



Women's Health Q&A

Your Biggest Health Questions, Answered



Women’s health is a lifetime learning endeavor. Just when you think you really understand your body, it changes. That’s why having a trusted health care partner is so important. So you can feel comfortable asking them anything, and feel confident in their guidance and support.

While we believe the best resource for your questions is your primary women’s health care provider, we’ve chosen a handful of the most-often asked questions and provided answers to help you understand health care issues you may encounter.

Table of Contents

- What’s a “normal” menstrual cycle? 3
- What should I expect during menopause? 4
- Am I the only one with incontinence? 5-6
- What’s the difference between a traditional and minimally invasive hysterectomy? 7-8
- What screenings should I get at my age? 9
- How do I choose the right provider for well-woman care? 10
- What’s the best way to find a doctor? 11
- Women’s health locations 12

Question:

What's a “normal” menstrual cycle?

Answer:

Most women's periods last from 3 to 5 days, but anywhere from 2 to 7 days is normal. A “typical” menstrual cycle differs from woman to woman, month to month. Over time, you'll probably know what is “typical” for you, and any changes – whether in the amount of menstrual flow or the length of the period – will be most apparent to you.

Bleeding is considered abnormal if you have very heavy or prolonged periods, spotting between periods or your bleeding patterns become erratic. While it's not unusual for women in perimenopause, the period before menopause, to experience irregular menstrual cycles, they may still require treatment. Any bleeding after menopause should be checked out by your doctor.

Some women suffer from painful periods, a condition called dysmenorrhea. While abdominal cramping and mild discomfort is normal, severe pain is not. Menstrual pain that begins when women are young and first start their period is known as primary dysmenorrhea, and it is usually not related to a specific medical problem. Pain that begins later in life, after years of normal menstruation, is known as secondary dysmenorrhea and might indicate a problem with the uterus or other pelvic organs.

WHEN YOU SAY UNUSUALLY HEAVY, WHAT DO YOU MEAN?

Your period can be heavy, but still considered normal. Normal menstrual cycles produce a total blood loss of anywhere from four tablespoons to one cup. One in 10 women report excessively heavy bleeding, a condition known as menorrhagia.



WHAT CAUSES ABNORMAL BLEEDING?

Hormonal imbalances and uterine fibroids (noncancerous growths that develop in the uterine wall) commonly cause abnormal bleeding. Other causes may include polyps (small, benign growths on the uterine wall), ovarian cysts, miscarriage, infections, medications, sexually transmitted diseases, problems with intrauterine devices (IUDs) and dysfunctions of the ovaries or the uterine lining. Cancers of the uterus, ovaries and cervix can also cause excess bleeding.

WHAT IF I HAVE ABNORMAL, IRREGULAR OR PAINFUL PERIODS?

While not all abnormal bleeding is a sign that something is wrong, only your health care provider can determine if it is a cause for concern. If you've been experiencing unexplained bleeding, see your doctor to be sure you aren't at risk of a serious condition. If increased or foul smelling discharge, fever or sudden severe pain accompanies your painful period, then it's time to make an appointment.

Question:

What should I expect during menopause?

Answer:

Menopause, also called the change of life, is the time when menstruation cycles gradually end because the ovaries stop producing the female hormones estrogen and progesterone. This process usually occurs naturally — most often around age 50 — and brings many changes along with it. You've reached menopause when you have not had a period for an entire year (with no other causes, such as cancer or removal of one or both ovaries).

Many of menopause's changes and symptoms start during the premenopausal years — known as perimenopause. You may notice changes in your 40s, and some women notice them in their 30s. They can include:

- A change in menstrual periods — shorter or longer, lighter or heavier, gaps in frequency
- Hot flashes and night sweats
- Loss of sleep
- Vaginal dryness and less interest in sex
- Mood swings
- Trouble focusing and remembering
- Thinning head hair, increasing facial hair

WHEN MORE HELP IS NEEDED

The good news is that menopause is natural, normal and not a disorder. Most women do not need treatment for it. But, if symptoms and side effects are affecting your quality of life, then you should talk to your doctor.

Medicines such as estrogen creams, antidepressants, soy products and certain herbal supplements may help ease some menopausal symptoms. You should discuss these options with your health care provider. If you find yourself struggling with emotional problems, be sure to seek medical advice.

Help for Hot Flashes

Relax and refocus. Use mind/body relaxation techniques to help relieve the severity and frequency of hot flashes. Paced respiration, a controlled breathing technique, has been shown to be most helpful. Slow, controlled inhalation and exhalation for fifteen minutes a day, or at the beginning of a hot flash, can help decrease the effects of hot flashes.

Dress in layers. Being able to shed clothing when you get too warm is a lifesaver. Wear cotton and other natural fabrics that breathe.

Control your inner thermostat. Even though you can't stop a hot flash from coming, drinking cold water or another beverage when one starts may cool you down. Avoid smoking and limit caffeine, alcohol and spicy foods. Other tips: Sleep in a cool room and turn your home's thermostat down.

Form your own support group. There's nothing better than laughing your way through menopause with female friends. Because emotional mood swings are a major symptom, there's comfort in sharing stories and solutions with others in the same boat.

Exercise daily and eat right. After menopause, women are more vulnerable to bone loss (osteoporosis), cardiovascular disease, and urinary incontinence. Regular exercise and eating well can help keep you healthy as you age.

Question:

Am I the only one with incontinence?

Answer:

It may feel that way, but the simple answer is: no. According to experts, of the 25 million adult Americans who experience incontinence, 75-80 percent of those are women. You only feel alone because women keep quiet about it. On average, women wait over six years from their first experience of urine leakage to obtain a diagnosis and seek help. This is unfortunate, since most of the time, incontinence can be greatly improved and even cured with proper treatment.

WHY DO SO MANY WOMEN SUFFER FROM INCONTINENCE?

Any woman who has given birth vaginally or who has gone through menopause is at risk. Childbirth weakens the pelvic muscles, and the lack of estrogen after menopause further weakens muscle tone.

WHAT EXACTLY IS INCONTINENCE?

Although incontinence takes several forms, the most common types are stress and urge incontinence. In stress incontinence, a laugh, a cough or a sneeze, may cause some urine to escape. Urge incontinence, on the other hand, is marked by bladder contractions that creates a constant feeling of fullness. Sometimes the contractions are so strong that you can't hold your urine long enough to reach the toilet.

WHAT TREATMENT OPTIONS ARE THERE?

One of the most effective treatments for stress and urge incontinence — Kegel exercises — can be done anytime, anywhere. To perform a Kegel, pull in



the same muscles you would use to stop urinating midstream and try holding the tension for seven to 10 seconds. Aim for three sets of 10 Kegels a day.

If Kegels alone don't work, your health care provider may recommend more sophisticated treatments. Estrogen therapy can increase pelvic muscle strength, and other medications may relax the bladder and prevent spasms. A newer treatment involves having collagen injections near the base of the bladder. And several surgical methods, including tightening the pelvic muscles and elevating the bladder, may provide relief.

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Help Your Bladder Behave

In addition to performing Kegels, there are other steps you can take to regain control of your bladder. Here are a few.



Eliminate irritants. Diet can play a significant role in incontinence. Try eliminating caffeine, alcohol, sugar, acidic juices and spicy foods, which can irritate the bladder and cause urge incontinence.



Quit smoking. Chronic coughing caused by smoking can weaken bladder muscles. Also, nicotine is thought to cause those muscles to contract.



Monitor your fluids. Pass up fluids with caffeine such as coffee, tea, cocoa and some sodas. And if nighttime incontinence is a problem, stop drinking fluids after 6 p.m.



Take off extra pounds. If you're overweight, try to shed unwanted pounds to take some of the strain off your bladder and pelvic muscles.



Improve voiding technique. To completely empty your bladder when urinating, press on it (just above the pubic bone) while bending forward at the waist.

If lifestyle changes and Kegels don't improve your bladder problems, it's time to call a doctor. We can help you find the right treatment, so you won't have to worry any more. Call **1-888-825-3227** when you're ready.

Question:

What's the difference between a traditional and minimally invasive hysterectomy?

Answer:

Women today have more treatment options than ever before when facing gynecologic cancers, fibroids, endometriosis, pelvic prolapse, and other uterine conditions. Until recently, a woman who needed gynecologic surgery had to have an “open” surgical procedure requiring a large incision. Today, if surgery is needed, minimally invasive surgery may be an option that involves fewer risks and faster recovery.



Traditional, or open abdominal, hysterectomy is usually performed if adhesions are present or if the uterus is unusually large. While the opening in the abdomen presents a clear view of the pelvic area, the risk of bleeding, blood clots and wound infection is slightly greater than with a minimally invasive procedure.

A vaginal hysterectomy is less invasive than an open procedure and is performed by pulling the uterus through an opening at the top of the vagina.

WHAT TYPES OF MINIMALLY INVASIVE HYSTERECTOMIES ARE THERE?

Laparoscopic hysterectomy only requires a few small incisions (each about one-half inch long) in the abdomen. A laparoscope — a small camera — is inserted into the incisions, allowing a surgeon to see inside the pelvic area. The specially trained surgeon then performs the hysterectomy with surgical tools inserted into other small incisions. When compared to a traditional abdominal hysterectomy, the recovery time, time in the hospital and risk of infection are all significantly reduced.

With robot-assisted procedures, the process is similar to laparoscopic surgery, but is aided by the precision of a robot. The robot's dexterity allows the surgeon to reach and operate in regions of the body that would otherwise require a long incision.

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WHAT ARE THE BENEFITS OF MINIMALLY INVASIVE PROCEDURES?

Benefits vary case-by-case, but patients typically go home the next day and recover in as few as two weeks, compared to a recovery time of four to six weeks after open surgery. These less-invasive surgical procedures involve tiny incisions just a few millimeters compared to larger, 5- to 7-inch incisions that are necessary with open hysterectomy. Other ways in which women may benefit from laparoscopic or robot-assisted surgery include:

- Small incisions and minimal scarring
- Less pain
- Less blood loss and need for transfusion during surgery
- Less risk of infection
- Shorter hospital stay
- Quicker recovery and return to normal activities

In addition, if follow-up treatments are needed after surgery, such as for gynecologic cancers, you may be ready for the next phase of treatment more quickly.

HOW WILL I KNOW WHAT TYPE OF HYSTERECTOMY TO GET?

Depending on the reason for surgery and your health history, your gynecologist or urogynecologist will help you decide which surgery is best for you.



Access to Expert Care

Minimally invasive surgery, whether laparoscopic or robotic, requires experienced and skilled surgeons. St. Joseph Medical Center has been designated as a Center of Excellence in Minimally Invasive Gynecology by the American Association of Gynecologic Laparoscopists AAGL (TM) and Surgical Review Corporation.

The COEMIG program is focused on improving the safety and quality of gynecologic patient care and lowering the overall costs associated with successful treatment. The program is designed to expand patient awareness of – and access to – minimally invasive gynecologic procedures performed by surgeons and facilities that have demonstrated excellence in these advanced techniques.



Question:

What screenings should I get at my age?

Answer:

Together with your provider, you'll determine which screenings (or exams) are needed — generally the schedule depends on your age and current health status.* The American Congress of Gynecologists (ACOG) recommendations include:

	Ages 20-29	Ages 30-39	Ages 40-65	Ages 65+
Cervical Cancer	Pap test every 3 years	Pap and HPV (human papillomavirus) co-testing every 5 years	Pap and HPV (human papillomavirus) co-testing every 5 years	Talk with your doctor about whether you need to continue testing
Women's Health Screenings				
Clinical Breast Exam	Every 1 to 3 years	Every 1 to 3 years	Annual clinical breast exams by a health care provider	Annual clinical breast exams by a health care provider
Breast Self-Exam	Monthly	Monthly	Monthly	Monthly
Mammogram	N/A	Not recommended unless non-age-related risk factors are present	Yearly	Yearly; over 75, ask your doctor if you need to continue testing
Colonoscopy	N/A	N/A	Over 50, every 10 years	Every 10 years
Thyroid-stimulating Hormone Screening	N/A	N/A	Over 50, every 5 years	Every 5 years
Bone Density Screening	N/A	N/A	N/A	No more than once every 2 years, unless new health risks develop
General Health Screenings				
Well-woman Check	Every year			
Immunizations	Varies depending on shot, talk with your doctor			
Eye Exam	Every 2 years			
Dental Exam	Every year			
Blood Pressure Screening	Every 2 years if you have normal blood pressure (lower than 120/80 mm Hg); once per year if between 120/80 – 139/89 mm Hg			
Cholesterol Screening	Talk to your doctor about this if you are at risk for heart disease.			
Diabetes Screening	If your blood pressure is higher than 135/80 mm Hg or if you take medicine for high blood pressure			

*Please note: This is not a complete list, and you may need additional tests depending on your age, health and other risk factors. Talk to your provider about other screenings you may need.

Question:

How do I choose the right provider for well-woman care?

Answer:

Finding the right provider when you're a woman isn't easy. You have choices, and you may have to shop around a bit to find the right fit. First, consider the types of doctors available for women's care.

OBSTETRICIAN/GYNECOLOGIST (OB/GYN)

Obstetricians care for women before, during and after child-bearing years, whereas gynecologists specialize in women's reproductive health. An OB/GYN is trained in both types of care. Because OB/GYNs are specialists with the most knowledge of women's health, many women prefer to make their OB/GYN their primary care physician. Many OB/GYNs are also trained in surgery and preventive medicine.

UROGYNECOLOGIST

A urogynecologist is a board-certified OB/GYN and/or a board-certified Female Pelvic Medicine & Reconstructive Surgery specialist, who diagnoses and treats female urinary and reproductive tract issues such as urinary or fecal incontinence and bulging (or falling out) organs. With the full range of available treatments including neuromodulation, injectable agents, and minimally invasive surgery, a urogynecologist will listen and work with you to diagnose the issues and then create a personalized treatment plan for you.

CERTIFIED NURSE MIDWIVES (CNM)

Most people associate midwives with childbirth, and that is typically their primary role in a hospital or clinic setting. However, CNMs are advanced registered nurse practitioners with additional training, which means they can provide many of the primary care services that physicians can, for women of all ages.



PRIMARY CARE PHYSICIAN

You may choose to see a family practice doctor or internal medicine specialist for your regular medical care. Your health history may make a difference. For example, if you experience chronic conditions (autoimmune, diabetes, arthritis, etc.) an internal medicine doctor might be the best choice for you. Or, if the rest of your family sees a family practitioner, you may prefer to see him/her as well, since he/she will provide a holistic view of your health. If you choose to see a family practice doctor or internal medicine specialist, you can also choose to see a gynecologist or specialist in women's health for Pap exams and other women's health issues.

ADVANCED REGISTERED NURSE PRACTITIONERS (ARNP)

An ARNP must complete a master's or doctoral degree program, go through advanced clinical training and can provide many of the same services that a physician can. ARNPs see patients independently and also work in collaboration with physicians. ARNPs may practice in primary care clinic settings (e.g., adult health, family health, gerontology, pediatrics) or in specialty areas, such as oncology, mental health and women's health.

Question:

What's the best way to find a doctor?

Answer:

Personal recommendations from family members, friends and co-workers often prove helpful, so ask people you know about their doctors, then research providers on hospital or clinic websites. At Virginia Mason Franciscan Health, we also have Philosophy of Care videos to help you make a decision. When you are ready to interview a new provider, consider the following:

- Does the doctor take time to answer your questions?
- If you need to talk to the doctor, will he or she return your phone call promptly?
- Is the staff helpful?
- How far in advance do you have to book a routine office visit?
- If you're sick, does the doctor or one of his or her partners see you the day you call?
- How long do you have to wait in the waiting room when you have an appointment?

Use the information you gather to narrow your list to three or four doctors. Also, consider the following (which can typically be found online or by calling the clinic):

- Is the doctor board certified?
- Does the doctor have any subspecialties?
- What's the average fee for an office visit for new patients?
- For established patients?
- How much time is allowed in the doctor's schedule for each appointment? (It should be at least half an hour for a new patient visit.)
- What are the practice's office hours? (You'll want to be sure those hours will work with your schedule.)



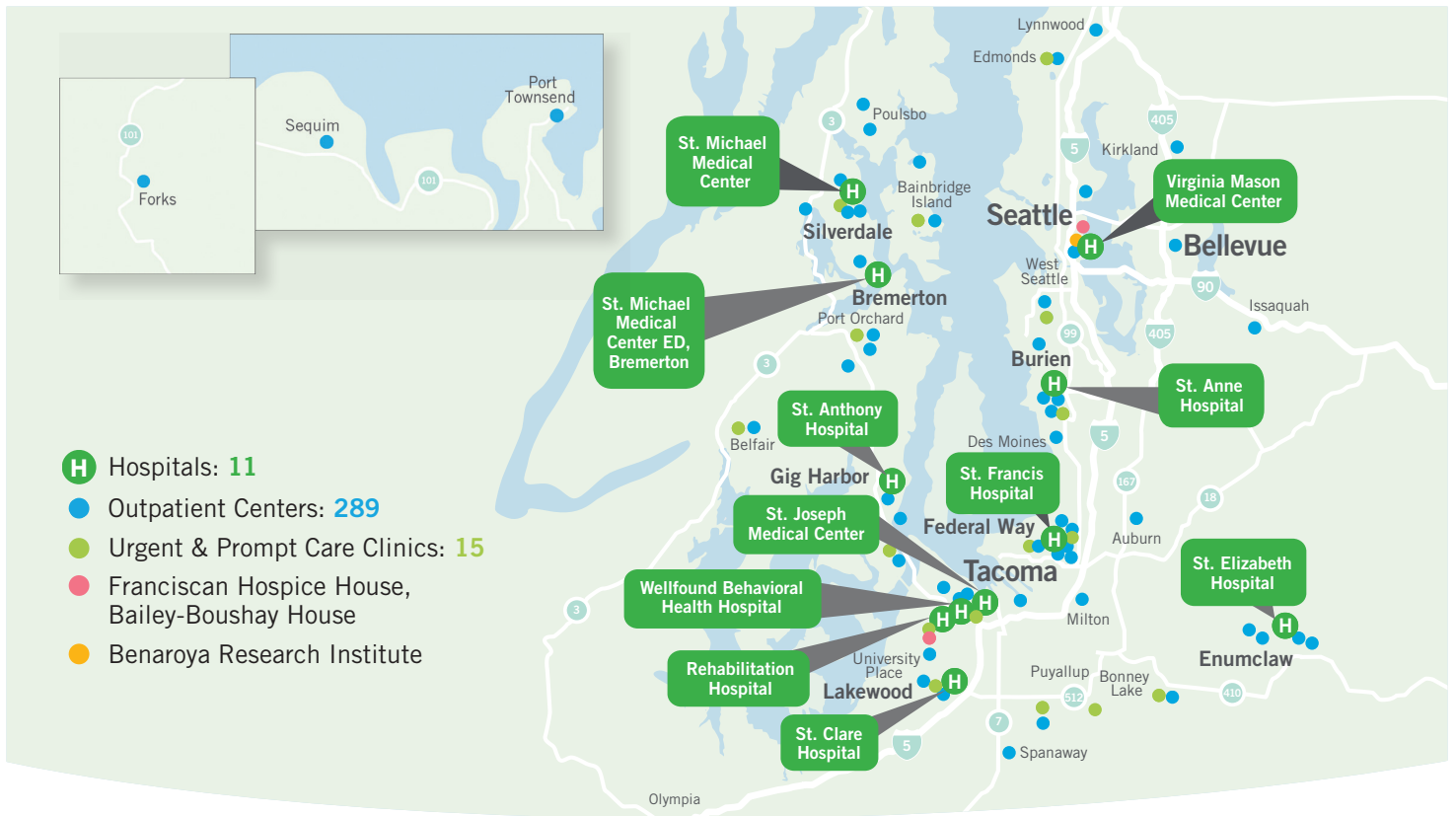
QUESTIONS TO ASK THE DOCTOR

After narrowing your list to one or two providers, make an appointment to interview them. In most cases, you'll have to pay for these visits. You may be able to talk to each doctor over the phone free of charge or for a small fee. Here are some questions you might ask:

- What preventive exams and screenings do you suggest for a woman of my age and health status?
- Do you try to involve patients in decision making?
- When lifestyle changes are an appropriate treatment option, how do you assist patients who have to make those changes?

Remember, part of your mission is to find a provider you trust and feel comfortable with. As you talk to the clinician, notice whether he or she really pays attention to your questions or seems distracted, giving “stock” answers.

The research will take time, effort and perhaps even money. But when you consider what's at stake — your health — the payoff seems clear.



Did you know?

According to the CDC:

2:3

Two out of every three caregivers in the US are women. Women who are caregivers have a greater risk for poor physical and mental health, including depression and anxiety. Recognize when more help is needed. Support groups provide a safe place for people in similar situations to find comfort. Learn more about coping with stress during COVID-19.

10M

Heavy menstrual bleeding—lasting more than seven days—affects **more than 10 million women, annually.** If heavy menstrual bleeding occurs, talk to a medical provider to determine if testing is needed.

48k

The number of overdose deaths from opioids among women has increased substantially. **Nearly 48,000 women died of prescription opioid overdose between 1999 and 2010.** Women are more likely to have chronic pain, be prescribed opioid pain relievers, and use prescription opioids for longer time periods than men. Women should discuss all medications they are taking with their doctor and use prescriptions only as directed.

4th

Cervical cancer is the fourth most common cancer in women worldwide. It is the leading cause of cancer-related deaths among women. Learn about the appropriate screening tests and the HPV vaccine to help prevent cervical cancer.

CDC source: <https://www.cdc.gov/nchs/fastats/womens-health.htm>