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Gynaecological Myths and Misinformation

My teenage daughters are concerned about the amount of incorrect information available on social media and on the internet. Misinformation causes unnecessary stress for women and also may lead to avoidance of healthcare. These are the topics my daughters state need addressing.

1. Age to see a gynaecologist.

Some gynaecologists specialise in adolescent care, including seeing girls before puberty. There are many reasons a young girl might see a gynaecologist including vaginal discharge or vaginal bleeding that is not a period. Older teenagers may see a gynaecologist for heavy or painful periods or if the periods have not started by age 16 years. Some teenagers may also like to discuss contraception and safe sex with a gynaecologist. A gynaecologist can see patients from prepuberty until postmenopausal ie the whole age range.

2. Having a period at the time of the appointment.

Attending the appointment is still recommended. If the reason for the appointment is heavy or painful periods, the gynaecologist can help with treatment straight away. If a woman has not been sexually active she will often not have an internal examination at the appointment. If an internal examination is recommended and appropriate and that woman is having her period, then she can discuss with her gynaecologist about whether she feels comfortable or would rather defer the examination to another appointment. Gynaecologists are not worried about a woman having a period at the time of an examination.

3. IUCD's cause infertility.

Intrauterine contraceptive devices can be either made from plastic with copper or plastic with a progesterone hormone. The devices are sterile when they are inserted into the uterus. If a woman has an infection at the time of insertion or later with, for example a bacteria such as chlamydia, the infection can be more severe. An infection with bacteria such as chlamydia can cause infertility whether or not an IUCD is present. The IUCD itself is not the cause of the infertility.

4. The oral contraceptive pill causes cancer.

Most oral contraceptive pills contain oestrogen and progesterone; some only contain progesterone. When they were first invented the doses were very high and now are very low in comparison. Women who take the 'pill' have a lower risk of endometrial cancer and a lower risk of ovarian cancer compared to women not on the 'pill'. When a woman stops the pill she retains her reduced ovarian cancer risk. Women who take the pill have an increased risk of breast cancer, however after stopping the pill for 5-10 years there is no added breast cancer risk. Women in their 20's and 30's often take the pill, and stop if in their 40's, resulting in a return to population breast cancer risk by the time they are in their 50's. Alcohol consumption and being overweight increase breast cancer risk more than being on the contraceptive pill.

5. Is prescribed medication safe?

Every decision a doctor makes in conjunction with their patient should involve discussion about the pros and cons, options, side effects, harms and benefits. This also includes when planning treatment involving medication. In Australia, the Therapeutic Goods Administration is very careful about the medications that are approved for our use. It often takes time for

new medications that seem to be commonly used overseas to be approved for use in Australia, as there are so many aspects of a new medication that need approval before it can be prescribed.

6. Pain as a symptom and during an examination.

Your doctor's intention is to help diagnose and manage your pain. If an examination is painful then you should tell your doctor so that they can stop the examination and also use this information to help choose which tests would be the most informative. Bringing a friend or relative to an appointment is often a good idea. If a procedure such as an IUCD insertion or a colposcopy is likely to happen, taking pain medication eg an anti-inflammatory before the appointment can help. Sometimes delaying the examination until the next appointment may be helpful, as having met your doctor previously may make the next appointment less stressful. If your doctor has as much information about your pain as you can think of, this will help them, to help you.

7. Previous bad experience or sexual assault.

Meeting a new doctor and telling them about a previous bad experience or sexual assault can seem daunting. It is however a good idea to share this information about yourself when you feel comfortable to. Your doctor is your advocate and has your best interests at the forefront of their plan for you. You would never be rushed into being examined and every examination should only occur with verbal consent. Bringing a support person with you is often a good idea.

8. Medical Equipment.

Medical equipment is cleaned and often, if appropriate, sterilised for the safety of both patients and staff. There are strict protocols that are followed and the chemicals that are used are safe for all involved. Instruments that are used in the vagina can have a daunting appearance as they are long and the box that an IUCD is packaged in seems enormous. The designs are to facilitate ease of use for the doctor, therefore resulting in less discomfort for the woman. Speculums (the instrument used for cervical screening tests) come in different sizes. Your doctor would use a small size if you have not previously had a baby. Tell your doctor what you are worried about and they then can provide explanations for anything that you find stressful.