Home Care

Teach the woman and family that PMS is not caused by a pathologic process but is a physiologic response to hormonal changes of the menstrual cycle. With an understanding of the condition, the woman is better able to manage anxiety and to become actively involved in techniques to reduce the manifestations. Teaching should also include dietary measures, relaxation techniques and exercise, stress reduction techniques, and support systems.

THE WOMAN WITH DYSENOMRHEA

Dysmenorrhea, pain or discomfort associated with menstruation, is experienced by a significant number of menstruating women. Primary dysmenorrhea occurs without specific pelvic pathology, whereas secondary dysmenorrhea is related to identified pelvic disease, such as endometriosis or pelvic inflammatory disease.

PATHOPHYSIOLOGY AND MANIFESTATIONS

In primary dysmenorrhea, excessive production of prostaglandins stimulates uterine muscle fibers to contract. As the muscles contract, uterine circulation is compromised, resulting in uterine ischemia and pain. These contractions can range from mild cramping to severe muscle spasms. Psychologic factors, such as anxiety and tension, may contribute to dysmenorrhea. Childbirth tends to decrease the incidence and severity of manifestations, possibly because of dilation of the internal cervical os. Manifestations of primary dysmenorrhea (see the box below) may be severe enough to disrupt activities of daily living, sexual function, and even fertility.

Secondary dysmenorrhea is related to underlying organic conditions that involve scarring or injury to the reproductive tract. Endometriosis, fibroid tumors, pelvic inflammatory disease, or ovarian cancer may result in painful menses.

A careful history and physical are performed to rule out any underlying organic cause of dysmenorrhea. If no organic cause can be found, the diagnosis is primary dysmenorrhea. In addition, attitudes and expectations about menstruation and lifestyle disruption are identified and explored.

Diagnostic Tests

Various diagnostic tests are performed to identify structural abnormalities, hormonal imbalances, and pathologic conditions that could cause menstrual pain.

- Pelvic examination, including a Papanicolaou (PAP) smear and cervical and vaginal cultures, is performed to detect structural abnormalities, malignancy, or infections.
- Follicle-stimulating hormone (FSH) and luteinizing hormone (LH) levels are measured to assess the function of the pituitary gland. The results are correlated with the time of the menstrual cycle.
- Progesterone and estradiol levels are measured to assess ovarian function.
- Thyroid function tests (T3 and T4) are performed to assess thyroid function.
- Vaginal or pelvic ultrasonography is used to detect the presence of space-occupying lesions, including fibroid tumors, cysts, abscesses, and neoplasms (see the Nursing Implications box below).
- CT scan or MRI can be used to detect pelvic tumors.
- Laparoscopy is used to diagnose structural defects and blockages caused by scarring, endometriosis, tumors, and cysts (Figure 48–1 ▼). See the box on page 1560 for nursing care for the woman having a laparoscopy.
- Dilation and curettage (D&C) of the uterus is performed to obtain tissue for evaluation or to relieve dysmenorrhea and heavy bleeding. (This procedure is presented later in this chapter in the discussion on surgery.)

Nursing Implications for Diagnostic Tests

Ultrasound Examination

- If indicated, ensure that the woman's bladder is full by forcing fluids and instructing her not to void. If she is NPO, a Foley catheter may be inserted into the bladder and sterile water instilled. The catheter is then clamped to prevent the water from leaving the bladder. The full bladder lifts the pelvic organs higher into the abdomen and improves visualization.
- Explain to the woman that she will be allowed to empty her bladder as soon as possible.
- Coat the abdomen with ultrasonic transducing gel. The gel provides a better image when the scanner is applied to the abdomen. For vaginal ultrasound, a transducer is covered with a condom or vinyl glove, coated with transducing gel, and introduced into the vagina.
- Explain the procedure to the woman, indicating that she can watch the procedure and ask questions about the images on the screen. If appropriate, point out landmarks on the screen.