

## Abnormal Pap Smear And Cervical Cancer

The Pap smear is a test used to detect abnormal changes in the cervix, the lower end of the uterus, or womb. It is the main test used for early detection of cervical cancer, a treatable cancer when caught early enough. Abnormal test results do not mean that cancer is present, but rather that more tests need to be performed. An abnormal Pap may be the result of problems such as vaginal infections or sexually transmitted diseases (STDs). Infections may be caused by a simple overgrowth of germs naturally found in the vaginal area or an STD such as genital herpes, warts, chlamydia, or gonorrhea. STDs are spread between partners during sexual activity. The Pap test may also show pre-cancerous cells that, if untreated, might lead to cancer and particularly, cervical cancer. Cervical cancer can affect women of all ages but is most common between ages 40 and 55. There is evidence that suggests a relationship to certain viral infections, including the human papillomavirus (HPV), which causes genital warts. The risk of cervical cancer increases with a family history of cervical cancer, a history of genital warts, recurrent vaginal infections, smoking, early childbearing, early age of first intercourse, and multiple sexual partners.

The Pap test is a simple procedure that, performed routinely, may save your life. During a Pap test, your doctor will view the cervix through the vagina using an instrument called a speculum to hold the vagina open. Then, a few cells are taken from the cervix, smeared on a slide, and viewed under a microscope. If all of the cells appear normal, the test is said to be negative, or normal. The Pap results are considered positive if any abnormal cells are seen. Abnormal (positive) results are categorized according to the type of changes seen in the cells and the number of cells affected. There are several methods used for categorizing abnormal changes.

### Symptoms may include:

**For a vaginal infection:** Vaginal discharge – Odor – Itching – Irritation.  
There may be no symptoms at all.

**In cervical cancer:** Often absent in the early stages – Vaginal bleeding or discharge – Pain or bleeding during or following sexual intercourse – Late symptoms may include abdominal pain – loss of appetite, and weight loss.

### What your doctor can do:

- Most often, your doctor will recommend repeating the test in approximately 3 months if it shows an abnormality.
- Prescribe antibiotics to treat bacterial infections.
- Recommend treatment for all sexual partners in the case of an STD.

### What you can do:

- If an STD is present, practice abstinence or use condoms during sexual intercourse until you and your partner have both been treated and recovered.

### What you can expect:

- Follow-up may include further diagnostic tests. Most tests can be performed in your doctor's office and take only 15-30 minutes. They are usually painless but you may experience some stinging or cramping. Over-the-counter pain medicines, such as acetaminophen or ibuprofen can be taken for discomfort.
- Colposcopy is a procedure that uses a special instrument called a colposcope to magnify the view of the cervix. During the exam, biopsies (samples) of the abnormal cells are collected.
- If pre-cancerous or cancerous cells are present, your doctor may recommend surgery. If advanced cancer is present, further tests, surgery, anti-cancer drugs, chemotherapy, or radiation may be recommended.
- Advanced stages of cancer may require a hysterectomy (removal of all reproductive organs).

**Even though most abnormal pap smears have simple causes, they should not be ignored. Early detection and treatment can completely cure many problems, including cervical cancer.**



## Atrophic Vaginitis (Vaginitis Due to Lack of Estrogen)

Vaginitis is an inflammation or infection of the tissues of the vagina. The dominant female hormone estrogen helps to keep the vagina moist and flexible from puberty on through menopause. After menopause the estrogen levels drop and this decrease causes vaginal irritation, inflammation, and infections. Vaginitis which is due to this lack of estrogen is also called atrophic or postmenopausal vaginitis.

### Symptoms may include:

- Itching – Burning – Painful urination – A thin – Watery discharge that may be sticky.

### What your doctor can do:

- Diagnose the problem by asking about your symptoms and medical history, and performing a physical exam including a pelvic exam.
- Order laboratory blood tests, culture tests of vaginal tissue and discharge, and a urine test.
- Rule out other causes of vaginitis, such as bacterial infections, kidney infections, and urinary tract infections.
- Discuss the advantages and risks of estrogen replacement therapy (ERT) with you.
- Prescribe ERT if appropriate.

### What you can do:

- Carefully consider whether ERT is right for you. Ask your doctor questions about benefits, risks, and side effects.
- Avoid sexual intercourse until the vaginitis is resolved.
- A water-based lubricant, such as KY Jelly, can be used in the vagina during sexual intercourse to decrease the irritation.
- Until the vaginitis is resolved, you should avoid excessive heat and sweating.
- Avoid using douches, vaginal deodorants, and bubble baths that may cause irritation.

### What you can expect:

- The condition may resolve itself without treatment.
- Estrogen replacement is effective in treating this type of vaginitis.

Contact your doctor if symptoms worsen or new symptoms occur.

## Bartholin's Cyst

Bartholin's cyst is a small, fluid-filled, sac-like growth that forms on the Bartholin's gland. This gland is located on each side of the vaginal opening. The cysts commonly occur during puberty until menopause. They may be acute or chronic but are not generally considered a serious health problem unless they become infected.

### Symptoms may include:

- **Cyst:** Located on either side of the vaginal opening – Varies in size – May develop suddenly or become chronic – If infected, may be hard and tender to the touch – Filled with pus that may drain.
- **Infected cyst:** Signs of infection (fever, chills, increased pain and inflammation; and a general feeling of discomfort).
- **Chronic cysts:** May have no accompanying symptoms.

### What your doctor can do:

- Diagnose the cyst by asking about your symptoms and medical history, and performing a physical exam of the cyst and pelvic exam.
- Perform a needle aspiration of fluid or biopsy (removal and study of a small amount of tissue to determine the type of infection).
- Prescribe antibiotics to treat bacterial infections.
- Recommend surgical removal of Bartholin's gland if suffering from chronic cysts.
- Evaluate the patient for possible sexually transmitted diseases, like gonorrhea. Your doctor will prescribe medications for you and recommend treatment for your sexual partner.

### What you can do:

- Take all of the antibiotics, even after you feel start to feel better. Report uncomfortable side effects to your doctor promptly but do not stop taking the medicine without your doctor's advice.
- Use over-the-counter pain medications such as acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for mild discomfort.
- Try warm baths and soaks to relieve discomfort. This may also help the cyst to drain.

### What you can expect:

- Infections usually respond well to antibiotics.
- Cysts are likely to recur.



## Birth Control Pills (Oral Contraception)

The most common form of female birth control is birth control pills (BCPs, oral contraceptives, the pill) which help prevent pregnancy when taken correctly. Oral contraceptives do this by changing hormone levels to prevent ovulation, the release of an egg from the ovary. The sperm is not able to join with the egg (conception) thus pregnancy is prevented. Oral contraceptives are a reversible form of birth control. In other words, you can take BCPs for a long time but will still be able to become pregnant after you stop taking them. When properly taken, the risk of pregnancy is under 1%. Skipping or taking pills late increases the risk of pregnancy. Sexually transmitted diseases (STDs) like chlamydia, herpes, and AIDS, are not prevented with this form of birth control.

### What your doctor can do:

- Get a detailed medical history.
- Order lab tests and complete a pelvic exam prior to providing a prescription.
- Your doctor, a physician's assistant (PA), or a nurse practitioner (NP) must prescribe birth control pills.

### What you can do:

- The first month of BCPs should also include another form of birth control.
- When asked if taking any medication by a health care professional, list the type of BCP you are taking since other medicines may interfere with them, decreasing their effectiveness, which may result in pregnancy.

### What you can expect:

- BCPs are available in 21-day packs and 28-day packs.
- With the 21-day packs, you take a pill every day at about the same time of day. After you finish the pack, you will get your period within a day or two. Wait 7 days after taking the pills and then begin with a new pack.
- The 28-day packs are similar to the 21-day packs except the last 7 days are non-medication pills just so you are used to taking a pill every day. You will get your period while you are taking the non-medication pills.
- It is important to take the pills at about the same time every day and a missed pill must be taken as soon as remembered, then continue taking the pills at the usual time.
- Spotting or bleeding may be seen after a missed pill. Two missed pills require two to be taken as soon as remembered followed by two the next day as well. Then continue taking one daily for the rest of the month and use an additional form of birth control, like condoms, since the risk of pregnancy increases with missed pills.
- If an illness causes vomiting or severe diarrhea within two hours of taking the pill, take another one. Also, use an additional kind of contraception.
- Spotting or slight bleeding between periods is common in the first three months on BCPs.
- Side effects of BCPs may include nausea, headaches, and an increase in the frequency of vaginal yeast infections; higher blood pressure, water retention, bloating, and depression. These symptoms may disappear after a few months.
- Some risks, such as developing blood clots, are greater if you smoke; especially if you are also over age 35 and have high blood pressure.
- Blood clots can lead to strokes and heart attacks.
- Beneficial effects of the pill include shorter, lighter, and more regular periods with less cramping. Some women have less premenstrual bloating and less tension.
- A lower risk of cancer of the uterus and the ovaries and pelvic infections has been associated with women who use oral contraceptives.

## Chlamydia Infection

Chlamydia is a sexually transmitted disease (STD), caused by the bacteria *Chlamydia trachomatis*. It is contracted by sexual intercourse (vaginal, oral, and anal) or may be acquired by newborns of infected mothers during childbirth. The risk of infection is greater with unprotected sex, multiple sexual partners, diabetes, and poor health and hygiene.

### Symptoms may include:

Vaginal, penile, or anal discharge or pain – Reddening of the tip of the penis or outside of the vagina – Abdominal pain or discomfort – Pain with urination – Pain with sexual intercourse (females) – Fever.

You may experience no symptoms.

### What your doctor can do:

- Diagnose chlamydia by asking about your symptoms, doing a physical exam, and, possibly, ordering laboratory blood tests.
- Order vaginal, rectal, or penis cultures and testing for other STD infections.
- Prescribe antibiotics, which usually cure the infection if taken as directed.

### What you can do:

- Finish all of the antibiotics ordered, even after symptoms are gone. This is the only way to ensure that the infection is completely cured.
- Take showers instead of baths.
- Use plain, unscented soaps to keep the genital area clean.
- Wear cotton underwear or cotton crotch pantyhose.
- After urination or bowel movements, cleanse the area by wiping from front to back.
- Avoid douching, pants that are tight in the crotch, or sitting in wet clothing.
- Change tampons frequently or use sanitary napkins.
- Wait to have sex until after treatment is completed and symptoms are gone.
- Notify any sexual contacts so that they may be treated. All sexual partners must be treated at the same time to avoid becoming infected again.
- Follow up with your doctor as recommended.
- Prevent infection by using condoms correctly and consistently, avoiding sex with partners not known to be free of infection, and being certain that all sex partners are treated before resuming sexual activity.

**Contact your doctor if you have symptoms of chlamydia infection; if you are at higher risk due to sexual exposure; or if symptoms last longer than 1 week after being treated.**

## Colposcopy

Colposcopy involves the use of a microscope-like instrument to closely examine the cervix and vagina. It is often performed after an abnormal Pap smear in order to further evaluate the possibility of early cervical cancer. It is also used to monitor women whose mothers were given diethylstilbestrol (DES) during pregnancy. DES is a medication that was often given to pregnant women at one time. It is now known that daughters of those women have an increased risk of developing cervical cancer.

### Procedure:

- Colposcopy is usually done in your doctor's office and takes under 15 minutes.
- Similar to the procedure used for obtaining a Pap smear, a speculum is inserted into the vagina to spread the vaginal walls and allow insertion of the colposcope.
- After careful inspection of the cervix, your doctor may take very precise biopsies (tissue samples to study) of suspicious areas.

### Risks:

- There is a very slight risk of infection or moderately heavy bleeding after a biopsy, although bleeding is generally minimal and easily controlled.
- There is brief, minimal discomfort if a biopsy is performed.

## Genital Herpes

Genital herpes is caused by the herpes simplex virus (HSV-1 and HSV-2). It is a sexually transmitted disease (STD) spread by sexual intercourse (vaginal, oral, and anal), and affects the vagina, penis, cervix, thighs, and buttocks. HSV-1 normally causes infection around the mouth (cold sores, or fever blisters), while HSV-2 normally causes genital infection. Both types are seen in both locations, however, and the appearance, course, and symptoms of each are the same. The virus infects a person through direct contact and remains in the central nervous system for life. Outbreaks may occur periodically, and often occur in response to stress, sunburn, menstruation, genital trauma (injury), or with immune suppression, as in AIDS or persons receiving chemotherapy. There is treatment for genital herpes, but no cure.

### Symptoms may include:

Itching – Tingling and burning, followed by painful blisters which erode into shallow ulcers – Vaginal discharge – Pain with urination – Lymph gland enlargement – With the first outbreak, you may have a fever and flu-like symptoms before the blisters appear.

### What your doctor can do:

- Diagnose genital herpes by asking about your symptoms, doing a physical exam, and possibly laboratory blood tests.
- Prescribe anti-herpes medications (Zovirax, Valtrex, and Famvir) to speed healing and possibly reduce the duration of repeated outbreaks.
- If you have frequent or very severe episodes, you may be prescribed suppressive therapy (taking medicine daily, not just during an outbreak) which may reduce the frequency and severity of outbreaks.

### What you can do:

- Take over-the-counter medication like acetaminophen (Tylenol), ibuprofen (Advil, Motrin), or naproxen (Aleve) for minor discomfort.
- Identify triggers that may bring on an outbreak. These may include fatigue and other stressors that can be avoided with lifestyle changes.
- Take medications as prescribed. Inform your doctor of the problem's side effects.
- Wear cotton or cotton-crotch underwear.
- Try warm salt-water baths for comfort.

### Prevent infection by:

- **DO NOT** have sexual relations with any partner during an outbreak. You can transmit the disease from the moment you develop itching or burning around the genitals until all of the blisters are gone.
- Use condoms between outbreaks (especially if outbreaks are frequent), and avoid oral sex when cold sores are present.
- Pregnant women should inform their obstetrician if they have ever had herpes or any genital blisters or sores. The herpes virus can infect the baby, cause serious disease, and even death.
- Infected women should also have a pap smear every year to check for any complications.
- All sexual partners should also be tested and treated.
- For further information, contact your state Health Department or the American Social Health Association's National Herpes Resource Center at **1-800-230-6039**.

### What you can expect:

- Initial outbreaks are generally the worst and last the longest.
- Possible complications include secondary bacterial infection of the blisters or sores, eye involvement, widespread disease, and death in persons with impaired immune systems, and life-threatening widespread infections in newborns of infected mothers.

**Contact your doctor if you have eye pain or discharge, if you are pregnant and have genital herpes symptoms, or if you experience side effects from the medication.**

## Gonorrhea

Gonorrhea is a sexually transmitted disease (STD) of the reproductive organs, caused by the bacteria *Neisseria gonorrhoea*. It is spread by sexual intercourse (vaginal, oral, or anal), and through childbirth to newborns of infected mothers. The urethra (the tube through which urine is carried from the bladder to outside the body) in both sexes and the reproductive organs of females are affected. Gonorrhea can also affect the rectum, throat, joints, and eyes of both sexes. Infection is most common in young adults, although it occurs in all age groups. There is usually a period of several days after exposure before symptoms appear, and most females have few, if any, symptoms. Your risk of being infected increases if you have multiple sexual partners or have unprotected (without a condom) sexual intercourse.

### Symptoms may include:

Pain with urination – Discharge from the penis, vagina, or urethra – Rectal pain and discharge – Low-grade fever – Pain with sexual intercourse – Joint pain – Rash (especially on palms) – Sore throat.

### What your doctor can do:

- Diagnose gonorrhea by asking about your symptoms, doing a physical exam, and ordering laboratory tests, including cultures from the genital tract, throat, or rectum.
- Perform tests for other sexually transmitted diseases.
- Prescribe antibiotics, which result in rapid cure if taken properly.
- Report the outbreak of this disease to the local health department to limit its spread.

### What you can do:

- Take prescribed antibiotics exactly as ordered until they are all gone.
- Take non-prescription pain relievers like acetaminophen (Tylenol), ibuprofen (Advil, Motrin), or naproxen (Aleve) for minor discomfort.
- Notify any sexual contacts so that they may be treated.
- Refrain from sexual activity until one week after treatment is finished.
- Limit caffeine (coffee, colas, and some teas) and alcohol intake during treatment since they may cause irritation.
- Avoid sexual partners whose health status is uncertain.
- Use condoms correctly and consistently during sexual intercourse.

**Follow up with your doctor as directed.**

For further information, contact your state Health Department or the American Social Health Association at toll-free 1-800-230-6039. Follow up with your doctor as directed.

**Contact your doctor if you have symptoms of gonorrhea; if you are at high risk for infection, if your symptoms worsen after treatment, or if you suffer side effects of the medication occur.**

## HIV and Aids

HIV stands for Human Immunodeficiency Virus, the virus that causes AIDS. The virus is spread from person to person by contact with body fluids, such as blood and semen. It is transmitted through sexual contact among infected persons, use of contaminated needles for drug use, transfusions of blood or blood products from an HIV-infected person (rare), or to children born to an HIV-infected mother. Casual contact does not spread the virus. Once it has infected someone, HIV gradually weakens and damages the immune system. It is common to be infected with HIV for months to years, possibly without knowing it. HIV infection progresses to AIDS (Acquired Immune Deficiency Syndrome) after certain opportunistic infections or cancers are contracted, or immune system function is measured below a certain level. There is currently no cure for AIDS, and it is considered to always be fatal.

### Symptoms may include:

Fatigue, fever, night sweats – Frequent respiratory or skin infections – Unexplained weight loss – Frequent diarrhea – Swollen lymph glands – Frequent yeast infections of the mouth and vagina – Spleen enlargement – Frequent mouth sores

It is common for initial infection with HIV to produce NO symptoms. It can be years before symptoms develop.

### What your doctor can do:

- Diagnose HIV infection or AIDS by asking about your risk factors and symptoms, and performing a physical exam and laboratory blood tests.
- Direct your medical treatment of AIDS toward limiting the rate of immune system damage and relieving symptoms.
- Prescribe anti-viral medications when appropriate to control the rate of immune system damage.
- Prescribe medications to treat infections or other complications.
- Use combination therapy with multiple drugs, which results in longer life spans after diagnosis.

### What you can do:

- The only certain way to avoid sexually transmitted HIV infection is to abstain from all sexual activity, OR...
- Limit sexual relations to one sexual partner who is not infected and is without other sexual partners or other high-risk behavior.
- Correctly and consistently use condoms for all sexual activity to reduce the chance of infection.
- DO NOT share syringes or needles, or use needles that are not sterile.

For more information  
contact the AIDS Treatment  
Network @ 1-800-734-7104.

Contact your doctor if you are at high risk as described above and have not been tested for HIV.

## Laparoscopy

Laparoscopy is a diagnostic procedure that allows the doctor to look directly at the female reproductive organs: the uterus, fallopian tubes, and ovaries. It is used to detect pelvic and reproductive abnormalities such as endometriosis, tubal pregnancy, pelvic inflammatory disease, or other causes of pelvic pain; or to determine the extent of cancer. It may also be used to perform a tubal ligation (sterilization).

### Procedure:

- You will be instructed to fast for at least 8 hours before the procedure.
- This procedure, done with local or general anesthesia, (local – a numbing medicine injected at the site; general – you will be put to sleep) is usually performed in a hospital but may be done on an outpatient basis.
- A catheter (thin, flexible plastic tube that drains urine from your bladder) is inserted into the bladder and a small incision is made in the abdomen just below the navel to allow insertion of the laparoscope, a rigid fiberoptic tube.
- A harmless gas may be used to expand the abdominal wall and allow more room for the doctor to see and maneuver the scope.
- A dye may be used to check for obstructions in the fallopian tubes.
- The procedure usually takes less than 30 minutes.

### Risks:

- There is a small risk of bleeding or infection caused by introducing the laparoscope through the abdominal wall.
- There is also a slight risk of puncturing or rupturing internal organs with the scope.
- There may be some pain in the shoulder area until all the gas is eliminated from the body.





## P.M.S. (Pre Menstrual Syndrome)

Premenstrual syndrome (PMS) is a collection of symptoms that occur regularly in relation to the menstrual cycle. Symptoms may begin anywhere from 5 to 11 days before the onset of menses and resolve with menses or shortly thereafter. An exact cause of PMS has not been identified; however, it may be related to social, cultural, biological, and psychological factors or a combination of factors. PMS can occur with apparently normal ovarian function. It is estimated to affect 70 to 90% of women sometime during their childbearing years. About half of these women are thought to have PMS symptoms severe enough to interfere with daily living activities. Risk increases in women between 20 to 40 years of age, women with at least 1 child, and women with a family or personal medical history of depression.

### Symptoms vary considerably and may include:

Headache – Backache – Abdominal pain – Tenderness  
Cramps – Bloating – Nausea – Swelling of ankles, feet, hands – Weight gain.  
Breast tenderness – Fatigue – Lethargy – Sluggishness – Anxiety – Irritability  
Depression – Decreased tolerance to sensory stimuli (lights, noise)  
Changes in sex drive – Difficulty concentrating – Forgetfulness.

### What your doctor can do:

- Diagnose PMS by taking a thorough medical history, performing a physical exam, and possibly other diagnostic tests to rule out other conditions. There is no definitive test for the diagnosis of PMS.
- Prescribe hormonal supplements, pain medication, diuretics (water pills to decrease fluid retention that causes tissue swelling and weight gain), or anti-anxiety medications as needed. Medication therapy depends on the specific symptoms present.
- Recommend nutritional supplements such as vitamin B6, Calcium, and Magnesium.

### What you can do:

- Keep a log and note everything possible about your symptoms: when they begin and end, their severity, and anything that makes it worse or brings relief. Share this info with your doctor.
- Work closely with your doctor to determine the most effective treatments.
- Start an exercise program with your doctor's permission and advice. In general, try to exercise at least 3-5 times a week.
- Get plenty of rest and eat a well-balanced diet. Talk to your doctor about specific diet recommendations for you.
- Decrease consumption of foods containing added caffeine (soft drinks, coffee, or tea), salts, or sugar, and limit alcoholic beverages. Monitor to see if they play a role in your symptoms.

### What you can expect:

- Many women obtain significant relief with symptom-specific treatment and lifestyle changes.
- Possible complications include interference with activities of daily living.

**Contact your doctor if your symptoms persist or worsen with treatment, if treatment side effects are bothersome, or if you develop new symptoms.**

## Premenstrual Dysphoric Disorder (PMDD)

Premenstrual Dysphoric Disorder (PMDD) is a medical condition that affects about 3 to 5 percent of women who have menstrual cycles (periods). Researchers believe that PMDD is probably related to hormonal changes associated with the menstrual cycle, specifically with low levels of a hormone known as Serotonin. This hormone is responsible for controlling mood levels. Women with a personal or family history of mood disorders such as depression or postpartum depression have a higher risk of developing PMDD. PMDD may cause relationship problems and difficulty with performing day-to-day activities. The symptoms generally appear the week before the menstrual cycle and disappear shortly thereafter the onset of menstruation.

### Symptoms may include:

Severe monthly mood swings and angry outbursts – Irritability – constant anger – depressed mood – anxiety – Difficulty sleeping and concentration – Breast tenderness – bloating – headaches – weight gain, and joint and muscle pain – Lack of interest in usual activities – lack of energy – changes in appetite or sleep patterns – Feeling "OUT OF CONTROL" – helplessness, and hopelessness.

### What your doctor can do:

- Diagnose the condition by asking about your symptoms, doing a physical exam, and laboratory tests.
- Rule out other mental disorders, such as cyclic mood disorders, depression, or Bipolar disorder (depression with mania).
- Prescribe vitamin and mineral supplements to help reduce mild physical symptoms.
- Prescribe Serotonin Reuptake Inhibitor medications like SARAFEM to help reduce emotional symptoms.
- Recommend counseling or psychotherapy for severe cases along with medication treatment.

### What you can do:

#### Try to do the following and especially before the beginning of your menstrual cycle:

- Try to do the following, especially before the beginning of your menstrual cycle:
  - Drink plenty of water.
  - Eat more carbohydrate foods like breads, cereals, pasta, vegetables, and fruits.
  - Reduce intake of salt and caffeine-containing foods (soft drinks, coffee, chocolate).
  - Get more exercise and decrease stress in your daily living.
  - Talk to your doctor before you make any diet changes or start a new exercise program.
  - Keep a diary of mood changes and share it with your doctor.

### What you can expect:

- With treatment and lifestyle changes, symptoms can be reduced or eliminated.
- Complications can include lifestyle disruptions ranging from mild to severe.

**Contact your doctor if you are experiencing symptoms of PMDD, or if symptoms do not improve with treatment.**

## Sexually Transmitted Disease (STDs)

Sexually transmitted diseases (STDs) are spread during sexual intercourse or other intimate contact. It is very important that STDs are caught in the early stages to avoid serious illness or complications. Always check with your doctor if you suspect you may have an STD. Here is a summary of the early stages of several sexually transmitted diseases.

**AIDS (Acquired Immune Deficiency Syndrome):** Early symptoms may include headache, fever, night sweats, weight loss, fatigue, swollen lymph glands, white-coated tongue, diarrhea, and lung infections. AIDS eventually causes death in all cases.

**Candidiasis:** Early symptoms include itching or burning in the genital area, painful urination, and a thick white or light yellow vaginal discharge. It is not as common in males and may indicate a weakened immune system.

**Chlamydia:** Most often without symptoms. Females may have a white vaginal discharge, painful urination, itching, and painful intercourse. Males can have painful urination and penile discharge.

**Genital Herpes:** Symptoms include a cluster of painful blisters in the vaginal area or on the penis, itching or burning in the genital area, painful urination, and a watery vaginal or penile discharge. There may be flu-like symptoms with the first outbreak as well.

**Genital Warts:** Single or clusters of small, soft, cauliflower-looking growths in and around the vagina, anus, penis, groin, and scrotum areas.

**Gonorrhea:** Often no symptoms. A thick penile discharge is often found in males. Females become silent carriers. Rarely, frequent and painful urination, yellow or white vaginal discharge, vaginal itching, pelvic pain, and abnormal vaginal bleeding occur.

**Pelvic Inflammatory Disease (PID):** A yellow or white vaginal discharge with fever and lower abdominal or pelvic pain.

**Syphilis:** Symptoms in early contagious stages may include a painless sore on the genitals, a rash, patches of flaking skin, fever, sore throat, and sores in the mouth or anus.

**Trichomonas:** Vaginal itching, pain, and a watery foamy green or yellow discharge are frequently present. A clear penile discharge is an early sign in the male.

**Cervical Dysplasia:** A pre-cancerous condition of the cervix, this is most likely caused by the virus that causes genital warts. There are no symptoms unless it is preceded by genital warts.



## Urinary Tract Infections (UTI)

An infection involving the urethra, bladder, ureters, or kidneys is called a urinary tract infection (UTI). These infections occur more frequently in women, due to their shorter urethra and the urethral opening being close to the vagina and rectum. Intestinal bacteria present in these locations can easily contaminate the urethra during or after sexual intercourse or when wiping incorrectly after a bowel movement or urination. Men who develop urinary tract infections often have an underlying abnormality, such as prostate disease or enlargement, obstruction from tumors, or developmental abnormalities.

### Symptoms may include:

Fever – Painful and/or frequent urination – Urgency to urinate – Back or flank pain – Abdominal pain – Nausea with or without vomiting – Fatigue or malaise – Cloudy or bloody urine, possibly with an abnormal odor.

### What your doctor can do:

- Diagnose a UTI by asking about your symptoms, doing a physical exam, and laboratory tests.
- Obtain a urine sample for analysis and culture.
- Prescribe antibiotics to help fight the infection.

### What you can do:

- Rest as much as possible, until pain and fever are gone.
- Avoid sexual activity until the infection is eliminated.
- Take acetaminophen (Tylenol) for fever.
- Drink plenty of fluids, especially water and cranberry juice. Cranberry juice helps resolve infections.
- Follow up with your physician as instructed; additional urine testing is often needed.

### Prevention:

- Avoid holding urine when there is an urge to urinate.
- Drink plenty of fluids each day.
- Always wipe from front to back after urinating and especially after bowel movements.
- Avoiding sexual positions that are painful or irritating to your urethra or bladder.
- Urinate before and especially after sexual intercourse.

Contact your doctor if your symptoms and fever continue longer than 48 hours after beginning antibiotics, return after completing the antibiotics, or if new/unexplained symptoms develop.

## Vaginal Candidiasis (Yeast Vaginitis)

Vaginal candidiasis is an infection or inflammation of the vagina caused by yeast (fungus) called *Candida albicans* or *Monilia*. *Candida* is a normal microorganism that inhabits part of the vagina, rectum, and mouth (normal flora). Unfortunately, a disruption of the normal hormone and pH balance (level of acidity or alkalinity) in the vagina leads to overgrowth of the yeast. Yeast infections occur commonly just prior to monthly menstruation and usually resolve once the menstrual period begins. Additional contributing factors include a course of antibiotics; use of birth control pills; medical conditions such as pregnancy, poor health, weakened immune system, or diabetes; and hot weather, wearing tight-fitting clothing, or other conditions that increase genital moisture.

### Symptoms may include:

A white, "cottage cheese-like" vaginal discharge – An unpleasant odor – Swollen, red, itchy area around the vagina (vaginal lips, or labia) – Burning with urination.

### What your doctor can do:

- Diagnose the condition by asking about your symptoms and medical history, performing a physical exam, including a pelvic exam, and ordering further diagnostic tests such as laboratory studies of vaginal discharge, and pap smear to rule out other conditions.
- Prescribe vaginal creams, vaginal suppositories, and in some cases oral antifungals.

### What you can do:

- Take all medications as ordered. Keep vaginal suppositories and creams refrigerated.
- Drink plenty of fluids, especially water.
- Talk to your doctor about eating yogurt and taking an acidophilus supplement to help restore the normal flora in the vagina.
- Reduce the intake of alcoholic beverages and sweets.
- Avoid sexual intercourse or use condoms until finished with the medication.
- Avoid overexertion, heat, and excessive sweating until the condition is resolved.
- Keep the genital area clean. Use plain, unscented soap.
- Take showers rather than tub baths.
- Wear cotton panties or pantyhose with a cotton crotch.
- Avoid sitting around in wet clothing or a bathing suit.
- Avoid using douches, vaginal deodorants, and bubble baths that can cause irritation.
- If you are diabetic, stick to your treatment program to keep your blood sugar under control.
- If burning with urination, urinate through a tubular device (toilet-paper roll or plastic cup with end cut out) or pour warm water over the genital area while you urinate.

### What you can expect:

- Most infections generally clear up with treatment within 2 weeks.
- Recurrence is common.

**Contact your doctor if symptoms do not resolve with treatment; if you develop unusual vaginal bleeding, a green or gray discharge, or a fever; if the discharge begins to have a strong "fishy" odor, or if symptoms return after receiving treatment.**

## Vaginitis

Vaginitis is an infection or irritation of the vagina that may be due to any of several causes. Normally, bacteria and other types of germs are found in the vagina and do not cause problems. However, overgrowth of bacteria or yeast can occur if the normal hormone and pH balance (level of acidity or alkalinity) of the vagina are disturbed. After menopause, the estrogen level that helped maintain a normal vaginal environment decreases, leaving the vagina more vulnerable to inflammation and infection. Other bacteria may be introduced into the vagina during sexual activity either from your partner or due to bacteria traveling from the rectum to the vaginal opening. The risk of vaginitis increases with poor general health, hot weather, constricting non-ventilated clothing, and other conditions causing increased genital moisture. Some illnesses, including diabetes, and increased frequency of sexual intercourse are contributing factors. Women after menopause who do not take hormone replacement are at risk for atrophic or postmenopausal vaginitis.

### Symptoms may include:

A change in the normal vaginal discharge (color change, a thicker discharge than usual, or a different smell) – Itching – Burning – Swelling, and redness around the vagina – Change in the color of vaginal mucous membranes – Either increased paleness or redness – Painful intercourse.

### What your doctor can do:

- Diagnose the condition by asking about your symptoms and medical history, performing a physical exam, including a pelvic exam, and ordering further diagnostic tests such as laboratory studies of vaginal discharge, pap smear, and a possible biopsy (removal and study of a small amount of tissue) to rule out cancer.
- Prescribe vaginal creams or suppositories, antibiotics, or estrogen replacements as needed.
- Recommend treatment for sexual partners if indicated for sexually transmitted diseases.

### What you can do:

- Avoid sexual intercourse or use condoms until finished taking all of the medication.
- Until the vaginitis is resolved, you should avoid excessive heat and sweating.
- Keep the genital area clean.
- Use plain unscented soap and take showers rather than tub baths.
- Wear cotton panties or pantyhose with a cotton crotch, and avoid sitting around in wet clothing or a bathing suit.
- After urination or bowel movements, wipe or cleanse from front to back (vagina to anus).
- Avoid using douches, vaginal deodorants, and bubble baths.
- If you are diabetic, stick to your treatment program to keep your blood sugar under control.
- Talk to your doctor about replacement estrogen if you are menopausal.

### What you can expect:

- With treatment, the infection should clear up within 2 weeks although it may recur.
- Possible complications if the infection is not treated include spreading to other parts of the reproductive system, possibly causing serious problems.
- Untreated infections may also affect the ability to become pregnant.

**Contact your doctor if symptoms do not resolve with treatment, if you develop unusual vaginal bleeding or if symptoms return after receiving treatment.**