MENOPAUSE/POST-REPRODUCTIVE GYN HEALTH CARE (PBL):

Learning Objectives:
1. Discuss the physiologic changes that happen to women as they move through the menopausal transition.
2. Describe the symptoms and physical findings associated with menopause.
3. Describe routine preventive care for post-reproductive women.
4. Recognize common gynecologic issues in post-reproductive women with some understanding of diagnosis and treatment options.
5. Evaluate post-reproductive woman for pelvic functional and relaxation assessment and list treatment options.
6. Describe the indications, contraindications, risks and benefits of hormone replacement therapy. Discuss non-hormonal alternative therapy.
7. Discuss nutritional, calcium, and exercise recommendations for the post-menopausal woman.

Case: Chief Complaint: TDR is a 53 year old, G2P2 with a LMP of 12 mos ago complaining of hot flashes, emotional difficulties, and inability to sleep. Due for annual exam. History of Present Illness: 1+ year hx of hot flashes occurring 2-3 times per day and occasionally at night; also having trouble sleeping for the past 6 months and is extremely fatigued. She denies any vaginal bleeding. She also notes that recent attempts at sexual activity with her husband have been quite painful.

She begins to cry in your office.

PMH: significant for HTN controlled on diuretic past 5 years

Allergies: None known

Meds: HCTZ

PSH: Appendectomy as teen, tubal ligation after last delivery 25 yr ago
Gyn Hx: 2 years ago menses became less regular and lighter until menses stopped 12 mo ago, sexually active with her husband for 30 yrs, monogamous

No hx abnl pap smears

Social: no tobacco, 1-4 drinks/week, no drug abuse, safe at home, works as administrator

Family: Mom with broken hip at age 75 which prompted nursing home admission

Sister with breast cancer diagnosed at age 60

Vital signs: 165 pounds, 5’5” 140/90 mm Hg

Neck: No thyromegaly, mass or lymph nodes

Breast: No discharge or nipple retraction; No palpable masses

Abdomen: No masses, hernia, hepatosplenomegaly or tenderness

Pelvic

Normal external genitalia but labia shiny, retracted.

Vagina slightly atrophic with decreased rugae, cervix clear

Mild anterior relaxation at rest, Introitus admits 2 fingers tightly

Bimanual: Uterus small and anteverted; neither ovary is palpable on bimanual exam
Questions:

1. What is the most likely cause of this patient’s complaints?
2. What are the options for treatment?
3. What are the risks and benefits of Hormone Replacement Therapy for this individual patient?

Case 2

Chief Complaint: EMJ is a 72-year-old woman G4P4 presents complaining of “fullness” in the vaginal area. History of Present Illness: The symptom is more noticeable when she is standing for a long period of time. She does not complain of urinary or fecal incontinence. She has no other urinary or gastrointestinal symptoms. There has been no vaginal bleeding.

- PMH: Her past medical history is significant for well-controlled hypertension and chronic bronchitis.
- PSH: None except 4 SVD with episiotomy and repair for first 2 deliveries
- Meds: HCTZ Allergies: Hay fever, NKDA
- Social History: Smokes 5-10 cigs a day (trying to quit), 3 drinks/week, Retired OR nurse, spends lots of time gardening, married, long term monog relationship, safe at home

PE: Neck, breast and abdominal exam normal

Pelvic exam

- normal appearing external genitalia except for generalized atrophic changes
- vagina and cervix are without lesions
- second-degree cystocele and rectocele are noted
- cervix descends to introitus with the patient in an erect position
- no rectal masses noted with rectal sphincter tone slightly decreased
- uterus is normal size; right and left ovaries are not palpable

Labs / Studies:

- Urinalysis and post-void residual
- No evidence of UTI and post void residual normal at 35 cc.

Questions:

1. What are this patient’s risk factors for pelvic relaxation?
2. What are her options for treatment?