

## **September 2009 -Information to Share With Your Provider**

Good health is empowerment and knowing what to tell your provider at your annual exam will aid him or her to provide you with the best care possible. For years a gyn exam was dreaded and associated with a Pap smear and pelvic exam only. Now since gynecologists have been designated as primary care providers and the concept of “wellness” is seen to improve quality of life as well as longevity, these visits go way beyond “woman troubles.”

Before seeing the provider the medical assistant who signs you in, takes your height, weight, blood pressure and initial lab work will update your history. The physician will then use this information to take a thorough history and to do a system review. It is most important to be completely honest—failure to do so because of modesty and/or embarrassment may adversely compromise your visit and health. Your provider has been trained to be non judgmental. A review of systems will encourage you to share complaints that you may have from your head to your toes: headache, anxiety, sleep difficulties, memory loss, weight loss or gain, hair pattern changes, changes in vision, hearing or sense of smell, coughing, sputum changes, trouble with swallowing, excessive thirst, chest pain, heart beat irregularities, sweating, shortness of breath, breathing difficulties with exertion, breast lumps or tenderness, nipple discharge, change in abdominal size, food intolerance, nausea or vomiting, abdominal pain, pelvic pain, menstrual changes, sexual problems, bowel or urine changes, joint or back pain, limitation of motion to name just the most common.

The provider will then ask you if there have been any changes in your health history or in those of relatives. For example, any hospital admissions as an “in” or “out” patient since the last visit? Any major or minor operations? Any new medications or allergies? Any herbal supplements? Any workup done by another specialist such as neurology, orthopedics or cardiology?

Once the review of systems and history is done the physical exam is performed that will be all inconclusive and/or focused on the presenting complaint. A care plan is then formulated that might involve lab work, x-rays, ultrasound or ct/mri scans, possible pre-operative workup and/or surgery or hospital admission.

There are many questions, however, that are somewhat age dependent:

### **TEENS AND WOMEN TO AGE 40:**

During these years it is most important to communicate with the provider sexual activity, eating disorders, contraception, sexually transmitted disease risk, childbearing plans, desire for human papilloma vaccination, pelvic pain, menstrual changes and/or unusual vaginal discharge.

### **WOMEN 40-60:b**

Mammograms begin at age 40; colonoscopy screening at age 50; bone density and cholesterol screening at age 50 as well as baseline EKG and chest x-ray. This is the time to discuss family planning concerns and to bring up the idea of cessation of childbearing secondary to the complications of advanced maternal age. This is also the time to discuss “hot flashes”, menopausal symptoms and possible hormone replacement therapy. Also ask about changes in sexuality, weight gain, and life style changes that affect health.

## OVER 60:

This age group should specifically ask about eating disorders, changing sexuality, memory loss, depression, chest pain, shortness of breath, bowel changes, urinary incontinence, postmenopausal bleeding, skin changes, unusual bumps or lumps and pelvic organ protrusions.

Of course there are many overlaps between these groups.

As you can see the list of what you and your provider should discuss is extensive and not even completely covered here. Wellness is not accidental. By forming a lifelong relationship with your provider longevity and quality of life can be improved. The result decreases the cost of health care and leads to a productive and happy life—that is empowerment!