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SPIRAL[®]
MANUAL

(英文原版)

The Johns Hopkins
Manual of
Gynecology
and Obstetrics
Second Edition

Johns Hopkins University School of
Medicine Baltimore, Maryland

配英汉索引

约翰斯·霍普金斯妇产科学手册

Editors

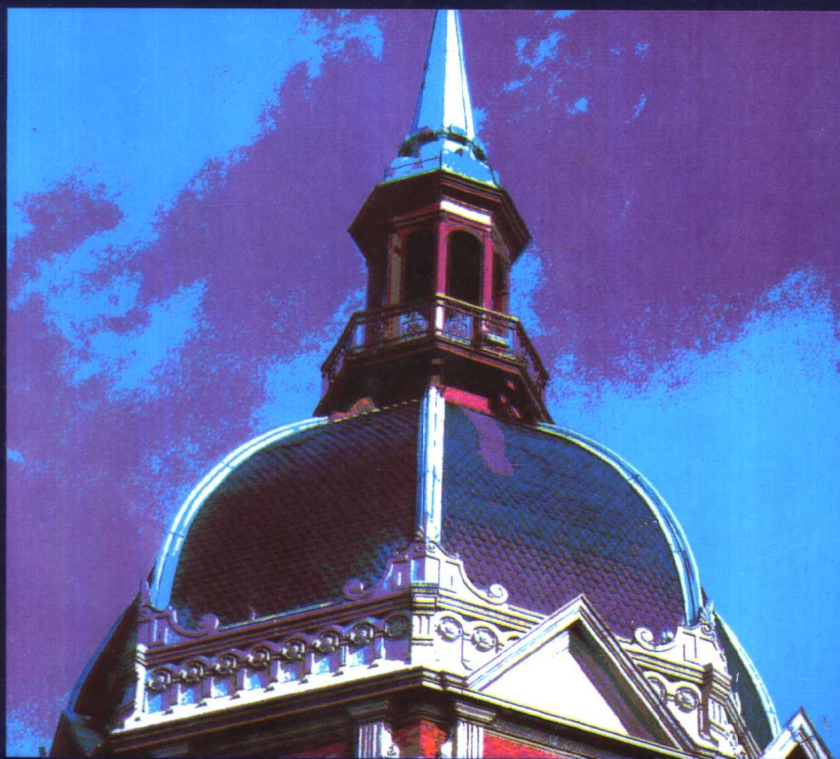
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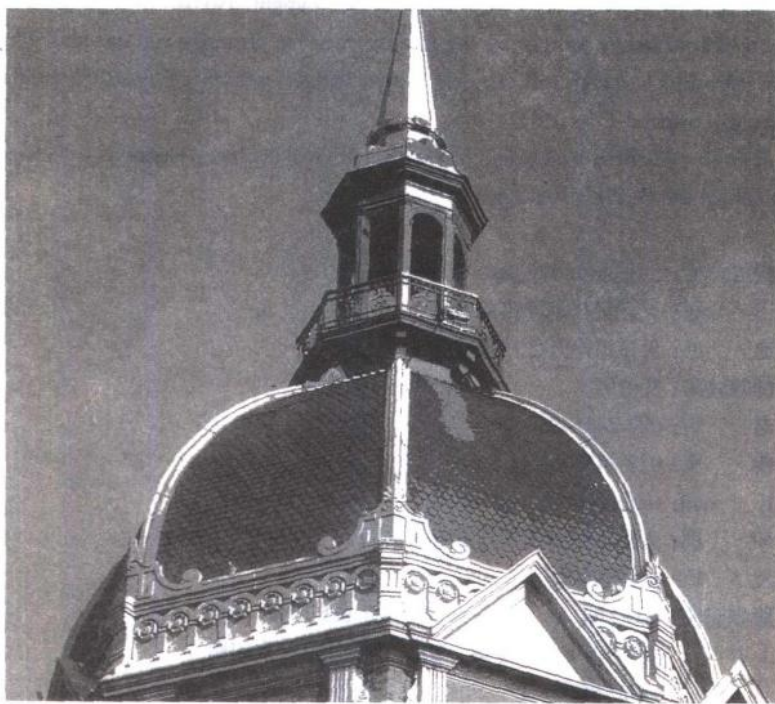
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THE JOHNS HOPKINS MANUAL OF GYNECOLOGY AND OBSTETRICS

SECOND EDITION

Department of Gynecology and Obstetrics
Johns Hopkins University School of Medicine
Baltimore, Maryland

Brandon J. Bankowski, M.D.
Amy E. Hearne, M.D.
Nicholas C. Lambrou, M.D.
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The authors, editors, and publisher have exerted every effort to ensure that drug selection and dosage set forth in this text are in accordance with current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations, and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications and dosage and for added warnings and precautions. This is particularly important when the recommended agent is a new or infrequently employed drug.

Some drugs and medical devices presented in this publication have Food and Drug Administration (FDA) clearance for limited use in restricted research settings. It is the responsibility of health care providers to ascertain the FDA status of each drug or device planned for use in their clinical practice.

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DEDICATION

This book is dedicated to the family members—spouses, parents, and children—of the house officers in the Department of Gynecology and Obstetrics at the Johns Hopkins University School of Medicine. The constant support and encouragement of these family members have enabled the development and productivity of these specialists in training.

FOREWORD

The inspiration for *The Johns Hopkins Manual of Gynecology and Obstetrics* was the classic *Harriet Lane Handbook* first produced by the residents of the Harriet Lane Pediatric Service at the Johns Hopkins Hospital in 1950 under the leadership of its chief residents, including Dr. Henry Seidel, subsequently Professor of Pediatrics and Dean of Student Affairs. The concept of producing a clinical handbook for busy gynecology and obstetric clinicians was appealing to the gynecology and obstetrics house staff for the following reasons: (1) It supported developing scholarship and academics among the house staff, allowing them to do literature reviews and write chapters that were both scholarly and clinically useful; (2) it encouraged the residents to work together toward a common goal, that of understanding principles of literature review, epidemiology, statistics, and the systematic approach to the evaluation of scientific information; and (3) in an era when support for graduate medical education was increasingly constrained, it provided potential financial resources to be used for furthering resident education (attendance at educational conferences and meetings and seed money for research—all the things that residents need and want to do that take “just a little discretionary money”). Given the long history of contributions from the Department of Gynecology and Obstetrics at Johns Hopkins Hospital, including Williams' *Obstetrics*, TeLinde's *Operative Gynecology*, and similar works by Kelly, Cullen, Novak, Howard and Georgeanna Jones, Woodruff, Rock, and many others, this was a project whose time had come.

Under the supervision of Edward E. Wallach, the first edition was published in 1999. Its success and broad acceptance has led to this second edition and the assurance that *The Johns Hopkins Manual of Gynecology and Obstetrics* has established a place for itself in the pockets of obstetricians and gynecologists throughout their careers. I salute the Gynecology and Obstetrics house staff at the Johns Hopkins Hospital and the current leadership of Dr. Harold E. Fox and Dr. Edward E. Wallach for their continued support of this and other house staff activities. These house staff authors are future leaders of our specialty, who, with their work for this manual, recognize and repay the incredible privilege they have to train and serve “under the Dome.”

I am confident that this and future editions of this handbook will continue to serve the Department, our specialty, and the health of women throughout the world.

Timothy R. B. Johnson, M.D.
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PREFACE

In the century since the founding of its medical school and hospital, Johns Hopkins has devoted itself to the pursuit of excellence in patient care and to the promotion of medical education. During this century, textbooks and journals, authored and edited by leaders in virtually all areas of specialization, have originated from Johns Hopkins. In *Obstetrics and Gynecology* alone, many of the texts from Johns Hopkins have become classics and stood the test of time, including Williams' *Obstetrics*, now in its twentieth edition; TeLinde's *Operative Gynecology*; Novak's *Textbook of Gynecology*; and Kurman's editorship of Blaustein's *Pathology of the Female Genital Tract*. It has been a given that graduate and postgraduate education go together hand-in-hand with patient care since the doors of Johns Hopkins Hospital were opened in 1889 and its four horsemen—Welch, Osler, Halsted, and Kelly—set the pace for modern medicine. *The Johns Hopkins Manual of Gynecology and Obstetrics* represents a slight variation on this theme. It does not represent the work of a single individual or even a group of leaders in our specialty. Instead, it represents the collaboration of the entire house staff of The Department of Gynecology and Obstetrics, 34 strong, working in conjunction with Johns Hopkins faculty members to provide a contemporary guide to diagnosis and management of clinical problems in obstetrics and gynecology. The planning and construction of this text stems from the curiosity, enthusiasm, and focus of a dedicated resident staff that began with the residents who contributed to the first edition and extends to our current staff of residents. Initially undertaken in 1996, the first volume has been widely circulated not only in the United States, but it has also been distributed in 50 other countries. *The Johns Hopkins Manual of Gynecology and Obstetrics* has even been translated into Portuguese and is currently distributed in Brazil. Now this manual is in its second edition, having proved itself a mainstay for students, house officers, and practitioners. The second edition is updated, expanded, and embellished and includes new chapters on primary care, critical care, obstetric anesthesia, postpartum care, and breast feeding. In addition, the new edition includes sections on frequently used drugs in obstetrics and gynecology, useful Web sites, and OB/GYN Spanish for residents and students. Clearly, the second edition is both new and improved. The revisions and expansion serve as a testimony to the dedication of house officers whose timeless activities in the clinics, operating suites, and hospital floors have been supplemented by their preparation of this text, which serves as a valued contribution to medical education and the care of patients.

This manual has a unique legacy in that it has been passed down from the house officers, circa 1998, in the Department of Gynecology and Obstetrics at the Johns Hopkins Hospital and the Johns Hopkins University School of Medicine, to those of the present day. A. Nicholas Morse was instrumental in bringing to completion the first edition of this manual. His commitment to the creation of the manual was remarkable, exceeded only by his painstaking effort to bring the project to fruition. For the outstanding work performed by Dr. Morse, and indeed the hard work of all those who contributed to the first edition, the editors and contributors to this manual are deeply indebted and grateful.

Edward E. Wallach, M.D.
Harold E. Fox, M.D., M.Sc.

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Section One. WOMEN'S HEALTH CARE

1. PRIMARY AND PREVENTATIVE CARE

Suzanne Davey Shipman and Harold E. Fox

- I. **Role of the obstetrician-gynecologist as primary care provider.** A large percentage of women seeking medical care in the reproductive and postmenopausal age groups look to their obstetrician-gynecologist as their primary care physician.

Past President of ACOG, Dr. Vicki Seltzer stated that "being a woman's primary physician means being able to take care of common problems and placing an emphasis on prevention, wellness, and early detection. I think that more than any other medical specialty, obstetrics and gynecology has emphasized and achieved a great deal in promoting preventive care and general women's wellness" (*Obstet Gynecol*, 91/1, 1998). This chapter provides a quick review of some key components of women's primary care. It is by no means an exhaustive reference.

- II. **Role of screening.** Screening plays an important role in prevention, as most deaths among women before the age of 65 are preventable. Screening has two purposes: (1) primary prevention, which is the identification and control of risk factors for disease with the intent of preventing disease before it occurs, and (2) secondary prevention, which is the early diagnosis of disease to prevent or reduce morbidity and mortality once disease has occurred. Criteria for a good screening test include the following: The condition must have a significant effect on the quality and quantity of life, acceptable methods of treatment must be available, the condition must have an asymptomatic period during which detection and treatment significantly reduce the risk for morbidity and mortality, treatment in the asymptomatic phase must yield therapeutic results superior to those obtained by delaying treatment until symptoms develop, tests that are acceptable to patients must be available at a reasonable cost to detect a condition in the asymptomatic period, and the incidence of the condition must be sufficient to justify the cost of the screening.

III. Leading causes of death and morbidity by age group

- A. **Ages 13-18.** Leading causes of death are motor vehicle accidents, homicide, suicide, and cancer. Leading causes of morbidity are acne; asthma; chlamydia infection; depression; dermatitis; headaches; infective, viral, and parasitic diseases; influenza; injuries; nose, throat, ear, and upper respiratory tract infections; sexual assault; sexually transmitted diseases; and urinary tract infections.
- B. **Ages 19-39.** Leading causes of death include accidents and adverse effects, cancer, human immunodeficiency virus infection, and diseases of the heart. Leading causes of morbidity include asthma; back symptoms; breast disease; deformity or orthopedic impairment; depression; diabetes; gynecologic disorders; headache or migraines; hypertension; infective, viral, and parasitic diseases; influenza; injuries; nose, throat, ear, and upper respiratory tract infections; sexual assault and domestic violence; sexually transmitted diseases; skin rash and dermatitis; substance abuse; urinary tract infections; and vaginitis.
- C. **Ages 40-64.** Leading causes of death are cancer, diseases of the heart, cerebrovascular diseases, and accidents and their adverse effects. Leading causes of morbidity are arthritis and osteoarthritis; asthma; back symptoms; breast disease; cardiovascular disease; carpal tunnel syndrome; deformity or orthopedic impairment; depression; diabetes; headache; hypertension; infective, viral, and parasitic disease; influenza; injuries; menopause; nose, throat, ear, and upper respiratory tract infections; obesity; skin conditions and dermatitis; substance abuse; urinary tract infections; other

TABLE 1-1. SCREENING (AGES 13–18 YEARS)

History	Physical examination	Laboratory testing
Reason for visit	Height	Periodic
Health status: medical, surgical, family	Weight	Pap testing (yearly when sexually active or by age 18 yrs)
Dietary/nutritional assessment	Blood pressure	High-risk groups
Physical activity	Secondary sexual characteristics (Tanner staging)	Hemoglobin level assessment
Use of complementary and alternative medicine	Pelvic examination (yearly when sexually active or by age 18 yrs)	Bacteriuria testing
Tobacco, alcohol, other drug use	Skin	Sexually transmitted disease testing
Abuse/neglect		Human immunodeficiency virus testing
Sexual practices		Genetic testing/counseling
		Rubella titer assessment
		Tuberculosis skin testing
		Lipid profile assessment
		Fasting glucose testing
		Cholesterol testing
		Hepatitis C virus testing

urinary tract conditions (including urinary incontinence); and vision impairment.

- D. **Ages 65 and older.** Leading causes of death include diseases of the heart, cancer, cerebrovascular diseases, and chronic obstructive pulmonary diseases. Leading causes of morbidity include arthritis and osteoarthritis; back symptoms; breast cancer; chronic obstructive pulmonary diseases; cardiovascular disease; deformity or orthopedic impairment; degeneration of macula retinae and posterior pole; dementia; depression; diabetes; hearing and vision impairment; hypertension; hypothyroidism and other thyroid diseases; influenza; nose, throat, and upper respiratory tract infections; osteoporosis; skin lesions, dermatoses, and dermatitis; urinary tract infections; other urinary tract conditions (including urinary incontinence); and vertigo.

IV. **Recommendations for preventative examination** (from the American College of Obstetricians and Gynecologists Committee on Primary Care)

- Periodic assessment ages 13–18 years (Tables 1-1, 1-2)
- Periodic assessment ages 19–39 years (Tables 1-3, 1-4)
- Periodic assessment ages 40–64 years (Tables 1-5, 1-6)
- Periodic assessment age 65 years and older (Tables 1-7, 1-8)
- High-risk groups (Table 1-9)
- Recommended immunizations by age group** (Table 1-10)

V. **Nutrition** (Table 1-11)

- VI. **Counseling for prevention.** The office visit or routine health maintenance visit is an ideal time to counsel patients regarding many health-related behaviors. There is evidence in the literature that for some of these behaviors clinical counseling can be an effective way of changing a patient's conduct.

- There are many different ways to counsel patients. The following are found in the U.S. Preventive Services Task Force (USPSTF) Guide.

TABLE 1-2. EVALUATION AND COUNSELING (AGES 13-18 YEARS)

Sexuality	Fitness	Psychosocial evaluation	Cardiovascular risk factors	Health/risk behaviors
Development	Hygiene (including dental); fluoride supplementation	Interpersonal/family relationships	Family history	Injury prevention
High-risk behaviors	Dietary/nutritional assessment (including eating disorders)	Sexual identity	Hypertension	Safety belts and helmets
Prevention of unwanted/unintended pregnancy	Exercise: discussion of program	Personal goal development	Dyslipidemia	Recreational hazards
Postponement of sexual involvement	Folic acid supplementation (0.4 mg/day)	Behavioral/learning disorders	Obesity	Firearms
Contraceptive options	Calcium intake	Abuse/neglect	Diabetes mellitus	Hearing
Sexually transmitted diseases		Satisfactory school experience		Skin exposure to ultraviolet rays
Partner selection		Peer relationships		Suicide: depressive symptoms
Barrier protection				Tobacco, alcohol, other drug use