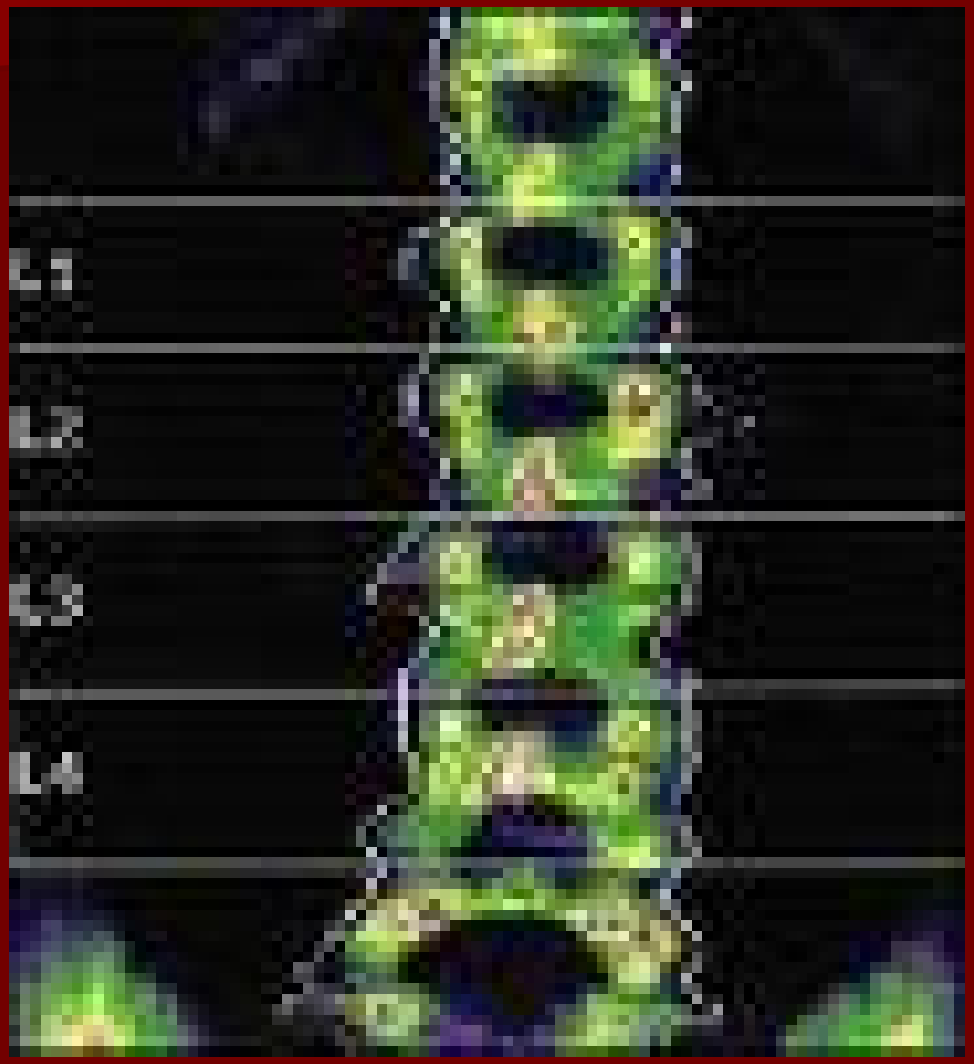
Sarita

- 53-year-old woman
- Feels fine
- Wants a “complete” check-up, including a Dexa scan

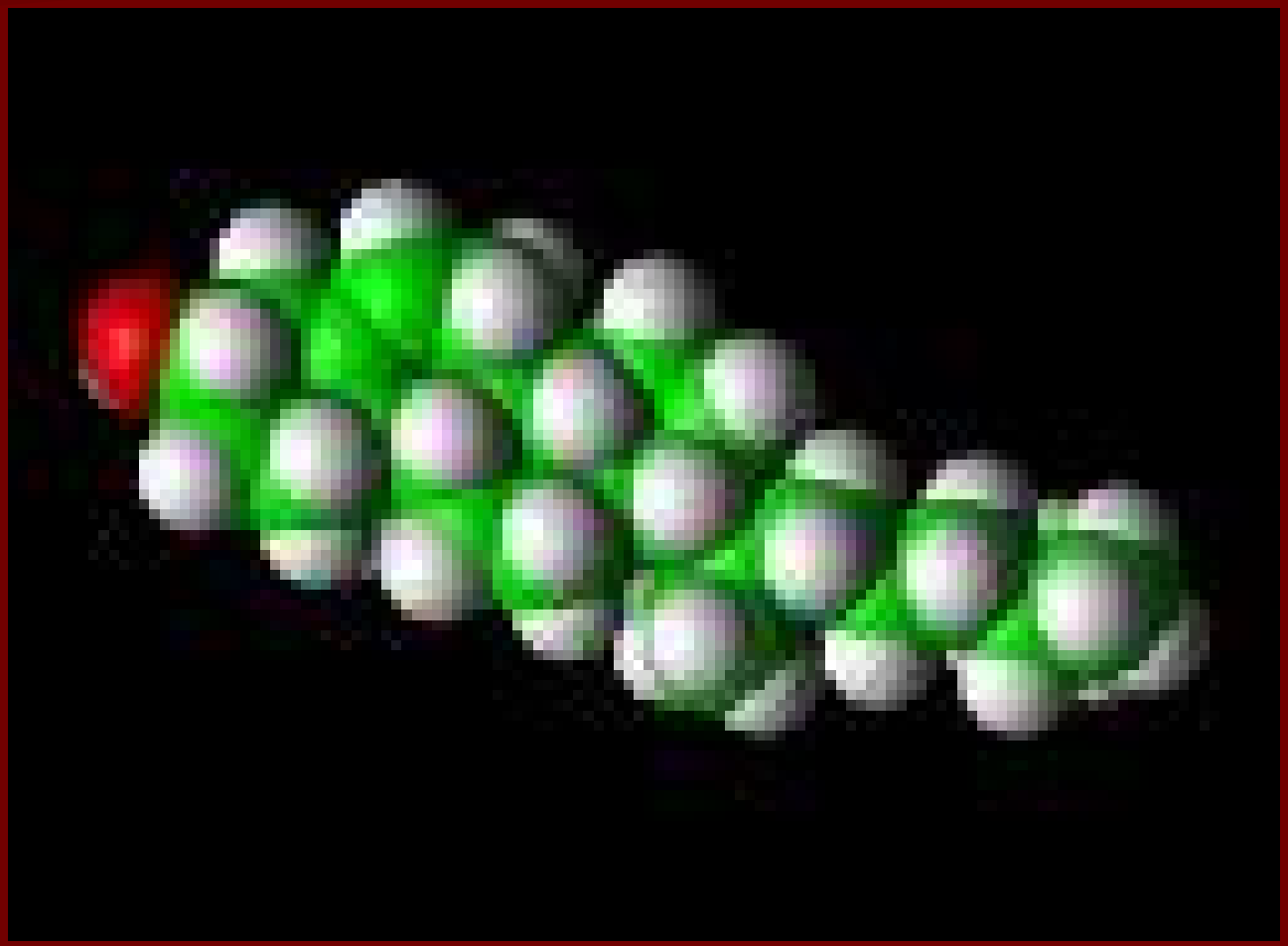
Sarita's complete history reveals...

Limited fruits/vegetables in diet
Little exercise
Parents died of pneumonia & Alzheimer's disease

Osteoporosis Screening



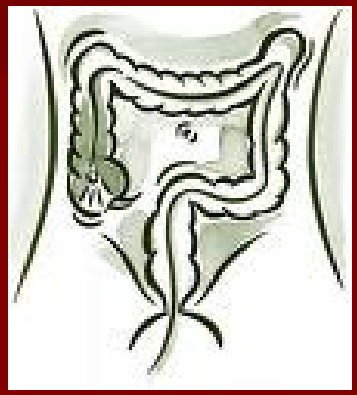
Lipid Screening



Breast Cancer Screening

Colon Cancer Screening

- Fecal occult blood testing
- Flexible sigmoidoscopy
- Colonoscopy
- Digital rectal exam?
- Virtual colonoscopy?



Celia

77-year-old grandmother
New to your practice
Here for “yearly Pap”

When should we stop cervical cancer screening?

- ACS
  - Age 70 in non-high-risk women
- USPSTF
  - Age 65 – “if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer”
- ACOG
  - Cannot establish due to limited studies of older women

D recommendations:

- Scoliosis
- Hep B, Hep C, Gonorrhea, Syphilis in low risk
- HSV
- Ovarian Cancer
- Cervical Cancer Screening after Benign Hysterectomy
- Bacteriuria
- Bladder Cancer
- CHD screening, low risk (<5-10% 10 yr risk)
- Carotid artery stenosis
- Beta-carotene supplementation
- AAA for women

Well Visit: Updates

- Pelvic exam
  - Bimanual exam no longer recommended
  - No longer required for prescribing contraception
- Cervical cancer screening & follow-up
  - Start 3 years after first sexual intercourse or age 21
  - Annual test no longer recommended for women 30+
- Breast self-exams
  - No longer necessary to teach self-exam
- Cholesterol screening in women

Stewart FH, et al. *JAMA.* 2001. WHO 2000.
ACOG Pract Bull No. 45. *Obstet Gynecol.* 2003. USPSTF 1996 & 2003.
Green BB, et al. *J Am Board Fam Pract.* 2003.

RECOMMENDED TESTS for ages 21+

ANNUAL DECREP-OGRAM

A simple X-ray which tells your doctor just how fast everything is deteriorating.

BIANNUAL DECREP-SNOSCOPY

What's brewing deep, deep inside? Anything "interesting"? Let's have a look-see.

ONCE-EVERY-FIVE-YEARS FULL-BODY 'CREP SCAN

Put an end to idle musing about what's decrepit and what's not.