Naval Medical Clinic, New Orleans, LA

Women's Health News Letter

Spring/Summer 1996

IN THE NEWS

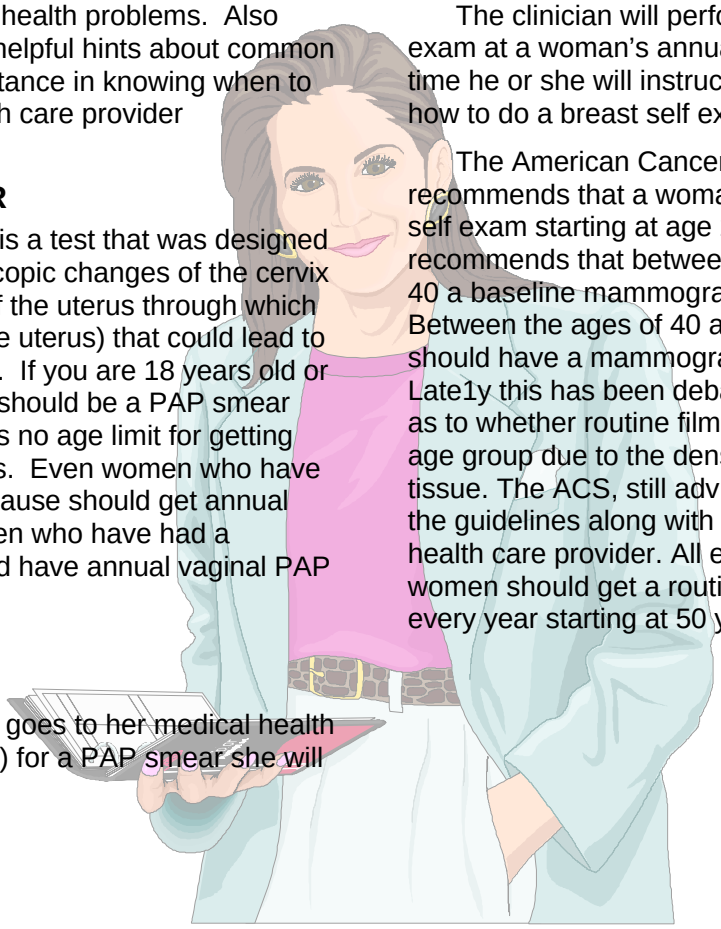
Women lead busy active lives. In order to stay healthy it is important that they keep informed about the issues that pertain to the promotion of good health and prevention of disease. The purpose of this newsletter is to provide an overall up to date guide to routine tests and procedures old and new, that will aid in the prevention of health problems. Also included are some helpful hints about common problems and assistance in knowing when to see a medical health care provider

THE PAP SMEAR

The pap smear is a test that was designed to diagnose microscopic changes of the cervix (the lower portion of the uterus through which the sperm enters the uterus) that could lead to cancer of the cervix. If you are 18 years old or sexually active you should be a PAP smear every year. There is no age limit for getting regular PAP smears. Even women who have experienced menopause should get annual PAP smears. Women who have had a hysterectomy should have annual vaginal PAP smears.

PELVIC EXAMS

When a woman goes to her medical health care provider (MHP) for a PAP smear she will also have a pelvic exam. Through this examination the MHP can determine the overall condition of the organs. It is also possible to diagnose infection of the pelvic organs, cysts of the ovary and pregnancy.



BREAST EXAM

The clinician will perform a clinical breast exam at a woman's annual GYN visit. At this time he or she will instruct the woman about how to do a breast self exam (BSE).

The American Cancer Society (ACS) recommends that a woman do a monthly breast self exam starting at age 20. The ACS also recommends that between the ages of 35 and 40 a baseline mammogram be performed. Between the ages of 40 and 50 a woman should have a mammogram every 1 to 2 years. Late1y this has been debated by some experts as to whether routine films are helpful at this age group due to the denseness of the breast tissue. The ACS, still advises women to follow the guidelines along with the suggestions of her health care provider. All experts agree that a" women should get a routine mammogram every year starting at 50 years of age.

BREAST HEALTH
A 3-STEP APPROACH

1. Breast Self-Exam

A mirror and three middle fingers—that's all you need to do a breast self-exam (BSE), an easy technique for learning what's normal in your breasts. BSE helps in early detection of breast cancer because you monitor changes monthly. With BSE, you can stay in tune with your body like nobody else can.

2. Mammography

Used for both routine screening and diagnosis, mammography is best for locating abnormalities too small to feel. A mammography (or *mammo* for short) is an X-ray image of the insides of your breasts and are used to regularly screen for, or locate, breast changes in women after age 40. They also help in the evaluation of any breast changes found by you or your doctor.

3. Professional Breast Exam

This is your assurance that you haven't missed anything during your own monthly breast self-exam. During annual checkups you can have your breasts examined by your health care professional—someone who's skilled at identifying problems and knowing when and how to follow-up.

BREAST CANCER WARNING SIGNS

If you have any skin or nipple changes, or a change in the size or shape of either breast, see your doctor. Breast cancer may cause one or more of the following changes:

1. A hard or soft, distinct, single lump that feels different from surrounding tissue.
2. A change in texture or skin color, such as redness.
3. Skin dimpling—a depression in one part of the breast.
4. A retracted (pulled-in) nipple in a previously normal breast.
5. A bloody or spontaneous discharge from the nipple.

BREAST SELF-EXAM

Breast self exams should be done once a month so you can become familiar with the usual appearance and feel of your breasts. Familiarity makes it easier to notice any changes in the breasts from one month to another. Early discovery of a change from what is "normal" is the main idea behind BSE. The outlook is much better if you detect cancer in an early state.

If you menstruate, the best time to do BSE 2 or 3 days after your period ends, when your breasts are least likely to be tender or swollen. If you no longer menstruate, pick a day of the month, to remind yourself it is time to do BSE.

Here is one way to do a BSE:

(The next two steps are designed to emphasize any change in the shape or contour of your breast As you do them, you should be able to feel your chest muscles tighten).

1. Stand before a mirror. Inspect both breasts for anything unusual such as any discharge from the nipples or puckering, dimpling, or scaling of the skin.

2. Watching closely in the mirror, clasp your hands behind your head and press your hands forward.

3. Next, press your hands firmly on your hips and bow slightly toward your mirror as you pull your shoulders and elbows forward.

4. Raise your left arm. Use three or four fingers of your right hand to explore your left breast firmly, carefully and thoroughly. Beginning at the outer edge, press the flat part of your fingers in small circles, moving the circles slowly around the breast. Gradually work toward the nipple. Be sure to cover the entire breast. Pay special attention to the area between the breast and the underarm, including the underarm itself. Feel for any unusual lumps or masses under the skin.

5. Gently squeeze the nipple and look for a discharge. (If you have any discharge during the month, whether or not it is during BSE, see your doctor). Repeat steps 4 and 5 on your right breast using your left hand.

6. Steps 4 and 5 should be repeated lying down. Lie flat on your back with your left arm over your head and with a pillow or folded towel under your left shoulder. This position flattens the breast and makes it easier to examine. Use the same circular motion described earlier. Repeat the exam on your right breast.

SEXUALLY TRANSMITTED INFECTIONS

The numbers of individuals that are affected by infection with a disease which is sexually transmitted (STD or *sexually transmitted diseases*) numbers approximately 13 million. Men and women under 25 years of age account for the majority of cases of STDs

Unfortunately STDs are sexist in that the long term effects on women are considerably greater than on men.

STDs affect persons from all walks of life. Having an STD causes worry and embarrassment.

Most STDs can be treated and others can be controlled. **ALL CAN BE PREVENTED.**

By learning what to expect, you can help make effective treatment and prevention possible.

What are your risks?

STDs are a fact of life! If you are sexually active, whatever your age, race, occupation, or sexual preference, you're at risk. The risks are increasing because more and more people are getting STDs, and new STDs are being identified. The **key** to reducing risk is to be informed about STDs.

What can you do?

If you think you have symptoms of an STD, go to a doctor as soon as possible! Some STDs are minor but some others have serious and long term complications if left undiagnosed and treated.

There are 4 key principles to keep in mind to control STDs.

1) Learn about STDs.
2) Recognize Symptoms.
3) Get early treatment.
4) Practice prevention.

You may not realize how much control you have over a major health problem like **STDs**

Recognize Symptoms!

How do you know if you have an **STD?**

One clue is physical symptoms. These signs are your body's way of telling you something is wrong. Be alert to changes in your body. When something feels or looks different, seek medical attention right away.

Some signs of STDs are:

- Burning in the area of the penis or vagina or with urination.
- Sores, that are painful and/or itchy.
- Any change in the smoothness of the skin in the area of the penis, testicles, vagina, or anus. This could be felt as a painless lump or roughness but if it is unusual it should be checked by a health care provider.
- Discharge, from the vagina or urethra which is new or unusual should be checked by a health care professional.
- Abdominal pain can be a sign of serious STDs especially in women. This symptom needs immediate diagnosis.
- Unusual vaginal bleeding can indicate an STD in a women. It can also indicate early pregnancy, so **GO GET CHECKED!**
- Some STDs can occur without any symptoms. It is important to have regular medical check-ups, especially if you are having sexual relations without protection (i.e. use of a condom).

Myths and Facts about STDs:

Myth: If symptoms go away on their own, your cured.
Fact: Symptoms may come and go, but the disease stays and, unless treated, often gets worse.

Myth: You can treat STDs yourself.
Fact: Home remedies don't work and are often dangerous.

Myth: You can get STDs from toilet seat, doorknob or hot tub.
Fact: STDs are almost always sexually spread. Take precautions to reduce risk.

Myth: You can get AIDS from donating blood.
Fact: You can't! Blood banks use sterile disposable needles, and other precautions.

Myth: STDs are minor diseases.
Fact: Untreated STDs can become major problems, causing sterility, damage to unborn children, even death.

Myth: You always know when you have an STD.
Fact: Some STDs don't show symptoms until they are serious. If sexually active get regular checkups.

Get Early Treatment!

1) Find where to get treated.
2) Talk to your health care provider.
3) Follow the directions of your health care provider very carefully. Tell him or her if for some reason you cannot do what is prescribed.
4) Don't share medication with friends or take old medications.
5) Tell your partner to get checked and/or treated.
6) Take all medication and get follow-up.

STD Risk Scale

No Sex	No risk	No sexual precautions are necessary.
Sex with 1 partner	Low risk	No sexual precautions are necessary while you remain with one partner.
Sex with a few people you know well	Some risk	Wearing latex condoms is the most effective preventive measure sex partners can take. Condoms are not foolproof, but they are usually effective.
You partner has sex with others	More risk	Use spermicidals with the condoms. Spermicidals contain nonoxynol-9, which gives the condom greater effectiveness
Sex with many partners	High risk	Wash after sex and urinate after sex. These are simple methods for helping to remove germs from the genital area possibly before they can infect you.

Specific STDs

Chlamydia:

Chlamydia is an infection that is common especially in the 15 to 30 year old age group. It is often overlooked because it is symptomless. It may not be diagnosed until later and at a more serious stage. If untreated, Chlamydia can cause sterility in both women and men.

Symptoms include:

- None.
- Discharge from the vaginal or penis.
- Abdominal or pelvic pain.
- Bleeding with sex.

Treatment:

Both partners need to be treated with antibiotics as soon as diagnosed.

Gonorrhea:

There are more than 1 million cases of gonorrhea reported every year.

Symptoms include:

- Discharge from the vagina or penis.
- Abdominal or pelvic pain and/or fever.
- Unusual vaginal bleeding.
- Unusual discharge from the vagina or penis.

Treatment:

Gonorrhea can be treated with antibiotics. Both partners should be treated as soon as possible.

Syphilis:

Syphilis can cause heart and brain damage, even death if not treated.

Syphilis presents in stages, and if not diagnosed in the early stages, can cause long term serious conditions, even death.

Symptoms include:

- A painless sore that may or may not be noticeable.
- Later symptoms include rash and fever. These symptoms disappear, but if untreated the disease leads to serious damage years later.

Treatment:

Syphilis is treated with antibiotics. Early treatment is important. Symptoms of the disease may disappear, but the disease stays in the body. If left untreated, the disease progresses to the next stage of severity.

Vaginitis:

Vaginitis is an inflammation of the vagina. This condition is often caused by a change in the vaginal environment by such factors as: foreign bodies (tampons, sponges, cervical caps), trauma, broad spectrum antibiotics, extensive douching, certain systemic diseases (such as diabetes), obesity, tight clothing, excessive moisture, and infectious agents.

The symptoms of vaginitis bring more women to the doctor than any other complaint. In one year, statistics show among women seeking care at STD clinics:

- Yeast infections are diagnosed in 20 - 25% of patients.
- Bacterial Vaginosis is diagnosed in 15 - 20% of patients.

Trichomoniasis occurs in 8 - 12% of patients.

There are three common causes of vaginitis or vulvo-vaginitis (this includes irritation of the labia). Not all of them are sexually transmitted.

Vulvo-Vaginal Candidiasis
(Yeast infection)

Cause:

The organism involved is Candida Albicans, a fungus. This fungus is one of the many that make up the "normal Flora" or environment of the vagina. If there is a change in the normal flora, the organisms that usually coexist in harmony become out of balance and various overgrowth can occur causing symptoms.

Symptoms:

The most common symptom is itching of the vagina and/or the vulva (external lip area). Another common symptom is burning with urination felt **when the urine touches the external lip area**. Vaginal discharge may be excessive, thick, and look like cottage cheese. Occasionally the presence of Candida is noted on the PAP smear and the patient does not have any symptoms at all.

Diagnosis:

Candida can be seen on a specially prepared slide done by the medical care provider at the time of a visit or, as mentioned before, it can be seen on a PAP smear slide.

Treatment:

Several local (vaginal) creams and/or suppositories are available over-the-counter. It is not advisable to use over-the-counter medication until talking with your medical provider. Candida is not a sexually transmitted disease, but your partner can become infected from coming in contact with the Candida organism. He should check with his medical provider for suggestions or treatment or tests for other conditions.

Bacterial Vagninosis:

Bacterial Vagninosis is a syndrome in which several kinds of organisms interact to produce vulvo-vaginitis symptoms. Bacterial Vaginosis is a sexually *associated* condition, but is not usually considered a specific sexually transmitted infection.

Symptoms:

The most common symptom is increased vaginal discharge with foul odor. There may or may not be local irritation of the vagina and/or the labia.

Diagnosis:

The diagnosis can be detected on the PAP smear. It is possible to get the diagnosis and treatment started at the time of your visit.

Treatment:

Flagyl is the medication of choice for the treatment of bacterial vaginosis. It comes in pill form and in a vaginal gel. There are other antibiotics used in the treatment of bacterial Vaginosis, but they have not been shown to be quite as effective. The primary goal is the relief of symptoms. Bacterial vaginosis is a difficult condition to get rid of. It has been shown that

there is no benefit to treating male sexual partners.

A note about Flagyl:

If your medical health care provider prescribes Flagyl, it is advised that you ***do not drink alcohol 24 hours before, during, and for 24 hours after taking the medication***. Flagyl has a tendency to cause nausea and sometimes vomiting if used with alcohol. Some women are so sensitive to the side effects of Flagyl that they cannot use perfume or anything containing alcohol. Always tell your medical provider if you are taking ***any*** other medication, even if you got it over-the-counter without a prescription.

Trichomoniasis:

Trichomoniasis is an infection caused by an organism called trichomonas vaginalis.

Symptoms:

Excessive, frothy, green tinted vaginal discharge. Vulvo-vaginal or just vaginal itching is also noted, however some women do not have any symptoms. Males may have burning with urination, testicular pain, or an irritation; but men rarely have any symptoms.

Diagnosis:

Diagnosis is made by viewing the moving organism on a slide prepared in the office by the health care provider. Diagnosis can also be made when the PAP smear is read in the lab.

Treatment:

Flagyl is the medication of choice and the usual treatment consists of a one-time dose for both partners. Some health care providers suggest a week-long course of therapy. Again, it is strongly advised that you not drink any alcohol 24 hours before, during, or 24 hours after treatment. Some persons are so sensitive to this combination they have to avoid perfumes, lotion, etc. due to their alcohol content.

Note: Several studies have associated trichomonas with an increased risk of infection in the fallopian tube. In pregnant women, trichomoniasis has been associated with low birth weight and prematurity.

As with all infections it is important that you:

1. Seek medical help as soon as you notice symptoms and that you do what your health care provider advises.
2. Take *all* the medication as you are directed to do, even if you feel better before all the medication is gone.
3. Report any rash, hives, skin itching, or irritation which occurs while taking the prescribed medication.
4. Be sure to tell your medical health care provider if you are taking any other medications either prescription or over-the-counter medications.

Condyloma (genital or venereal warts):

Genital warts are caused by the Human Papilloma Virus (HPV), a small, slow-growing DNA virus. Genital warts account for more than 1 million physician office visits, making Condyloma the most common symptomatic viral STD in the US. Including PAP smears revealing cervical HPV infections, an estimated 3 million HPV cases are diagnosed yearly. More sensitive measures of HPV indicate up to half of all sexually active young women are infected with this virus.

Factors that contribute to the large number of cases of HPV include:

- Early sexual activity with contact with this virus.
- Multiple sexual partners.

Symptoms:

Single or multiple soft, fleshy, painless growths in the vulva and/or the vaginal area. 60-90% of male partners of women with condyloma have HPV. HPV infections may exist on the penis even when it can not be seen by the naked eye. Regular genital self-examinations are often helpful in detecting such growths in both women and men.

Treatment:

Treatment can be accomplished with application of solutions to the condyloma lesions and closely followed by the clinician on a regular follow-up basis in the office. Cryotherapy (freezing), laser, or surgery are the other treatment options.

HPV is a chronic condition even when asymptomatic (without symptoms). No therapy has been shown to completely get rid of the infection. In 80% of cases, HPV recurs after some length of time.

Possible complications:

Lesions may enlarge and simulate carcinoma (cancer).

In pregnancy, warts enlarge, are extremely vascular, and may obstruct the birth canal which may necessitate a cesarean delivery.

It is essential when being treated that the plan be to achieve optimum results.

Herpes Simplex Virus (HSV)

Millions of Americans have had at least one bout with herpes. At present, the infection has no cure, but treatment is available. Many people get only one outbreak. Those who suffer repeated flare-ups can learn to control the infection.

Herpes is a sexually transmitted infection. It can also be passed on in other ways. A well meaning relative can transmit the virus unknowingly with a kiss to a child

There are two basic types of HSV, type I and type II. Contrary to belief held for many years, it is possible to get either type anywhere on the body.

Outbreaks of type I are generally less sever than type II. The first outbreak is usually the most severe and usually occurs at two weeks after being exposed.

Symptoms:

Herpes sores come and go, but the virus remains. Symptoms begin with one or more fluid-filled blisters that open into sores. Sores may be painful and accompanied by swollen glands. Oral herpes produces sores around the mouth. Genital herpes produces sores in the genital area.

Treatment:

Herpes cannot be cured, but it can be controlled. A drug called ***Acyclovir*** may speed healing and prevent recurrences. Pregnant women who have had herpes should tell their doctors so that precautions, such as a cesarean delivery, can spare the baby from being infected with the virus.

Prevention:

To prevent getting or spreading herpes, learn to recognize the sores and avoid sex during flare-ups. Use a condom between flare-ups because the virus may be present without sores. If you touch a herpes sore, wash your hands before touching your eyes, your mouth, or your partner. Reduce the stress in your life. Stress can trigger herpes flare-ups.

DIET

The old saying "You are what you eat" may be more truth than fiction. A good health diet as a basic life style is essential for goon health and strong immune system.

Whether for weight loss or not, a good low fat, high fiber; low salt and sugar diet promotes health.

A good diet protects us from many cancers. The American Cancer Society suggests the following 10 steps to a healthier life:

1. Eat more cabbage-family vegetables. They include broccoli, cauliflower, Brussels sprouts, and cabbage.
2. Add more high-fiber foods. These include whole grains, peaches, strawberries, potatoes, spinach, tomatoes, wheat and bran cereals, rice, and popcorn to name only a few.
3. Choose foods with vitamin A. Some of these include carrots, peaches, apricots, squash, and broccoli.
4. Choose foods with vitamin C, like grapefruits, oranges, strawberries, red and green peppers, broccoli, and tomatoes.
5. Control weight. Choose foods that are low in fat, salt, and sugar. Exercise regularly and drink adequate amounts of water.
6. Trim fat from all foods in your diet, animal and vegetable.
7. Subtract salt-cured smoked and nitrite-cured foods.
8. **STOP SMOKING!** Smoking is the biggest cancer risk of all—the main cause of lung cancer and 30% of all cancers.
9. Go easy on alcohol. If you drink a lot, you are at risk of liver cancer. If you smoke and drink, you are at risk of cancers of the mouth, throat, esophagus, and larynx.
10. Protect your skin from exposure to the sun.

CONTRACEPTION (Birth Control)

Having a family is a wonderful experience. On the other hand, an unexpected pregnancy can be a great burden, especially if it is a single parenthood. It is in the best interest of every woman to plan for a healthy pregnancy, labor, and delivery.

There are many contraceptives available. The most commonly prescribed methods are offered in the following seven pages.

While planning a pregnancy, stay healthy by avoiding the possibility of contracting an STD; don't smoke, don't drink or eat to excess, and exercise to decrease the effects of stress.

Contraception: Birth Control Pills

Effectiveness: If used properly the pill is 99% effective.

Mode of Action: Stops ovulation. Changes receptiveness of cervical mucus. Changes within the uterus prevents implantation.

Advantages and Disadvantages:

Advantages:

- Prevents pregnancy.
- Some protection against PID (pelvic inflammatory disease) and pelvic infection.
- Some protection against ovarian and endometrial cancer.
- Decreased risk of benign breast disease.
- Decreased risk of tubal pregnancy.
- Some improvement of acne.
- Easily reversible.
- Decreased menstrual problems.
- Can be used throughout child-bearing years.

Disadvantages:

- Irregular bleeding/spotting.
- Possible mood changes.
- Possible nausea and vomiting.
- More chance of cervical infections and STDs.
- Blood clots and/or inflammation of the blood vessels.

Report any...

- A Abdominal pain (severe).
- C Chest pain (severe), cough, shortness of breath.
- H Headaches (severe), dizziness, weakness or numbness.
- E Eye problems (vision loss or blurring) or speech problems.
- S Sever leg pain (calf or thigh)

Instructions:

Choose a backup method to use while you are in the first cycle of pill use and to have on-hand in case you forget a pill, or need to stop taking pills for some reason. Condoms and a spermicide is a good backup.

If you miss a pill, take it as soon as you realize that you missed it.

If you miss two pills, you can take two pills for two days. It is better to take them separately to avoid feeling nauseated. Use a backup method for at least two weeks.

If you miss three pills, it is better to stop the pills. Your "period" will start and then you can restart the pill as you did in the beginning. Use a backup method as you did in the beginning.

Contraception: Depo-Provera

Effectiveness: Reported to be more than 99% effective.

Mode of Action: Depo-Provera is a synthetic progesterone that, when in the blood stream, interrupts the normal ovarian cycle so that an egg is not developed, or if developed, is not released.

Advantages and Disadvantages:

Along with its effectiveness, the fact that it is an injection and that it lasts for three months makes it a convenient method of contraception.

Some of the side effects can include: frequent spotting or bleeding, mood changes, and weight gain.

Instructions:

Be sure that you are not pregnant.

Discuss the method with a health professional.

Keep up with the timing of the injections.

Contraception: Norplant Implants

The Norplant system consists of six thin capsules made of a soft flexible material that has been used safely in a variety of medical applications for over 40 years. The capsules contain the synthetic hormone (a progestin) that is one of the active ingredients used in birth control pills.

Effectiveness: Norplant is 99% effective.

Mode of Action: The hormone is released slowly from the capsules which are imbedded under the skin on the inner side of the upper arm. Pregnancy is prevented by inhibiting ovulation so eggs will not be produced regularly, and by thickening the cervical mucous making it more difficult for the sperm to reach the egg.

Advantages and Disadvantages:

Norplant offers birth control for five years, is reversible, and it does not contain estrogen.

You should **not use Norplant** if you have had liver disease, unexplained vaginal bleeding, breast cancer, or blood clots in the legs or lungs.

Tell your health care provider if you anyone in your family has had:

- Breast nodules, fibrocystic.
- Breast problems or an abnormal mammogram.
- Elevated cholesterol.
- High blood pressure.
- Headaches.
- Gall bladder disease.
- History of scanty or irregular periods.

Some women experience:

- Changes in periods; either no period or frequent spotting.
- Headaches (report severe headaches that do not go away with over-the-counter medication)
- Breast tenderness.
- Weight gain.
- Hair loss.
- Acne
- Mood changes

Instructions:

Norplant implants are inserted surgically. After insertion, watch the area where the implants are for any redness, swelling, heat, or pain that may be a sign of infection.

Contraception: Diaphragm, Cervical Cap, Condoms

Effectiveness: Generally in the high 80 to low 90%.

Mode of Action: Barrier methods...

Either cover the opening into the cervix in the case of the diaphragm and cervical cap, or cover the penis in the case of the condom in order to prevent the sperm from entering the uterus.

Advantages and Disadvantages:

Advantages: The main advantage to any barrier method is the protection it offers against STDs (sexually transmitted diseases).

Disadvantages:

- The diaphragm and the cervical cap need to be fit and then require a prescription to obtain.
- The increase in vaginal discharge caused by the spermicide used with all the barrier methods bothers some women.
- Occasionally a man or woman is allergic to latex, which is what all barrier method devices are made of.
- Sometimes both men and women complain that the condom decreases their sensitivity to sexual stimulation.

Instructions:

It is important that when fit with a diaphragm or cervical cap to be sure to feel comfortable with inserting and removing the diaphragm or cervical cap before leaving the practitioner's office. Also, it is very important to read all the information provided so that you know how long to leave it in place for adequate protection, and how soon before intercourse it can be inserted.

Additionally, know how to care for the diaphragm or cervical cap. Latex can deteriorate if left wet or washed with strong chemicals. If left in the hot sun, it can dry or crack.

Condoms should not be kept in a wallet, or if not in its sealed package, or if it is after the expiration date stamped on the package. Individual condoms should only be used once! Males should practice putting on the condom before needing to. Women should take part in the selection of condoms and even buy them herself to always have protection handy. Using a spermicide with the condom increases effectiveness considerably.

Contraception: IUDs

Only two IUDs are used in the US today. The CuT 380 A (Paragard) and the Progesterone T.

Effectiveness: IUD characteristics, such as size, shape, presence of copper, progesterone, and user characteristics such as age and the number of pregnancies a woman has had contribute to the effectiveness of the IUD.

The failure rate tends to be lower if the IUD has the following characteristics:

- Medicated with copper or progesterone or another progestin.
- If the IUD has a large surface area.
- If the IUD is inserted properly.

Mode of Action: The exact mechanism of the IUD is not completely understood. It is thought that IUDs affect the speed of the ova through the fallopian tube. IUDs immobilize the sperm and interferes with the migration of the sperm from the vagina to the fallopian tube.

Advantages and Disadvantages:

Advantages:

- The IUD is highly effective, safe, long-acting, single decision method.
- It is good for women who have problems with other methods.
- The progesterone IUD decreases menstrual flow.

Disadvantages:

- Can contribute to PID.
- Can cause heavier menses.
- Can be expelled without the woman being aware of it..
- If pregnancy occurs with the IUD, there is a 50% chance of miscarriage.

Instructions:

IUDs are inserted by physicians. The woman needs to check the string on a monthly basis after her period is over. The woman must be aware of, and report, any sign of infection.

MENOPAUSE

Menopause occurs in women in their 40's or 50's and is defined as the cessation of menstrual periods for one year. The ovaries stop functioning and no eggs (ova) are released from them. The hormone called estrogen is no longer produced by the ovaries and changes occur because of the lack of estrogen in a woman's body. Women are no longer fertile after going through menopause.

The process begins gradually and is recognized by a change in menstruation. The monthly flow becomes smaller in amount, irregular, and finally stops. Often, the time between periods get longer and there may be a lapse of several months between them.

Changes associated with menopause include hot flashes, vaginal dryness, diminished bladder control, and increased risks of osteoporosis and heart disease. The hot flashes often occur at night causing sleep disturbance, which can lead to fatigue, irritability, and depression. The menopause is not a complete change of life. The normal sexual urges remain, and women retain their usual reaction to sex after menopause. Many women enjoy better health after the menopause than they have had in years. This is especially true for women who have always suffered pain during their menstrual periods.

Women are often placed on hormone replacement therapy (HRT) after menopause because their bodies no longer produce the hormones. HRT reduces the risk of heart disease and osteoporosis, but the therapy is controversial because some studies show an increase risk of uterine (endometrial) and breast cancer from its use. Women who have had hysterectomies are placed on estrogen alone, whereas women with intact uteri need to be on estrogen and progesterone to help prevent endometrial cancer (cancer in the lining of the uterus).

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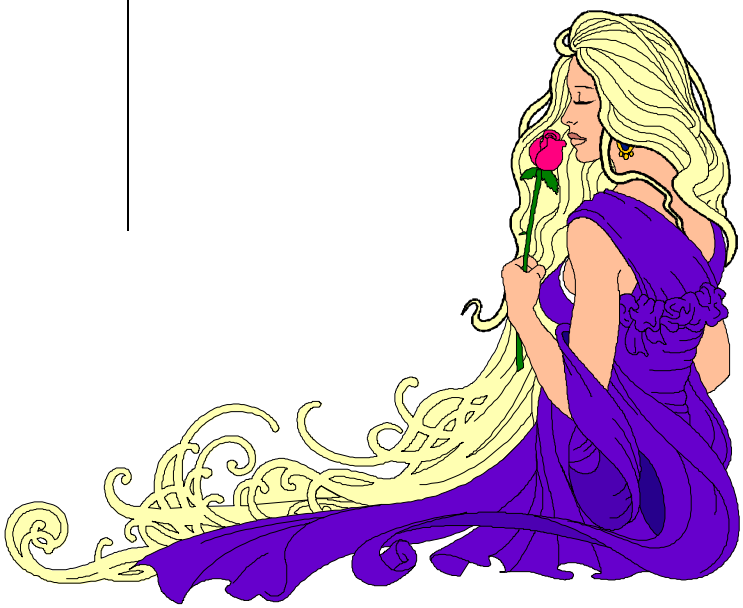
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