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Topic 3: Pap Test and DNA Probes / Cultures *New Cervical Cancer Screening Recommendations Explained* ~~USPSTF Screening Recommendations HPV Vaccination: OBGYN Explains What Your Doctor SHOULD Be Telling You~~ *Healthcare of the Transgender Patient (5/13/19)* Cervical Cancer Screening Guidelines Update ~~Books \u0026amp; Resources You NEED FOR OBGYN | CLINICAL YEARS | TheStylishMed~~

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Cervical Cancer Screening Guidelines \*USMLE STEPs 1, 2 \u0026amp; 3\* Implementing the 2019 ASCCP Risk-Based Management Guidelines for Abnormal Cervical Cancer Screening 2016: Current Guidelines for Cervical Cancer Screening and Management of

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Abnormal Results Understanding the Journey: The Past, Present, and Future of Cardiovascular Disease in Women GETTING PREGNANT WITH CLOMID! VITAMINS \u0026 SUPPLEMENTS I USED! What happens at Cervical screening How Is Cervical Cancer Diagnosed and Treated? *What Is Cervical Cancer?* - Joshua G. Cohen, MD | UCLA Obstetrics and Gynecology FIGO staging of carcinoma cervix mnemonic Topic 24: Preterm labor Skin: Demo Exam Gravida and Para Interpretation Made Simple Congenital Uterine Abnormalities - CRASH! Medical Review Series Gyn Cervical Cancer The Medical Education

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Cervical Cancer Prevention - Medical Presentation Severe Hypertension; DE OBGYN Resident Lecture Series with James Manley *Incorporating*

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*Transgender Care into Every Day  
Primary Care by Dr. Henry Ng  
Maternal Morbidity & Mortality:  
Together We Will Make a Difference  
Adding Competency in Treating Heart  
Disease in Women (MARTHA  
GULATI, MD) June 8, 2017 Cervical  
cancer & intraepithelial neoplasia  
- causes, symptoms, diagnosis,  
treatment, pathology The Evolving  
Well Woman Visit (4-26-18) Cervical  
Screening and Neoplasia - CRASH!  
Medical Review Series Acog  
Guidelines For Pap 2013*

Follow these Guidelines: If you are younger than 21 years—You do not need screening. If you are aged 21–29 years— Have a Pap test every 3 years. If you are aged 30–65 years—You can choose one of three options: Have a Pap test and an HPV test (co-testing) every 5 years; Have a Pap test alone

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every 3 years; Have an HPV test alone every 5 years

*Cervical Cancer Screening | ACOG*  
New 2013 Pap Smear Recommendations. The American College of Obstetricians and Gynecologists (ACOG) recently came out with new Pap smear guidelines. Women should have their first screening Pap smear at age 21 unless the woman has had a previous abnormal Pap smear. Women in their 20's should have a Pap smear every two years (assuming prior Pap smears have been normal). Women age 30 and older who have had three consecutive normal Pap smears should have a Pap smear every three years. Women who ...

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*and Gynecologists (ACOG)*

ACOG Releases Guideline on Cervical Cancer Screening New 2013 Pap Smear Recommendations The American College of Obstetricians and Gynecologists (ACOG) recently came out with new Pap smear guidelines. Women should have their first screening Pap smear at age 21 unless the woman has had a previous abnormal Pap smear. Women in their 20's should have a

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Document ID 73427de7 Golden  
Education World Book overarching  
theme reflects a risk based strategy  
rather than rigid focus on a particular  
result risk tables have been generated

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Acog Guidelines For Pap 2013 Acog Guidelines For Pap 2013 Abnormal Cervical Cancer Screening Test Results - ACOG Guidelines - ASCCP ACOG is a nonprofit organization of women's health care physicians advocating highest standards of practice, continuing member education and public awareness of women's health care issues. Acog Guidelines For Pap 2013 Read

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If you have an abnormal cervical cancer screening test result, you may need further testing. The following tests may be done depending on your age and your initial Pap test result (see Table 1): . Repeat Pap test or co-test—A repeat Pap test or a repeat co-test (Pap test and a test for high-risk types of HPV) is recommended as a follow-up to some abnormal test results.

*Abnormal Cervical Cancer Screening  
Test Results | ACOG*

Guideline IIa: Guidelines for the  
Management of Abnormal Colposcopic  
Evaluations IIa: Satisfactory  
Colposcopy Evaluation CIN 1 Negative

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or CIN 1 ->Discharge , Pap in 12 months Discharge , Pap in 12 months if referral Pap was LSIL Preferred Approach Satisfactory Colposcopy Evaluation CIN 1 Moderate or marked referral PAP see Guideline lb. if H25yo

*Management Algorithms for Abnormal Cervical Cytology and ...*

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The U.S. Preventative Task Force and the American College of Obstetricians and Gynecologists (ACOG) recommendations currently differ from the ACS guidelines. They encourage Pap tests every three...

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This guide has been developed jointly by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, and is designed for use by all personnel involved in the care of pregnant women, their foetuses, and their neonates.

This book offers clear, up-to-date guidance on how to report cytologic findings in cervical, vaginal and anal samples in accordance with the 2014 Bethesda System Update. The new edition has been expanded and revised to take into account the advances and experience of the past decade. A new chapter has been added, the terminology and text have been updated, and various terminological and morphologic questions have been clarified. In

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addition, new images are included that reflect the experience gained with liquid-based cytology since the publication of the last edition in 2004. Among more than 300 images, some represent classic examples of an entity while others illustrate interpretative dilemmas, borderline cytomorphologic features or mimics of epithelial abnormalities. The Bethesda System for Reporting Cervical Cytology, with its user-friendly format, is a “must have” for pathologists, cytopathologists, pathology residents, cytotechnologists, and clinicians.

Despite the common perception that medicine is becoming specialty driven, there are many reasons for primary care providers to offer women's health procedures in an office setting. Women feel more comfortable having

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procedures done by prov- ers whom they already know and trust. Continuity of care is still valued by patients, who trust their primary care providers to work with them as collaborators in the decision-making process. Women have found that their options for care have become limited, not by their own decision, but by the lack of training of their p- vider. In rural areas, the barriers of time, expense, and travel often prevent many women from obtaining necessary care; yet many of the procedures that these women are requesting are relatively easy to learn. Positive experiences are shared by women who then refer friends and family by word of mouth. This book has been designed to assist not only the clinician performing the pro- dures covered, but also the office staff with setting up the equipment tray prior to

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p- forming the procedure and with preparing office documents and coding information needed to complete the procedure. Most procedures covered can be done with a mi- mum investment in equipment and require minimal training.

This book provides a comprehensive description of the screening and clinical applications of digital breast tomosynthesis (DBT) and offers straightforward, clear guidance on use of the technique. Informative clinical cases are presented to illustrate how to take advantage of DBT in clinical practice. The importance of DBT as a diagnostic tool for both screening and diagnosis is increasing rapidly. DBT improves upon mammography by depicting breast tissue on a video clip made of cross-sectional images



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reconstructed in correspondence with their mammographic planes of acquisition. DBT results in markedly reduced summation of overlapping breast tissue and offers the potential to improve mammographic breast cancer surveillance and diagnosis. This book will be an excellent practical teaching guide for beginners and a useful reference for more experienced radiologists.

"Essentials of Correctional Nursing is the first new and comprehensive text about this growing field to be published in the last decade. Fortunately, the editors have done a great job in all respects...This book should be required reading for all medical practitioners and administrators working in jails or prisons. It certainly belongs on the shelf of every nurse,

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physician, ancillary healthcare professional and corrections administrator."--Corhealth (The Newsletter of the American Correctional Health Services Association) "I highly recommend Essentials of Correctional Nursing, by Lorry Schoenly, PhD, RN, CCHP-RN and Catherine M. Knox, MN, RN, CCHP-RN, editors. This long-awaited book, dedicated to the professional specialty of correctional nursing, is not just a good read, it is one of those books that stays on your desk and may never make it to the bookshelf."--American Jails "Correctional nursing has minimal published texts to support, educate, and provide ongoing best practices in this specialty. Schoenly and Knox have successfully met those needs with Essentials of Correctional

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Nursing."--Journal of Correctional Health Care Nurses have been described as the backbone of correctional health care. Yet the complex challenges of caring for this disenfranchised population are many. Ethical dilemmas around issues of patient privacy and self-determination abound, and the ability to adhere to the central tenet of nursing, the concept of caring, is often compromised. Essentials of Correctional Nursing supports correctional nurses by providing a comprehensive body of current, evidence-based knowledge about the best practices to deliver optimal nursing care to this population. It describes how nurses can apply their knowledge and skills to assess the full range of health conditions presented by incarcerated individuals and

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determine the urgency and priority of requisite care. The book describes the unique health needs and corresponding care for juveniles, women, and individuals at the end of life. Chapters are devoted to nursing care for patients with chronic disease, infectious disease, mental illness, or pain, or who are in withdrawal from drugs or alcohol. Chapters addressing health screening, medical emergencies, sick call, and dental care describe how nurses identify, respond to, and manage these health care concerns in the correctional setting. The Essentials of Correctional Nursing was written and reviewed by experienced correctional nurses with thousands of hours of experience. American Nurses Association standards are woven throughout the text, which provide the information

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needed by nurses studying for certification exams in correctional nursing. The text will also be of value to nurses working in such settings as emergency departments, specialty clinics, hospitals, psychiatric treatment units, community health clinics, substance abuse treatment programs, and long-term care settings, where they may encounter patients who are currently or have previously been incarcerated. Key Features:

Addresses legal and ethical issues surrounding correctional nursing

Covers common inmate-patient health care concerns and diseases

Discusses the unique health needs of juveniles, women, and individuals at the end of life

Describes how nurses can safely navigate the correctional environment to create a therapeutic alliance with patients

Provides

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information about health screening, medical emergencies, sick call, and dental care Serves as a core resource in the preparation for correctional nursing certification exams

This document is one of two evidence-based cornerstones of the World Health Organization's (WHO) new initiative to develop and implement evidence-based guidelines for family planning. The first cornerstone, the Medical eligibility criteria for contraceptive use (third edition) published in 2004, provides guidance for who can use contraceptive methods safely. This document, the Selected practice recommendations for contraceptive use (second edition), provides guidance for how to use contraceptive methods safely and effectively once they are deemed to be

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medically appropriate. The recommendations contained in this document are the product of a process that culminated in an expert Working Group meeting held at the World Health Organization, Geneva, 13-16 April 2004.

In recent years advances in laparoscopic technologies have led to renewed interest in the vaginal approach to hysterectomy, which has many proven benefits for patients. This volume, dedicated to explaining and promoting the vaginal route of hysterectomy, is written and edited by an international team of experts and provides a much-needed source of

The Public Health Foundation (PHF) in partnership with the Centers for Disease Control and Prevention (CDC)

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is pleased to announce the availability of Epidemiology and Prevention of Vaccine-Preventable Diseases, 13th Edition or “The Pink Book” E-Book. This resource provides the most current, comprehensive, and credible information on vaccine-preventable diseases, and contains updated content on immunization and vaccine information for public health practitioners, healthcare providers, health educators, pharmacists, nurses, and others involved in administering vaccines. “The Pink Book E-Book” allows you, your staff, and others to have quick access to features such as keyword search and chapter links. Online schedules and sources can also be accessed directly through e-readers with internet access. Current, credible, and comprehensive, “The Pink Book E-Book” contains



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information on each vaccine-preventable disease and delivers immunization providers with the latest information on:

- Principles of vaccination
- General recommendations on immunization
- Vaccine safety
- Child/adult immunization schedules
- International vaccines/Foreign language terms
- Vaccination data and statistics

The E-Book format contains all of the information and updates that are in the print version, including:

- New vaccine administration chapter
- New recommendations regarding selection of storage units and temperature monitoring tools
- New recommendations for vaccine transport
- Updated information on available influenza vaccine products
- Use of Tdap in pregnancy
- Use of Tdap in persons 65 years of age or older
- Use of PCV13 and PPSV23 in

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adults with immunocompromising conditions · New licensure information for varicella-zoster immune globulin  
Contact bookstore@phf.org for more information. For more news and specials on immunization and vaccines visit the Pink Book's Facebook fan page

This is the 5th volume in a WHO series on histological and genetic typing of human tumours. This edition focuses on cancers of the breast and female genital organs, and describes diagnostic criteria, pathological features, associated genetic alterations and gene expression patterns in a disease-oriented manner. Sections on all recognised neoplasms and their variants include new ICD-O codes, incidence, age and sex distribution, location, clinical signs and

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symptoms, pathology, genetics and predictive factors. It contains colour photographs, X-rays, computed tomography (CT) and magnetic resonance (MR) images, charts and over 3,200 references. The classifications presented reflect the views of WHO working group conferences held in France in January and March 2002, and the volume was produced in collaboration with the International Academy of Pathology.

Clinical management algorithms for common and unusual obstetric problems have been developed to help guide practitioners to the best treatment options for patients. In this quick-reference guide, clear diagrams and concise notes show treatment options and evidence for over 80 high-risk obstetric complications, presented

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in two-page full color spreads to promote quick decision making in time-pressed situations. This new edition includes sections on obesity, late-preterm and early term delivery, and pregnancy termination. As a clinical manual, the book provides guidance to many common and less common obstetric situations in which either the mother or her fetus is at risk. An algorithm for each situation provides obstetric care providers with a step-by-step guide of necessary actions for any given clinical case. Written by internationally renowned experts, *Clinical Obstetric Algorithms* enables all obstetrics care providers to ensure delivery of a healthy mother and a healthy baby.

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