Read Book Guidelines For Pap Smears By Age

Guidelines For Pap Smears By Age | 54fcb17c982d18decb4d198f73778409

Previous Cancer Screening Behavior as Predictor of Endoscopic Colon Cancer Screening Among Women Aged 50 and Over, in New York City

Maternal-Fetal Medicine Evidence-Based Guidelines reviews the evidence for best practice in maternal-fetal medicine. It presents the reader with the right information, in the right format, by summarizing evidence in easy-to-use tables and algorithms. Each guideline is designed to “make it easy to do it right”, with appropriate use of proven interventions and no use of harmful interventions. Plenty of evidence is available so that well-informed clinicians can reduce errors, so that the first aim is ultimately to improve the health of mother and fetus by providing quality care.

Compliance of American Cancer Society (ACS) and American College of Obstetric and Gynecology (ACOG) Guidelines for Cervical Cancer Screening

Primary care clinicians are performing more varied procedures than ever before, and physicians, residents, and students need a comprehensive, authoritative resource that provides trusted information in an easy-to-follow format. Through three outstanding editions, Pfenninger and Fowler’s Procedures for Primary Care has been the go-to reference for step-by-step strategies for nearly every medical procedure that can be performed in an office, hospital, or emergency care facility by primary care providers. This 4th Edition continues that tradition with new section editors, updated illustrations, new chapters, and much more. No other primary care procedure book compares with Pfenninger and Fowler’s breadth and depth of practical, step-by-step content! Provides comprehensive, real-world coverage of more than 230 procedures that arise in the primary care setting, including many that were previously performed only in subspecialty settings, such as joint injections and cosmetic procedures. Includes new chapters: Esophageal Foreign Body Removal, Manual Testicular Detorsion, Symphysiotomy, Zipper Injury Management, and Blood Products. Presents the “how-to” expertise of six new section editors, for a fresh, contemporary perspective throughout the book. Additional focus on the evidence, with plentiful citations to key references, makes this the most evidence-based edition yet. Features numerous updated illustrations, including many more in full color, and incorporates updated ICD-10-CM codes throughout. Utilizes a concise outline format, detailed text and illustrations, and abundant boxes and tables for quick access to the information you need.

Porth Pathophysiology

Pfenninger and Fowler’s Procedures for Primary Care E-Book

A report on recommended clinical preventive services that should be provided to patients in the course of routine clinical care, including screening for vascular, neoplastic and infectious diseases, and metabolic, hematologic, ophthalmologic and ontologic, prenatal, and musculoskeletal disorders. Also, mental disorders and substance abuse, counseling, and immunizations/chemoprophylaxis. Tables.

Cervical Cancer

Women infected with the human immunodeficiency virus are at increased risk for developing cervical cancer. Current guidelines reflect that Pap smears should be performed twice during the first year after diagnosis with HIV and annually thereafter. However, women with HIV are not obtaining Pap smears per the current guidelines. The purpose of this study was to evaluate HIV-infected
women’s attitudes toward cervical cancer and cervical cancer screening. The research design is an exploratory, cross-sectional, quantitative design. The sample of convenience consisted of participants recruited from two ambulatory HIV clinics in Florida. Attitudes were assessed using Champion’s Health Belief Model and Self-efficacy scales. Knowledge was evaluated with an updated HPV/Cervical Cancer Knowledge scale. Sociodemographic variables were assessed using a Demographic Data form. The results indicate that HIV-infected women in the study were not knowledgeable about HPV or cervical cancer. They did not perceive that cervical cancer was serious, nor did they feel that they were susceptible to cervical cancer. Overall, HIV-infected women were confident in their ability to request a Pap smear, and they perceived fewer barriers and more benefits to Pap smears. Despite, perceptions of fewer barriers and more benefits a chart review revealed that approximately 43% of the study participants received a Pap smear during the past year. Perceived barriers was a significant predictor of Pap smear adherence (OR = 0.93, CI: 0.90 to 0.96, p

**Women’s Compliance with Guidelines for Pap Smears**

This book (an updated and extended edition) is about mobilizing women and health care policy makers and providers to unite their efforts in a single strategy for fighting cervical cancer worldwide. The objective of this strategy would be to reverse cervical cancer prevalence and mortality rates among all 2.4 billion women at risk and to achieve this goal within 10-15 years of implementation. Cervical Cancer Screening (Pap test, VIA, VILI, or HPV) failed to stop cervical cancer worldwide simply because many countries could not afford developing infrastructure necessary to carry on the global strategy, and because the outreach could not accomplish the targeted 51% of the population at risk. In 2015, there is still 600,000 women getting cervical cancer annually and 300,000 of them die. Every minute one woman gets cervical cancer and every 2 minutes one woman dies from this preventable disease. In 21st Century the Information Technology (IT) Revolution has made substantial impact on medicine enabling remote points-of-care, scattered around the world, to be e-connected with experts in distant medical centers and to obtain quality diagnosis and proper guidelines for curative therapy of early stages of cervical cancer. Low frequency of costly interventions needed makes IT-based screening financially and socially beneficial for mass screening. This new Mobile Health technology with the Global Strategy for Fighting Cervical Cancer is subject to elaboration in our book as the new hope when old efforts have failed to stop the world “epidemics” of this grave but preventable disease. The language is adapted for easy reading and understanding by professionals and lay-persons. This book is intended for women at risk for cervical cancer, their health care providers, health insurance companies, government responsible for making health policy and healthcare industry because all of them have special role in the new Global Strategy elaborated in details in this book.

**Improving the Quality of Clinician Pap Smear Technique and Management, Client Pap Smear Education, and the Evaluation of Pap Smear Laboratory Testing**

**Clinical Practice Guideline**

The MMWR series of publications is published by the Epidemiology Program Office, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333. These guidelines for the treatment of patients who have sexually transmitted diseases (STDs) were developed by CDC staff members after consultation with a group of invited experts who met in Atlanta on February 10-12, 1997. The information in this report updates the 1993 Sexually Transmitted Diseases Treatment Guidelines (MMWR 1993;42fna RR-141). Included are new recommendations for treatment of primary and recurrent genital herpes and management of pelvic inflammatory disease; a new patient-applied medication for treatment of genital warts; and a revised approach to the management of victims of sexual assault. Revised sections describe the evaluation of arthritis and the diagnostic evaluation of congenital syphilis. These guidelines also include expanded sections concerning STDs among infants, children, and pregnant women and the management of patients who have asymptomatic human immunodeficiency virus infection, genital warts, and genital herpes. Guidelines are provided for vaccine-preventable STDs, including recommendations for the use of patients and hepatitis B vaccines.

**Obstetric Evidence-Based Guidelines, Second Edition**

Cervical cancer was once the leading cause of death for women in the United States according to Centers for Disease Control and Prevention (CDC, 2006). During the past four decades, incidence and mortality have declined significantly, primarily because of the utilization of the Papanicolaou (Pap) test to detect cervical abnormalities. Evidence-based research led to clinical practice guidelines established by the ACS and ACOG in 2003 for screening of cervical cancer. This study utilized a retrospective chart review to describe adherence by nurse practitioners and physicians to cervical cancer screening guidelines as established in 2003 by the ACS and ACOG. Two hundred patient charts stratified by practitioner type were audited using convenience sampling. One hundred seventy three (86.5%; 95% CI = 80.3% to 90.7%) documented education related to prevention of HPV infection, 131 (65.5%) documented education related to safe sex practices, and 154 (76.7%) documented recommendation for an annual Pap smear. There were no significant differences between the two types of providers in their documentation. The results indicated the need for improvement in documentation.

**The Costs and Effectiveness of Cervical Cancer Screening in Elderly Women**

The Fenway Guide provides guidance, practical guidelines, and discussions of clinical issues pertinent to the LGBT patient and community. It also focuses on helping healthcare professionals gain a better understanding of the LGBT population, the LGBT life continuum, health promotion and disease prevention, transgender health, and patient communication and the office environment.
Read Book Guidelines For Pap Smears By Age

Fenway Guide is truly a one-of-a-kind comprehensive resource! Written in conjunction with the renowned Fenway Community Health, of Boston, MA, The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health is an invaluable resource for healthcare professionals seeking further knowledge and guidance on sexual minority health care.

**Breast and Cervical Cancer Screening in Rural and Border Texas**

This dissertation considers an evaluation of the health education and patient navigation (PN) intervention, Friend to Friend plus Patient Navigation Program (FTF+PN). In 2010, the Texas A & M AgriLife Extension Service was awarded outreach education funding by the Cancer Prevention Research Institute of Texas (CPRIT) to adapt the evidence-based program, Friend to Friend (FTF) in rural and border counties in Texas. FTF consists of "pink parties" intended for an audience of lower income, un-/underinsured women aged 40+ who may be disabled, self-employed, and/or have limited English proficiency (LEP). Increased funding in 2012 supported the addition of four, full-time equivalent patient navigators to join the team of four, full-time equivalent regional cancer prevention specialists to allow for follow-up and active support for women to obtain the screenings. FTF+PN seeks to build an effective, sustainable infrastructure and overcome barriers to breast and cervical screening and diagnostic services to increase screening rates for underserved, un-/under-insured, and older women in approximately 60 rural and border counties. The goal is to increase the number of women screened according to American Cancer Society (ACS) guidelines for breast and cervical cancer, thereby increasing the probability any cancers detected would be diagnosed in earlier stages. At the time, ACS guidelines recommended annual mammograms for women aged 40-54 and biannual mammograms for those aged 55+ with average risk of breast cancer. For cervical cancer screenings, recommendations included Pap tests every 3 years for women aged 21-29 and every 5 years for women aged 30-65 with no additional screenings needed for women aged 65+ if their previous results were normal. The goal of this evaluation is to demonstrate the efficacy of combining PN, a patient-centered healthcare delivery model that utilizes trained lay navigators to integrate a fragmented system of care in order to reduce barriers to timely care for individuals and subsequently reduce disparities for population groups, with a health education intervention adapted for rural and border Texas. Screening outcomes are also evaluated in light of county-level poverty rates and educational attainment to provide more comprehensive statistical models advancing scientific understanding of screening behavior among varying groups of women.

**Gynaecological cancers**

In 2012, clinical guidelines for cervical cancer screening developed by a coalition of experts from several clinical societies such as the American Cancer Society(ACS), American Society for Colposcopy and Cervical Pathology (ASCCP), American Society for Clinical Pathology(ASCP), and the United States Preventative Service Task Force (USPSTF) agreed co-testing with cytology based Papanicolaou smear (Pap smear) and molecular based high-risk Human Papillomavirus (hrHPV) testing were the best methods for detecting early signs of cervical cancer. However, with the future of clinical tests shifting more towards the utilization of molecular diagnostics, there has been a sufficient amount of data published to support that the use of primary hrHPV testing has increased sensitivity over co-testing[1]. With new evidence in favor of molecular testing, in 2017, the USPSTF drafted new guidelines which no longer recommended the use of co-testing, and instead promotes the use of Pap smears every 3 years, or hrHPV testing every 5 years, depending on the women’s age [2]. Roche Molecular Diagnostics played a fundamental role in the changes made to the interim guidelines through developing the cobas 4800 HPV Test System, the first test to gain Food and Drug Administration (FDA) approval for use as primary HPV screening. With this platform, healthcare providers would be able to test for HPV 16 and 18 types responsible for 70% of cervical cancers, as well as 12 other hrHPV types. Implementation of the cobas 4800 in a high volume reference laboratory can improve the workflow and increase the accuracy for triage of screen positive patients. This in turn would reduce the amount of tests performed and result in potential cost savings. For patients, a higher standard of patient care would be achieved through the reduction of unnecessary follow up tests and colposcopy referrals.

**Factors Predicting Pap Smear Adherence in HIV-infected Women**

This book provides a timely revision of the definitive source for quick reference and up-to-date information on the primary health care of women. Containing contributions by leaders in obstetrics-gynecology, primary care and relevant subspecialties, the book presents the latest information from respected authorities. New case studies have been added at the end of each chapter to provide useful information for the busy clinician. New chapters include: Elderly Patients; Cardiovascular Hypertension; The Role of Applied and Genomic Molecular Biology; and Nutrition, Obesity, and Eating Disorders. This book is a must-have reference for the busy clinician

**Were the Panels Correct?**

According to the National Cancer Institute, Cervical cancer can usually be cured if it is found and treated in the early stages. This crucial volume will aid your readers in understanding this disease. Readers will learn what causes it, and how it is detected and treated. This book also explores prevention and future challenges. Personal narratives are also shared and fact information is presented through graphs and charts.

**5 Yearly HPV Tests**

This book, as well as complementary volume Maternal-Fetal Evidence Based Guidelines, aims to present the reader with the right information, with appropriate use of proven interventions and avoidance of ineffectual or harmful ones. It also rates the evidential base of the key references. The information is presented in an easy-to-access format by summarizing evidence succinctly and
clearly in tables and algorithms. This volume reviews the evidence for best practice in obstetrics. New to this edition: New chapters on Jehovah’s Witness patients and preconception care New references that have been assessed and graded in terms of their evidence base Management of all common procedures are included: Ultrasound and screening Caesarean delivery First trimester pregnancy loss Preterm birth Induced labour

Who Guidelines for Screening and Treatment of Precancerous Lesions for Cervical Cancer Prevention

Standard recommendations such as annual Pap smears for women and prostate tests for men over forty are in fact simply rules of thumb that ignore the complexities of individual cases and the tradeoffs between escalating costs and early detection, Russell argues. By looking beyond these recommendations to examine conflicting evidence about the effectiveness of screening tests, Russell demonstrates that medical experts’ recommendations are often simpler and more solid-looking than the evidence behind them. It is not at all clear, for example, that annual Pap smears are effective enough in reducing deaths from cervical cancer to justify the enormous additional costs involved in testing all women every year rather than every three years. Nor is there solid evidence for the value of prostate cancer screening, despite recommendations that all men over forty be tested annually.

Understanding Cervical Changes: A Health Guide for Women

This dissertation considers an evaluation of the health education and patient navigation (PN) intervention, Friend to Friend plus Patient Navigation Program (FTF+PN). In 2010, the Texas A & M AgriLife Extension Service was awarded outreach education funding by the Cancer Prevention Research Institute of Texas (CPRIT) to adapt the evidence-based program, Friend to Friend (FTF) in rural and border counties in Texas. FTF consists of “pink parties” intended for an audience of lower income, un-/underinsured women aged 40+ who may be disabled, self-employed, and/or have limited English proficiency (LEP). Increased funding in 2012 supported the addition of four, fulltime equivalent patient navigators to join the team of four, full-time equivalent regional cancer prevention specialists to allow for follow-up and active support for women to obtain the screenings. FTF+PN seeks to build an effective, sustainable infrastructure and overcome barriers to breast and cervical screening and diagnostic services to increase screening rates for underserved, un-/under-insured, and older women in approximately 60 rural and border counties. The goal is to increase the number of women screened according to American Cancer Society (ACS) guidelines for breast and cervical cancer, thereby increasing the probability any cancers detected would be diagnosed in earlier stages. At the time, ACS guidelines recommended annual mammograms for women aged 40-54 and biannual mammograms for those aged 55+ with average risk of breast cancer. For cervical cancer screenings, recommendations included Pap tests every 3 years for women aged 21-29 and every 5 years for women aged 30-65 with no additional screenings needed for women aged 65+ if their previous results were normal. The goal of this evaluation is to demonstrate the efficacy of combining PN, a patient-centered healthcare delivery model that utilizes trained lay navigators to integrate a fragmented system of care in order to reduce barriers to timely care for individuals and subsequently reduce disparities for population groups, with a health education intervention adapted for rural and border Texas. Screening outcomes are also evaluated in light of county-level poverty rates and educational attainment to provide more comprehensive statistical models advancing scientific understanding of screening behavior among varying groups of women.

Mosby’s Guide to Women’s Health

Recent introduction of HPV vaccines has raised hopes for immunization against cervical cancer and for the first time in the history of humanity for eradication of one malignant disease. This new “opportunity” has changed many current views on cervical cancer prevention, control diagnosis and treatment. Many canons and guidelines became subject of review and many revisions are coming. This book is intended to summarize most of these events and to present them to all women in a language understandable by the general public. We expect the book will bring all readers the rationale for optimism and will provide guidance as how to gain knowledge and skills for critical thinking and making an educated decision when it will be necessary in their lives.

Guide to Clinical Preventive Services

What Every Woman Should Know about Cervical Cancer

Pap (cervical) smear and endometrial biopsy

If you’ve just learned that your Pap test or HPV test was abnormal, and have questions, this guide has answers. It reassures women that most abnormal cervical screening results are not cancer, but rather early cell changes that can be monitored or treated. HPV test results and Pap test results (ASC-US, AGC, LSIL, ASC-H, HSIL, AIS, or cervical cancer cells) are explained to help you understand possible next steps. The guide also explains basic facts about the human papillomavirus (HPV) and answers commonly asked questions about HPV vaccination. Designed for women and their health care providers — this guide includes questions to encourage communication and learning. It also includes easy to understand medical images of the female anatomy and cervical cell changes. Related products: Caring for the Caregiver: Support for Cancer Caregivers -- ePub format only – ISBN: 9780160947520 Children with Cancer: A Guide for Parents -- ePub format only -- ISBN: 9780160947537 Coping with Advanced Cancer: Support for People with Cancer -- ePub format only ISBN: 9780160947544 Eating Hints: Before, during and after Cancer Treatment -- ePub
Cervical Cancer and Safety Monitoring Guidelines

Colon cancer screening rates in women are low. Whether screening for breast and cervical cancer is associated with colon cancer screening behavior is unknown but could provide linkage opportunities. To identify the extent to which both breast and cervical cancer screening increases uptake of colon cancer screening among women in New York City. Women at least 50 years old completed questionnaires for the New York Cancer Project. Analyses compared rates of endoscopic colon cancer screening with adherence to screening recommendations for breast and cervical cancer. Of the 3,386 women, 87.8% adhered to breast and cervical cancer screening guidelines, yet only 42.1% had received endoscopic colon cancer screening. Most women with colon cancer screening (95%) also reported past mammogram and Pap-smear. In multivariable analysis, women who adhered to the other two procedures were more likely to have had colon cancer screening than women without prior history (OR = 4.4; CI = 2.36, 8.20), after accounting for age, race/ethnicity, insurance status, family history of cancer and income. Significant predictors of endoscopic colon cancer screening included: age over 65 years (OR = 1.63; CI = 1.23, 2.15) with 50-65 years old as the reference, any health insurance (OR = 2.18; CI = 1.52, 3.13) and a family history of cancer (OR = 1.38; CI = 1.17, 1.61). Colorectal cancer screening remains low, even among women who undergo other cancer screening tests. Opportunities to link cancer screening tests to encourage colon cancer screening merit closer attention.

Practice Guidelines for Family Nurse Practitioners E-Book

Named a 2013 Doody’s Core Title! "This is a wonderful book for both novice and experienced physician assistants and nurse practitioners. This latest edition will see frequent use in your daily practice." Score: 100, 5 stars--Doody’s Medical Reviews "This textbook provides comprehensive coverage of primary care disorders in an easy-to-read format and contains invaluable step-by-step instructions for evaluating and managing primary care patients. . . [It] belongs in every NP and PA’s reference library. I highly recommend this wonderful textbook.” María T. Leik, MSN, FNP-BC, ANP-BC, GNP-BC President, National ARNP Services, Inc. "Family Practice Guidelines is an excellent resource for the busy clinician. It offers succinct, comprehensive information in an easy format that is particularly useful for quick reference. This text is useful for general practice settings as well as specialty care." Anne Moore, APN; WHNP-ANP/BC; FAANP Vanderbilt University The second edition of Family Practice Guidelines is a comprehensive resource for clinicians, presenting current national standard of care guidelines for practice, in addition to select 2011 guidelines. This clinical reference features detailed physical examination and diagnostic testing, information on health promotion, guidelines of care, dietary information, national resources for patient use, and patient education handouts all in one resource. This revised edition features guidelines for 246 disorders, each containing clearly outlined considerations for pediatric, pregnant, and geriatric patients. It also presents 10 procedures commonly performed in the clinical setting, including bedside cystometry, hernia reduction, neurological examination, and more. Patient Teaching Guides are also provided, and are designed to be given directly to patients as take home teaching supplements. Additionally, the book contains four appendices with guidelines on normal lab values, procedures, sexual maturity stages, and teeth. New to this edition: Select 2011 guidelines Over 17 new protocols including: ADD/ADHD, Menopause, Migraine, Chronic Kidney Disease in Adults, Obesity/Gastric Bypass, and more Completely updated Patient Teaching Guides, including a new entry on Anticoagulation Therapy for Patients with AFib, to tear out and send home with patients Addition of consultation and referral recommendations New chapter presenting Pain Management Guidelines for acute and chronic pain Completely updated national treatment guidelines

Stability and Behavior of Critical Points in the Capillarity Droplet Problem

European Guidelines for Quality Assurance in Cervical Cancer Screening

The latest evidence-based guidelines to prepare you for FNP practice! Practice Guidelines for Family Nurse Practitioners, 5th Edition provides essential, information on the latest national and international guidelines and evidence-based protocols for primary care patients of all ages. Key details are easy to find with the book’s concise, outline-style guidelines and abundant summary tables and charts. Content highlights now include the use of bold type for "not-to-be-missed" content, bold italic type for non-urgent/non-emergent interprofessional referrals, and bold italic type plus an eye-catching icon for urgent/emergent interprofessional referrals. In addition to coverage of the most common conditions seen in outpatient settings, this edition includes the latest information on topics such as jaundice, fever of unknown origin, and unexpected weight loss. Plus, the popular Practice Pearls boxes have been expanded throughout the book. Current, evidence-based guidelines for patients of all ages provide the latest guidance for management of disorders commonly seen by FNPs in primary care settings. Concise outline format makes it easy to locate essential information quickly. Quick-reference tables and charts include pediatric conditions charts, comparative charts for similar disorders, and health maintenance guidelines charts. Full-color photos of common clinical manifestations provides an illustrated, quick reference to common skin disorders. Need-to-know coverage of the most common disorders seen in family practice helps familiarize you with situations you’ll often encounter in practice. NEW! Updated content throughout reflects the latest national and international guidelines and evidence-based protocols. NEW!
Expansion of the book’s popular Practice Pearls features throughout the book provides more consistent expert insights based on years of clinical experience. NEW! Additional full-color illustrations provide an expanded reference to common clinical manifestations, especially skin findings. NEW! Enhanced index includes terms most likely to be searched by FNPs for improved access to key information. NEW and UNIQUE! Content highlights include the use of bold type for “not-to-be-missed” content, bold italic type for non-urgent/non-emergent interprofessional referrals, and bold italic type plus an eye-catching icon for urgent/emergent interprofessional referrals. NEW! Content added on jaundice, fever of unknown origin, and unexpected weight loss reflects the latest treatment guidelines for these common clinical situations.

1998 Guidelines for Treatment of Sexually Transmitted Diseases

"In Australia, over 2 million Pap tests are performed each year with the aim of detecting abnormal cells and reducing illness and death resulting from cervical cancers. This data release assists in monitoring the health outcomes of women as a result of policy changes to clinical guidelines for the management of women with abnormal Pap test results”--Website.

An Examination of Barriers to Cervical Cancer Screening and Participants’ Perceived Solutions

This paper addresses whether management of Ontario women with low grade cervical smear abnormalities, ASCUS and LSIL, is consistent with national and provincial guideline recommendations. Using an administrative laboratory database, Cytobase, compliance rates with guideline recommendations are calculated for this population for the year 1999. 29,384 women were diagnosed with a low grade cervical abnormality on a pap smear. 16% of women with a diagnosis of LSIL and 24% of women with a diagnosis of ASCUS were managed according to guideline recommendations. 48% of women with a diagnosis of LSIL and 42% of women with a diagnosis of ASCUS did not have any follow up as captured by Cytobase. A community based pilot project was also carried out utilizing a computer generated reminder placed on the pap smear report as a method of implementation of guideline recommendations to determine the feasibility of this strategy in a randomized controlled trial.

Maternal-Fetal Evidence-Based Guidelines

This essential clinical companion provides quick access to a wealth of information on effectively managing common women’s health issues. It offers just the right level of coverage for health professionals, with concise, user-friendly protocols for diagnosing and treating a wide range of conditions. This book also explores alternative natural treatment options such as physical therapy, nutrition, herbs, chiropractic, and naturopathic therapies.

Educated Guesses

Cervical Cancer Screening Guidelines

Cervical cancer is currently a significant public health concern. In 2014, approximately 12,578 American women were diagnosed, and 4,115 women died of cervical cancer. A Pap smear is an effective test used to examine cervical cells for abnormality in the detection and prevention of cervical cancer. The reported percentages of women who have received a Pap smear based on the national guidelines are as follows; 81.4% of women between the age of 21 and 44 years of age, 81% of women between the ages of 45 and 65 years of age, and 49.9% of women 65 years of age and over. According to this statistic, many women are receiving a Pap smear but there are still a significant number of women not adhering to the recommended Pap smear guidelines. This dissertation examined Pap smear barriers among women and their perceived solutions to these barriers. A cross-sectional mixed-methods design was utilized consisting of a questionnaire and focus groups. The study was divided into Phase 1 and Phase 2. Phase 1 consisted of quantitative data and utilized the Health Belief Model to adapt a Pap smear screening questionnaire to identify barriers among women. Phase 2 comprised of focus groups to explore participants’ suggested solutions to Pap smear nonadherence among women. Participants reported various barriers to Pap smear adherence and perceived barriers were the only Health Belief Model construct that predicted adherence in a logistic regression model. Participants also reported various solutions for both healthcare professionals who aid in administering Pap smears and women who are hesitant in getting a Pap smear. Some themes for the proposed solutions include education, convenience, provider outreach, provider-patient communication/rapport, distractions(s), policy/trainings/regulations, social support, body image, and patient autonomy. The results and findings suggest that perceived barriers deter participants from obtaining a Pap smear. Therefore, healthcare professionals should focus on examining and implementing some of the solutions proposed by women in this study to eliminate associated barriers. However, more research is needed to better understand the barriers among various populations, and to further explore the effects of the participants’ perceived solutions to Pap smear adherence.

Costs and effectiveness of cervical cancer screening in elderly women

"Since the invention of the pap smear in the 1960’s, the face of cervical cancer screening and diagnosis has changed drastically. Today, there are still barriers to cervical cancer screening resulting in many inconsistencies. Many women are left without appropriate gynecologic preventative health care. This State of the Science scholarly paper addresses current guidelines and the barriers to
screening. Both patient and provider characteristics are described in depth. The current research available indicates many women are not screened appropriately. Some women are screened too frequently, resulting in unnecessary invasive procedures that may put their health at risk. Other women are not screened at all, leaving them at risk for invasive and life threatening cervical cancer. Recommendations for increased compliance with cervical cancer screening include better patient-provider relationships and continuing education for both patient and provider. Through these recommendations women are able to become advocates for their own health care. Family nurse practitioners play a vital role in educating and providing care in the preventative health care setting. authors' abstract.

Family Practice Guidelines

The well respected textbook Pathophysiology: Concepts of Altered Health States has now been fully adapted for Canadian undergraduate nursing and health professions students. Like the original text, this Canadian edition includes a review of anatomy and physiology and treatment information for commonly occurring disease states. Pediatric, geriatric, and pregnancy deviations are integrated throughout and highlighted with icons for easy identification. Canadian content includes Canadian healthcare statistics regarding incidence; cultural variations, with a focus on native population and largest immigrant populations; Canadian research and researchers; Canadian treatment protocols and guidelines; and commonly occurring disease concerns based on Canadian statistics.

Awareness of HPV, Cervical Cancer and HPV Vaccine Among U.S. Nurse Practitioners


What Every Woman Should Know about Cervical Cancer

Primary Care in Obstetrics and Gynecology

New Clinical Guidelines for Cervical Cancer Screening and the Benefits of Implementing a Primary High-risk Human Papillomavirus Test in a High Volume Reference Laboratory

Cervical intraepithelial neoplasia (CIN) is a premalignant lesion that may exist at any one of three stages: CIN1, CIN2, or CIN3. If left untreated, CIN2 or CIN3 (collectively referred to as CIN2+) can progress to cervical cancer. Instead of screening and diagnosis by the standard sequence of cytology, colposcopy, biopsy, and histological confirmation of CIN, an alternative method is to use a screen-and-treat approach in which the treatment decision is based on a screening test and treatment is provided soon or, ideally, immediately after a positive screening test. Available screening tests include a human papillomavirus (HPV) test, visual inspection with acetic acid (VIA), and cytology (Pap test). Available treatments include cryotherapy, large loop excision of the transformation zone (LEEP/LLETZ), and cold knife conization (CKC). This guideline provides recommendations for strategies for a screen-and-treat program. It builds upon the existing WHO guidelines: Use of cryotherapy for cervical intraepithelial neoplasia (published in 2011) and on the new WHO guidelines for treatment of cervical intraepithelial neoplasia 2/3 and glandular adenocarcinoma in situ (being published concomitantly with these present guidelines). This guideline is intended primarily for policy-makers, managers, program officers, and other professionals in the health sector who have responsibility for choosing strategies for cervical cancer prevention, at country, regional and district levels. For countries where a cervical cancer prevention and control program already exists, these recommendations were developed to assist decision-makers to determine whether to provide a different screening test followed by a different treatment, or to provide a series of tests followed by an adequate treatment. For countries where such a program does not currently exist, these recommendations can be used to determine which screening test and treatment to provide. In addition to the recommendations, a decision-making flowchart is also proposed in Annex 2 to help program managers choose the right strategy based on the specific country or regional context. Once the strategy has been chosen, the appropriate screen-and-treat flowchart for that strategy can be followed. The flowcharts for all strategies are provided in Annex 3 (specifically for women of negative or unknown HIV status), and Annex 4 (for women of HIV-positive status or unknown HIV status in areas with high endemic HIV infection).

Using a Database for Follow-up Care of Pap Smears in Family Practice

Guidelines on Pap Smear Services in FPA Clinics

Used primarily to prevent cancer by screening, i.e., to diagnose cervical cancer and precancerous lesions. In addition, clinically valuable information is obtained about gynaecological infections and reactive conditions the efficacy of treatment. Pap smears for screening purposes are not warranted in women less than 25 years of age
Do Doctors Follow the Provincial and National Guidelines for the Management of Low Grade Cervical Smear Abnormalities?

A gynaecological examination must always be carried out; the patient’s symptoms are not used as the basis of treatment. Papanicolaou test (a Pap smear), endometrial biopsy and ultrasonography are the principal tests carried out in primary care. All malignant tumours and precancerous lesions require specialist management. Gynaecological cancers are encountered in all age groups. The incidence peaks in the 60–70 age group. Some of the cancers of the female genital organs only cause a few symptoms and some progress into an invasive cancer via precursor stages. Early diagnosis and treatment improve prognosis.