

GYN Emergencies EMRAM In-Service Review

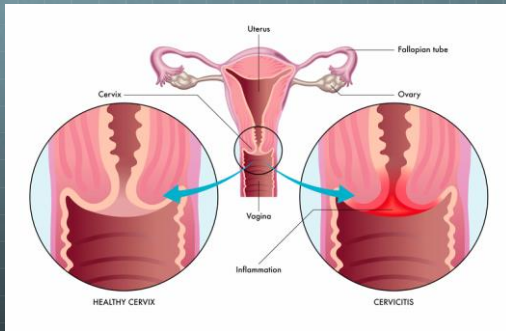
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Pelvic Pain Differential DX

- 🌐 GYN: infections; structures
- 🌐 Urologic: kidneys and bladder
- 🌐 GI: bowel, hernia, "itis"
- 🌐 MS: trauma, coccydynia, DJD
- 🌐 Miscellaneous

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Pelvis Infections

- 🌐 Cervicitis
 - 🌐 Inflammation; cause
 - 🌐 Symptoms
 - 🌐 Treatment
 - 🌐 HSV
 - 🌐 Chlamydia
 - 🌐 Gonorrhea
 - 🌐 Trichomonas- parasite

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HSV

- 🌐 First Episode
 - 🌐 Acyclovir 400mg tid
 - 🌐 Famciclovir 250mg TID
 - 🌐 Valacyclovir 1000mg bid
- 🌐 Episodic Episodes
 - 🌐 Acyclovir 400mg TID x 5 d or Acyclovir 800mg BID for 5d
 - 🌐 Famciclovir 125mg BID x 5d
 - 🌐 Valacyclovir 500mg BID x 3-5 d or Valacyclovir 1 g daily x 5d
- 🌐 Pregnancy
 - 🌐 NO tx in 1st trimester
 - 🌐 Acyclovir to use for 1st episode or sever recurrence
 - 🌐 Famciclovir not studied.

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Chlamydia

- Azithromycin 1g single dose OR
- Doxycycline 100mg BID x 7 days
- Alternative regimen
 - Erythromycin base 500mg QID x 7d
 - Erythromycin ethylsuccinate 800mg QID x 7d
 - Levofloxacin 500mg x 7d
 - Ofloxacin 300mg po BID x 7d
- Pregnancy
 - Azithromycin 1 g in a single dose OR
 - Azithromycin 500mg TID x 7d
 - Alternative Regimens
 - Erythromycin base 500mg po QID x 7d
 - Erythromycin base 350mg QID x 7d
 - Erythromycin ethylsuccinate 800mg QID x 7da
 - Erythromycin ethylsuccinate 400mg QID x 14 d

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Gonorrhea

- Cervix, urethra, rectum
 - Ceftriaxone 250mg IM single dose + Azithromycin 1g po in a single dose OR doxycycline 100mg po BID x 7d
 - Alternative
 - Cefixime 400mg in a single po dose + Azithromycin 1 g po in a single dose OR doxycycline 100mg po BID x 7d
- Pharynx
 - Ceftriaxone 250 IM single dose + Azithromycin 1g po in a single dose OR doxycycline 100mg po BID x 7 days
 - PLUS Chlamydial tx if not r/o infection

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Trichomoniasis

- Recommended Regimen
 - Metronidazole 2g po single dose
 - Tinidazole 2 g po single dose
- Alternative
 - Metronidazole 500mg BID x 7d
- Pregnancy
 - Metronidazole 2g po single dose
 - Tinidazole—not studied

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Syphilis

- Painless Chancre
- DX: Tests used to screen for syphilis include:
 - Venereal disease research laboratory (VDRL) test. The VDRL test checks blood or spinal fluid for an antibody that can be produced in people who have syphilis...
 - Rapid plasma reagin (RPR) test. The RPR test also finds syphilis antibodies.
 - Rapid immunochromatographic test.
- Primary, Secondary, Early Latent
- Latent
- Neuro syphilis

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Chancroid

- 🌐 Painful chancre
- 🌐 Diagnosis: is made by isolating the bacteria *Hemophilus ducreyi* in a culture from a genital ulcer. The chancre is often confused with syphilis, herpes or lymphogranuloma venereum; therefore, it is important that your health care provider rule these diseases out. A Gram stain to identify H.
- 🌐 Treatment
 - 🌐 Azithromycin 1 g po single dose
 - 🌐 Ceftriaxone 250 mg IM single dose
 - 🌐 Ciprofloxacin 500mg BID x 3 d
 - 🌐 Erythromycin base 200mg TID x 7d

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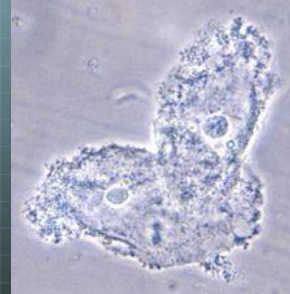


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Bacterial Vaginosis

- 🌐 Sin qua non
- 🌐 Gram negative bacterium
- 🌐 Signs
- 🌐 Treatment

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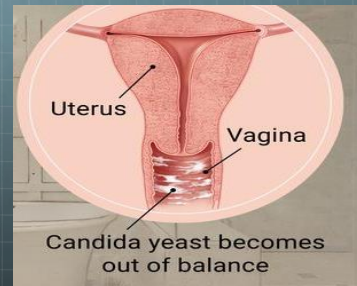


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Candidiasis

- 🌐 Signs and Symptoms
- 🌐 Treatment
 - 🌐 Diflucan 150mg po x1
 - 🌐 Pregnancy
 - 🌐 Vaginal route is preferable to oral route in pregnancy, especially 1st trimester
 - 🌐 Terazol 7 0.4% cream HS x 7d
 - 🌐 Complicated candidiasis
 - 🌐 Severe Vaginitis Symptoms
 - 🌐 Oral Fluconazole 150mg every 72h for 2-3 doses
 - 🌐 OR topical azole 7-14 d
 - 🌐 Recurrent
 - 🌐 Oral Fluconazole 150 mg every 72h for 3 doses, then maintenance 150 mg once weekly for 6 months
 - 🌐 Non-albicans
 - 🌐 C.glabrata-boric acid 600mg x 14 d (compounding pharmacy)
 - 🌐 C.krusei—intravag clotrimazole/miconazole or terconazole x 7-14d

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PID

Pelvic inflammatory disease is an infection of a woman's reproductive organs. It is a complication often caused by some STDs, like **chlamydia** and **gonorrhea**. Other infections that are not sexually transmitted can also cause PID.

- Risk factors: Have an STD and do not get treated; Have more than one sex partner; Have a sex partner who has sex partners other than you; Have had PID before; Are sexually active and are age 25 or younger; Have used an **intrauterine device (IUD)** for birth control. However, the small increased risk is mostly limited to the first three weeks after the IUD is placed inside the uterus by a doctor.
- Signs & symptoms: Pain in your lower abdomen; Fever; An unusual discharge with a bad odor from your vagina; Pain and/or bleeding when you have sex; Burning sensation when you urinate; or Bleeding between periods.

- 🌐 Physical exam: pain



- 🌐 Image

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Treatment

- 🌐 Outpatient:
 - 🌐 Rocephin 250mg IM + Doxycycline 100mg po BID +/- Flagyl 500mg po BID x 14d
 - 🌐 Cefoxitin 2g IM single dose, Probenecid 1g po single dose + Doxycycline 100mg po BID x 14d +/- Flagyl 500mg po BID x 14 d
 - 🌐 Pregnant—Rocephin 250mg IM + Zithromax 1g po x1
- 🌐 Inpatient:
 - 🌐 Cefotetan 2g IV q 12 OR Cefoxitin 2g IV q 6 PLUS Doxycycline 100mg po/IV q 12
 - 🌐 Clindamycin 900mg IV t 8 PLUS Gentamycin PTD
 - 🌐 Discharge home : Doxy 100mg BID x 14 d
- 🌐 Alternative tx:
 - 🌐 Amp/Sulbactam 3g IV t 6h PLUS Doxycycline 100mg po/IV q 12h

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Complications

- Ectopic pregnancy. PID is a major cause of tubal (ectopic) pregnancy. In an ectopic pregnancy, the scar tissue from PID prevents the fertilized egg from making its way through the fallopian tube to implant in the uterus. Ectopic pregnancies can cause massive, life-threatening bleeding and require emergency medical attention.
- Infertility. PID might damage your reproductive organs and cause infertility — the inability to become pregnant. The more times you've had PID, the greater your risk of infertility. Delaying treatment for PID also dramatically increases your risk of infertility.
- Chronic pelvic pain. Pelvic inflammatory disease can cause pelvic pain that might last for months or years. Scarring in your fallopian tubes and other pelvic organs can cause pain during intercourse and ovulation.
- Tubo-ovarian abscess. PID might cause an abscess — a collection of pus — to form in your uterine tube and ovaries. If left untreated, you could develop a life-threatening infection.

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Vulvar Abscess

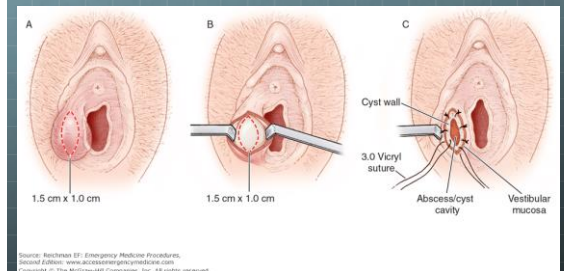
- Outpt (5-10d): Bactril 1-2 DS tablets twice daily or Doxy 100mg BID or Clinda 600mg TID or Linezole 600mg BID
- Inpt: Vanc PTD or Linezolid 600mg BID or Daptomycin 4mg/kg daily or Clinda 600mg TID

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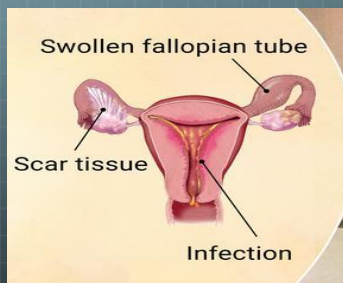
Bartholin Abscess

- Located at entrance of vagina at 5 & 7 o'clock
- Is cyst/abscess fluctuant & ready of I&D word catheter
- If no, may DC home with Keflex 500mg po QID x 7-10d, sitz baths, warm compresses, pain meds.
- If yes, consent for I&D
 - Be sure to culture aerobic/anaerobic
 - Word catheter
 - Keflex 500mg po QID x 7-10 d + pain meds
- Enlargement of the Bartholin's gland in postmenopausal pt requires biopsy to r/o carcinoma of the gland

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Fitz-Hugh Curtis

- Fitz-Hugh-Curtis syndrome is a rare disorder that happens when **pelvic inflammatory disease (PID)** causes swelling of the tissue around the **liver**. You may also hear it called "gonococcal perihepatitis" or "perihepatitis syndrome."
- Pelvic inflammatory disease is an infection of a woman's reproductive organs. Most often it's caused by sexually transmitted infections (STIs) like **chlamydia** and **gonorrhea**. It usually causes **inflammation** of the uterus, **ovaries**, fallopian tubes, **cervix**, or **vagina**.
- Sometimes, this **inflammation** spreads to the covering of the **liver** or the tissues surrounding the **liver** in the **abdomen**. It can also spread to the diaphragm, the muscle that separates the abdominal cavity and the chest.

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Treatment

- Treatment involves a course of antibiotics to cover the appropriate organisms, typically **ceftriaxone** plus **azithromycin**. Laparoscopy for lysis of adhesions may be performed for refractory pain



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TOA

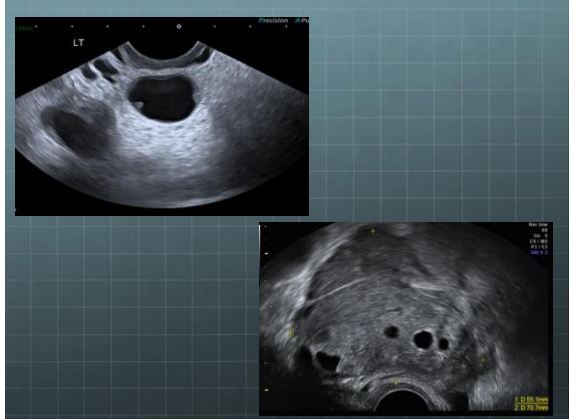
- A TOA can be **diagnosed** by ultrasound, appearing as a complex solid/cystic mass. This can be unilateral or bilateral. A pyosalpinx may be seen as an elongated, dilated, fluid-filled mass with partial septae and thick walls. Incomplete septae within the tubes is a sensitive sign of tubal inflammation or an abscess

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Risk Factors

- TOAs occur most frequently in women of reproductive age. There are a number of associated risk factors for developing PID and a subsequent TOA:
 - non-use of barrier contraception,
 - intrauterine contraceptive devices,
 - previous episode(s) of PID,
 - earlier age at first intercourse,
 - multiple sexual partners,
 - diabetes and an immunocompromised state.
- Interestingly, TOAs have been reported in women who are not sexually active

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Treatment

- CDC Guidelines
 - Cefotetan 2 g (intravenously) IV every 12 hours and doxycycline 100 mg orally or IV every 12 hours
 - Cefoxitin 2 g IV every 6 hours and Doxycycline 100 mg orally or IV every 12 hours
 - Clindamycin 900 mg orally or IV every 12 hours and Gentamicin loading dose IV or intramuscularly (IM) (2 mg/kg) followed by 1.5 mg/kg every 8 hours
- Discharge home : Levaquin 500 mg BID + Flagyl 500mg BID x 14d

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Mastitis

- Dicloxacillin 500mg po QID x 10d
- Keflex 500mg po QID x 10d
- Beta lactam allergy:
 - Clindamycin 300mg po QID x 10d
- MRSA:
 - Clindamycin 300mg po QID x 10d
 - Bactrim 2 tabs po BID x 10d
- May need Surgical Drainage
- Continue breastfeeding

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Prevention

- Avoid cracked or fissured nipples
- Plain water to clean nipple (NOT soap)
- Increase frequency of nursing
- Breast shield/topical cream to help cracked nipples
- For mothers not breast feeding—wear tight fitting bras and consider pumping and dumping.

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Ovarian Disease

- Ovarian Cyst
- Ovarian Torsion
- Ovarian Tumors

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Ovarian Cyst

- **Ovarian cysts** are closed, sac-like structures within the ovary that are filled with a liquid or semisolid substance.
- Ovarian **cysts** may not cause signs or symptoms. Larger cysts are more likely to cause signs and symptoms such as:
 - **Pain** in the abdomen, pelvis, sometimes radiating to the low back, is the most common symptom
 - Feeling of **bloating** or **indigestion**
 - Increased abdominal girth
 - Feeling an urge to have a bowel movement or having difficult, painful bowel movements
 - **Pain** during sexual intercourse (dyspareunia)
 - Pain in the lower right or left quadrant of the abdomen on one side
 - **Nausea** and **vomiting**

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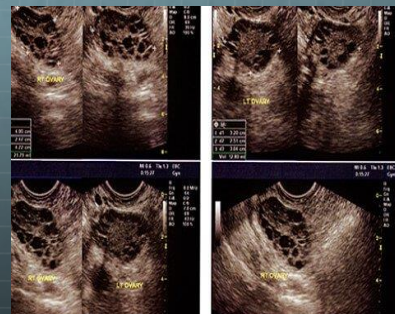
Types & Diagnosis

- There are many causes and types of ovarian cysts, for example, follicular cysts, "**chocolate** cysts," dermoid cysts, and cysts due to **polycystic ovary syndrome (PCOS)**.
- Most ovarian cysts are not cancerous.
- Most ovarian cysts are diagnosed with **ultrasound** or physical examination. Transvaginal ultrasound is a common way to examine ovarian cysts.

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Treatment

- The treatment of an **ovarian cyst** depends upon the cause of the **cyst** and varies from observation and monitoring to surgical treatment.
- Rupture of an ovarian **cyst** is a complication that sometimes produces severe pain and **internal bleeding**. A ruptured (burst) ovarian cyst usually causes pain on one side that comes on suddenly.
- The ideal treatment of ovarian cysts depends on the likely cause of the cysts and whether or not it is producing symptoms. The woman's age, the size (and any change in size) of the cyst, and the cyst's appearance on ultrasound help determine the treatment. Cysts that are functional are usually observed (watchful waiting) with frequent monitoring unless they rupture and cause significant bleeding, in which case, surgical treatment is required. Benign and malignant tumors require operation.
- Pain control: NSAIDS
- Birth Control Pills
- Treatment can consist of simple observation, or it can involve evaluating blood tests such as a CA-125 to help determine the potential for cancer (keeping in mind the many limitations of CA-125 testing described above).
- Surgery: >4cm

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Torsion

- Ovarian torsion** is a condition that occurs when an **ovary** twists around the ligaments that hold it in place. This twisting can cut off blood flow to the **ovary** and fallopian tube. **Ovarian torsion** can cause severe pain and other symptoms because the **ovary** is not receiving enough blood

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OVARIAN TORSION: US Findings

- Enlarged ovary
 - heterogeneous central stroma 2^o edema/infarct
 - peripheral cysts
 - may be quite amorphous

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Uterine Bleeding PALM COEIN

PALM: Structural Causes	COEIN: Nonstructural Causes
Polyp	Coagulopathy
Adenomyosis	Ovulatory dysfunction
Leiomyoma submucosal myoma other myoma	Endometrial
Malignancy & hyperplasia	Iatrogenic
	Not yet classified

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Tumors

- An **ovarian tumor** is a slow-growing abnormal mass of tissue on or in a woman's **ovary**. A **tumor** is a solid mass, unlike a fluid-filled **ovarian cyst**. ... A **tumor** can be benign or cancerous (malignant), but **ovarian tumors** are typically benign.
- Surface epithelial tumors** – these **tumors** begin in the cells lining the surface of the **ovary**. It is the most common type of **ovarian tumor**.
- Stromal tumors** – these benign and malignant **tumors** begin in the part of the **ovary** that manufactures female reproductive hormones. It is very rare and when cancerous is considered a low-grade cancer.
- Germ cell tumors** – these **tumors** begin in the cells that develop into eggs. The majority of **germ cell tumors** are benign, but sometimes can develop into cancer. These are most common in younger women and, if treated early, fertility can be preserved.

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Symptoms

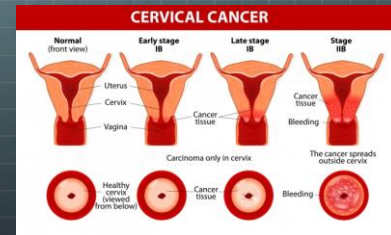
- Ovarian tumors** are generally asymptomatic, meaning a woman rarely has any noticeable symptoms. In some women, the **tumor** is so undetectable that it eventually grows large enough to cause pelvic or abdominal discomfort by encroaching on nearby organs. In these cases symptoms may include:
 - Abdominal pain; Trouble urinating or frequent urination
 - Low back pain
 - Pain with sexual intercourse
 - Bad cramps with a woman's periods
 - Feeling full quickly after eating, or no appetite
 - Nausea or vomiting.
- Since symptoms are rare, **tumors** are usually spotted during routine physical exams, including a pelvic exam or Pap test. As such, women should always have routine pelvic exams to help ensure that changes in the ovaries are diagnosed as early as possible.

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Cervical Cancer

- The cervix is the lower part of the uterus, the place where a baby grows during pregnancy. Cervical cancer is caused by a virus called **HPV**. The virus spreads through sexual contact. Most women's bodies are able to fight HPV infection. But sometimes the virus leads to cancer. You're at higher risk if you smoke, have had many children, use birth control pills for a long time, or have HIV infection
- Common symptoms of a tumor that develops in the cervix may include vaginal bleeding, including bleeding between periods, after sexual intercourse or post-menopausal bleeding; unusual vaginal discharge, which may be watery, pink or foul-smelling; and pelvic pain
- Treatment: radiation; chemotherapy; surgery

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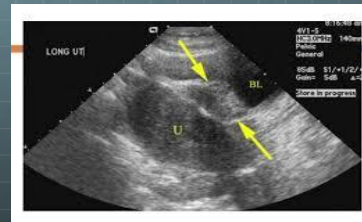
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Endometriosis

- Endometriosis occurs when bits of the tissue that lines the uterus (endometrium) grow on other pelvic organs, such as the ovaries or fallopian tubes. Outside the uterus, **endometrial** tissue thickens and bleeds, just as the normal endometrium does during the menstrual cycle

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Endometriosis via US



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Uterine Prolapse

- Uterine prolapse occurs when pelvic floor muscles and ligaments stretch and weaken and no longer provide enough support for the uterus. As a result, the uterus slips down into or protrudes out of the vagina.
- Uterine prolapse can occur in women of any age. But it often affects postmenopausal women who've had one or more vaginal deliveries
- Pregnancy; Difficult labor and delivery or trauma during childbirth; Delivery of a large baby; Being overweight or obese; Lower estrogen level after menopause; Chronic constipation or straining with bowel movements; Chronic cough or bronchitis; Repeated heavy lifting

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Complications

- Anterior prolapse (cystocele). Weakness of connective tissue separating the bladder and vagina may cause the bladder to bulge into the vagina. Anterior prolapse is also called prolapsed bladder.
- Posterior vaginal prolapse (rectocele). Weakness of connective tissue separating the rectum and vagina may cause the rectum to bulge into the vagina. You might have difficulty having bowel movements.

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Prevention

- Perform Kegel exercises regularly. These exercises can strengthen your pelvic floor muscles — especially important after you have a baby.
- Treat and prevent constipation. Drink plenty of fluids and eat high-fiber foods, such as fruits, vegetables, beans and whole-grain cereals.
- Avoid heavy lifting and lift correctly. When lifting, use your legs instead of your waist or back.
- Control coughing. Get treatment for a chronic cough or bronchitis, and don't smoke.
- Avoid weight gain. Talk with your doctor to determine your ideal weight and get advice on weight-loss strategies, if you need them.

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Fibroids

- Noncancerous growths of the **uterus** that often appear during childbearing years. Also called leiomyomas or myomas, **uterine fibroids** aren't associated with an increased risk of **uterine cancer** and almost never develop into cancer.

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Treatment medication

- Medications for uterine fibroids target hormones that regulate your menstrual cycle, treating symptoms such as heavy menstrual bleeding and pelvic pressure. They don't eliminate fibroids, but may shrink them. Medications include:
 - Gonadotropin-releasing hormone (GnRH) agonists.
 - GnRH agonists include leuprolide (Lupron, Eligard, others), goserelin (Zoladex) and triptorelin (Trelstar, Triptodur kit).
 - Progestin-releasing intrauterine device (IUD). A progestin-releasing IUD can relieve heavy bleeding caused by fibroids. A progestin-releasing IUD provides symptom relief only and doesn't shrink fibroids or make them disappear. It also prevents pregnancy.
 - Tranexamic acid (Lysteda, Cyklokapron). This nonhormonal medication is taken to ease heavy menstrual periods. It's taken only on heavy bleeding days.
 - Other medications; oral contraceptives can help control menstrual bleeding, but they don't reduce fibroid size.
- Nonsteroidal anti-inflammatory drugs (NSAIDs), which are not hormonal medications, may be effective in relieving pain related to fibroids, but they don't reduce bleeding caused by fibroids.
 - Vitamins and iron if you have heavy menstrual bleeding and anemia.

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Treatment

- Minimally invasive procedures:
 - Uterine artery embolization
 - Laparoscopic radiofrequency ablation
 - Laparoscopic or robotic myomectomy
 - Hysteroscopic myomectomy
 - Endometrial ablation
- Traditional Surgical
 - Abdominal myomectomy
 - Hysterectomy

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Gestational Trophoblastic Disease

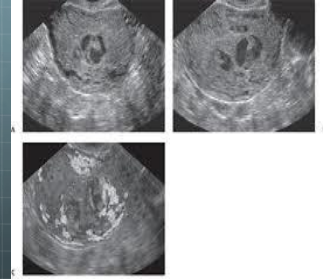
- Gestational trophoblastic disease (GTD) is a group of rare diseases in which abnormal trophoblast cells grow inside the uterus after conception.
- Hydatidiform mole (HM) is the most common type of GTD.
- Gestational trophoblastic neoplasia (GTN) is a type of gestational trophoblastic disease (GTD) that is almost always malignant.
 - Invasive moles
 - Choriocarcinomas
 - Placental-site trophoblastic tumors
 - Epithelioid trophoblastic tumors

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DX & TX

- BhCG: extremely high
- CT; MRI; XR (chest to look for spread); US
- Surgery: D&C; Hysterectomy
- Medications: Chemo; Radiation

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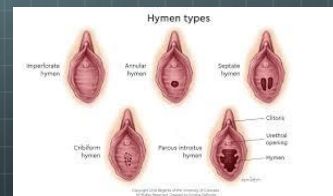
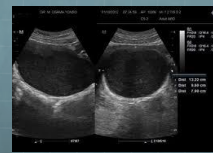


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Trauma accidental

- Hematocolpos:** accumulation of blood within the vagina. It is often caused by the combination of menstruation with an imperforate hymen.
- Imperforate hymen** is a congenital disorder where a hymen without an opening completely obstructs the vagina. It is caused by a failure of the hymen to perforate during fetal development. It is most often diagnosed in adolescent girls when menstrual blood accumulates in the vagina and sometimes also in the uterus.
- Fall onto bike/Spraddle injuries
- Tears:**
 - Factors that may increase the likelihood of vaginal tears during sexual activity include:
 - rough or vigorous thrusting of an object into the vagina
 - vaginal dryness
 - vagovaginal atrophy, a condition in which the vaginal tissues become drier, thinner, and less elastic
 - vaginal tearing or tissue damage, for example, from surgery, pelvic radiation therapy, or congenital abnormalities
 - certain skin conditions, such as psoriasis, lichen sclerosus, or psoriasis
 - some medications, including corticosteroids
- Delivery**
 - Shoulder dystocia
 - Episiotomy

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Treatment

- Bandage:** over any area that's bleeding. Keep the bandage clean and dry. Change it as often as instructed.
- Cold compress:** cold cloth or cold pack from the refrigerator. It can help lessen swelling and pain. Wrap the cold pack with a thin cloth. Don't put it directly on your skin. Put the cold compress on the area for 15 to 20 minutes several times a day for 2 to 3 days.
- Sitz bath:** sitting in a shallow tub of warm water. You can have a sitz bath in a bathtub. Or you can have a sitz bath using a special basin that fits over the rim of a toilet.
- Pain medicine:** acetaminophen or ibuprofen
- Suprapubic cystostomy.** This is a thin, flexible tube (catheter) inserted into the bladder through a small cut in the lower belly. It's used to drain urine while the urethra heals. A small plastic bag connects to the end of the tube to collect urine. The tube may be left in place for several weeks or more.
- Surgery:** surgical suturing.

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Trauma nonaccidental

- Foreign Objects
- Patterns of Injury
- RAPE:** is a type of **sexual assault**, usually involving **sexual intercourse** or other forms of **sexual penetration** carried out against a person without that person's **consent**. The act may be carried out by physical force, **coercion**, **abuse of authority**, or against a person who is incapable of giving valid consent, such as one who is unconscious, incapacitated, has an **intellectual disability** or is below the legal **age of consent**. The term rape is sometimes used interchangeably with the term **sexual assault**.
- Widespread and systematic rape (e.g., **war rape**) and **sexual slavery** can occur during international conflict. These practices are **crimes against humanity** and **war crimes**. Rape is also recognized as an element of the crime of **genocide** when committed with the intent to destroy, in whole or in part, a targeted ethnic group.
- Scope: Victims of rape or sexual assault come from a wide range of **genders**, **ages**, **sexual orientations**, ethnicities, geographical locations, cultures, and degrees of impairment or disability. Incidences of rape are classified into a number of categories, and they may describe the relationship of the perpetrator to the victim and the context of the sexual assault. These include **date rape**, **gang rape**, **marital rape**, **incestual rape**, **child sexual abuse**, **prison rape**, **acquaintance rape**, **war rape**, and **statutory rape**.

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Consequences

- 🌐 Family Shame: honor killings
- 🌐 PSST
- 🌐 Victimization
- 🌐 Eating disorders
- 🌐 Sleep disorders
- 🌐 Behaviors: acting out; mistrust; agitation; numbness; depression, etc.

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Rape Kit

- 🌐 Rape Kit: also known as a sexual assault kit (SAK), a sexual assault forensic evidence (SAFE) kit, a sexual assault evidence collection kit (SACK), a sexual offense evidence collection (SOEC) kit, or a physical evidence recovery kit (PERK) — is a package of items used by medical personnel for gathering and preserving physical evidence following an allegation of **sexual assault**. The evidence collected from the victim can aid the criminal **rape investigation** and the prosecution of a suspected assailant.
- 🌐 The amount of time an evidence kit will be stored varies by state and jurisdiction. A SANE, advocate, or law enforcement officer should let you know how long the evidence will be stored and the state's rules for disposing the kit. It's important to note that the amount of time the kit is stored doesn't necessarily match up with the amount of time that legal action can be taken against a perpetrator, also known as the **statute of limitations**.
- 🌐 Old days: Kit- collection of hair, saliva, mouth, vagina. Chain of custody; sat in the refrigerator; needed a stream line method.
- 🌐 Sexual Assault Nurse Examiners (SANEs) — registered nurses who receive specialized education and fulfill clinical requirements to perform the exam
 - 🌐 Different per county
- 🌐 Sexual Assault Forensic Examiners (SAFEs) and Sexual Assault Examiners (SAEs) — other healthcare professionals who have been instructed and trained to complete the exam

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Support

- 🌐 Police
- 🌐 Counseling
- 🌐 Halfway houses/ shelters/Safe
- 🌐 HAVEN
- 🌐 Human trafficking
- 🌐 Support

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CALL RAINN

When you call 800.656.HOPE (4673), you'll be routed to a local RAINN affiliate organization based on the first six digits of your phone number. Cell phone callers have the option to enter the ZIP code of their current location to more accurately locate the nearest sexual assault service provider.

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References

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