

# **YOUR GYNECOLOGICAL EXAM**

## **WHAT TO EXPECT:**

The gynecological exam involves an examination of a woman's reproductive organs for the presence of disease. The examination may be performed by a physician or a nurse practitioner.

Your clinic visit starts at the Student Health Services reception desk where you will be asked to show your Student I.D. card, your Family Pact card (if enrolled) and complete gynecological forms. You will be asked to give information about your present health status, past illnesses or operations, family health history, details about your menstrual cycle, sexual activity, and present or desired use of contraception. All information is confidential.

In the examination room, you will be given a paper gown and drape and asked to completely undress. The physician or nurse practitioner will examine your thyroid gland, heart, lungs, abdomen and breasts. To begin the pelvic examination, you will be asked to lie on the examination table, to slide down to end of the table, to spread your legs, and to place your feet in stirrup-like supports. The external area, the vulva, is examined. A disposable, plastic instrument called a speculum is inserted into the vagina so that the cervix (lower part of the uterus) and the vagina can be clearly seen. The PAP smear is a simple painless procedure where cells are gently obtained from the inside and outside of the cervix, and sent to the lab. Microscopic examination will determine the presence or absence of any cell abnormality. Screening tests for sexually transmitted infections (STIs) such as Chlamydia may be done. Approximately 60-80% of chlamydial endocervical infections have no signs or symptoms. Chlamydia is a sexually transmitted infection of the reproductive tract.

## **WHY A ROUTINE PAP SMEAR IS IMPORTANT:**

Please refer to pamphlet for detailed information. Most cases of cervical cancer could be prevented if all women had PAP smears regularly. Annual PAP smears should begin 3 years after you become sexually active or reach 21 years of age or older. It is strongly suspected that cancer of the cervix may be caused by the HPV virus that can be sexually transmitted. Research has shown that women meeting any of the following criteria are at higher risk for abnormal pap smears:

- Onset of sexual activity before 20 years of age
- Three or more sexual partners
- History of genital warts on other sexual partners
- Previously abnormal PAP smear
- Cigarette smoker

## **PREPARING FOR YOUR PAP SMEAR EXAM:**

It is recommended that 48 hours prior to your exam you **DO NOT:**

- have intercourse.
- douche.
- use tampons or vaginal preparations.
- take baths. Showers are fine.

IMPORTANT INFORMATION FOR YOUR PAP EXAM:

1. If you have never had a pap exam before, you must be scheduled for a pap orientation/consult with our student health advisor prior to an actual exam.
2. It is best to schedule your pap exam mid-way between your menstrual cycles. Please be aware that scheduling may require up to two weeks to obtain an appointment. We request a 24-hour notice to reschedule or cancel an appointment. Failure to give notice could impede future appointments.
3. Patients must check-in 15 minutes before their appointment time to complete paperwork or they may need to be rescheduled. Initial or annual gynecological paperwork may be downloaded from our website at [www.csusm.edu/shcs](http://www.csusm.edu/shcs) (general info / patient forms) and be completed prior to your appointment, to expedite the check-in process.
4. All fees are payable by cash, check, Visa and Mastercard debit or credit cards. Family Pact (HAP card) is also accepted if properly enrolled 24 hrs. prior to appointment. Please make checks payable to CSUSM and indicate your student I.D. number. Depending on providers recommendation, LAB FEES can vary anywhere from \$12.00 - \$78.00
5. Please plan one hour for completion of your appointment. SHS prides itself in assisting CSUSM students in the maintenance of good health. For the safety, protection and health of your children, we kindly request that you make other child care arrangements.
6. I agree to take the Thin Prep Pap test as part of my routine gynecologic examination.

If my Pap test comes back abnormal, additional testing may be automatically conducted for Human Papilloma Virus (HPV). I will be notified of these test results. There may be an additional \$29.00 lab charge. I agree to remit payment within 10 business days after notification of results or a hold will be placed on my registration until the fee is paid.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Student I.D. # \_\_\_\_\_

Date \_\_\_\_\_