## High Yield Gynecology Topics

### Nerve injury during surgery

<table>
<thead>
<tr>
<th>NERVE</th>
<th>INJURY</th>
<th>MOTOR LOSS</th>
<th>SENSORY LOSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Femoral</td>
<td>Deep retraction in abdominal incision, touching psoas muscle;</td>
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<td></td>
<td>Also excessive hip flexion (candy canes)</td>
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<tr>
<td>Lateral femoral cutaneous</td>
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<tr>
<td>Genitofemoral</td>
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<tr>
<td>Obturator</td>
<td>Adducts thigh</td>
<td>medial aspect of the thigh</td>
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<tr>
<td>Sciatic</td>
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<tr>
<td>Common peroneal</td>
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<td></td>
</tr>
<tr>
<td>Ilioinguinal</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Iliohypogastric</td>
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### Laparoscopic complications

### Hysteroscopy complications
- Hyponatremia, hypervolemia, pulmonary edema, cerebral edema, seizures

### Urinary incontinence

#### Definitions
- Stress urinary incontinence -
- Urinary urgency incontinence -
- Mixed urinary incontinence -

#### Urodynamic Diagnoses
- Detrusor overactivity -
- Urodynamic stress incontinence –
Evaluation
--H+P
--cough stress test, urethral hypermobility (greater than _________ degrees abnormal)
--PVR, UA

When to do urodynamics

Overactive bladder....................Urge incontinence (continuum of symptoms)

Classic anticholinergic symptoms include
--"blind as a bat":
--“dry as a bone” “red as a beet”:
--“mad as a hatter”:
--“hot as a hare":
--urinary retention; thus it works for urinary incontinence
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Ectopic pregnancy
**Molar pregnancy**

<table>
<thead>
<tr>
<th>Feature</th>
<th>Partial mole</th>
<th>Complete Mole</th>
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</thead>
<tbody>
<tr>
<td><strong>Pathology</strong></td>
<td></td>
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<tr>
<td><strong>Clinical presentation</strong></td>
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**Postmenopausal bleeding work up**

**Adnexal mass – indicators for surgery**
- Ovarian cystic structure > 5 cm that has been observed 6-8 wk without regression
- Any solid ovarian lesion
- Any ovarian lesion with papillary vegetations on the cyst wall
- Any adnexal mass >10 cm in diameter
- Ascites
- Palpable adnexal mass in a premenarcheal or postmenopausal patient
- Suspected torsion of rupture

**Pelvic Masses**

Follicular cysts -

Theca lutein cysts —

*luteoma* of pregnancy -

Corpus luteum -

Polycystic ovary syndrome —

Ectopic pregnancy —
Inflammatory etiologies — PID, TOA

Benign ovarian neoplasms —

Serous and mucinous cystadenoma —

Endometrioma —

Mature cystic teratoma —

Fibromas -

Adenofibromas and cystadenofibromas -

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**UTERINE ARTERY EMBOLIZATION**
- pain for 4-5 days secondary to obstructed blood supply to leiomyomata
- give post-op narcotics and NSAIDS, antiemetic, prophylactic antibiotics

**FLU-LIKE POSTEMBOLIZATION SYNDROME**
Incidence 20%
Signs and symptoms- pain, fever, malaise, myalgia, nausea
Management – close observation with appropriate analgesic therapy, some people need hospitalization for IV hydration or parenteral narcotics

**STDS**
**Vaginitis**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Normal</th>
<th>Yeast</th>
<th>BV</th>
<th>Trichomonas</th>
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<tbody>
<tr>
<td>Symptoms</td>
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</tr>
<tr>
<td>Signs</td>
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<tr>
<td>pH</td>
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<tr>
<td>Amine test</td>
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<tr>
<td>Wet mount</td>
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<tr>
<td>KOH</td>
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<td></td>
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</tr>
<tr>
<td>Misc</td>
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<tr>
<td>DDX</td>
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**Vulvar diseases**

Lichen sclerosus
   Appearance
   Age groups
   Treatment

Lichen Planus

Labial adhesions – estrogen cream, zinc oxide, or weak corticosteroid
Vulvar cysts

Hidradenitis supparativa

Labial agglutination – treat with estrogen
Female circumcision
1-clitoridectomy
2-excision
3-infibulation
4-other

Women’s Health Initiative

- continuous use of .625 mg CEE plus 2.5 mg MPA daily
- 40% of study subjects in both the HT arm and the placebo arm stopped using their study drugs during the course of the study

<table>
<thead>
<tr>
<th>Health Event</th>
<th>Hazard Ratio (95% CI)</th>
<th>Absolute Risk-benefit per 10,000 woman-years</th>
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<tbody>
<tr>
<td>Coronary heart disease</td>
<td>1.29 (1.02-1.63)</td>
<td>7</td>
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<tr>
<td>Stroke</td>
<td>1.41 (1.07 – 1.85)</td>
<td>8</td>
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<tr>
<td>Breast cancer</td>
<td>1.26 (1.00 – 1.59)</td>
<td>8</td>
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<tr>
<td>Pulmonary embolism</td>
<td>2.13 (1.39 – 3.25)</td>
<td>8</td>
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<tr>
<td>Venous thromboembolism</td>
<td>2.11 (1.58-2.82)</td>
<td>18</td>
</tr>
<tr>
<td><em>Hip fracture</em></td>
<td>.66 (.45 - .98)</td>
<td>5</td>
</tr>
<tr>
<td><em>Colorectal cancer</em></td>
<td>.63 (.43 - .92)</td>
<td>6</td>
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**SERMS**

<table>
<thead>
<tr>
<th></th>
<th>Breast</th>
<th>Bone</th>
<th>Uterus (endometrium)</th>
<th>Hot flashes/mood swings</th>
<th>Lipid profile</th>
<th>DVT</th>
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</thead>
<tbody>
<tr>
<td>Raloxifene</td>
<td>None</td>
<td>+</td>
<td>none</td>
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<tr>
<td>Tamoxifen</td>
<td></td>
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<tr>
<td>Clomiphene</td>
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<tr>
<td>Estrogen</td>
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BUZZ WORDS
Posterior hymenal tear or hymenal transection – sexual abuse in a child

Obturator artery – 15% have different anatomy
--From inferior epigastric artery and descends into pelvis along route of pelvic branch
Overdose reversal agents
Haloxaone – opioids
Flumazenil – benzos

Blood gases

PEEP
TV
FI02
RR
PRIMARY CARE

C difficile
--caused by clindamycin, cephalosporins, penicillin
--detect by toxin A or B
--treatment – discharge inciting antibiotics, start flagyl PO/IV or van PO
--if refractory or hematochezia – consider surgery

BREAST DISEASES