

one additional examination to determine the extent of healing. At that time, the physician will determine if additional treatment is required. In more advanced or resistant inflammations several treatments may be required. Those visits are usually scheduled approximately four to eight weeks apart.

Our goal in the use of the hyfrecator is to correct the cervical eversion and, from a charting point of view, decrease the extraneous cervical mucus discharge so that your confidence can be increased in identifying the true mucus cycle of fertility.

Your physician may also discuss other possible management plans with you including the use of progesterone. You may also be referred back to your **CREIGHTON MODEL FertilityCare™ System** teacher for instruction in developing a Base Infertile Pattern and use of yellow stamps in charting.

ABNORMAL PAP SMEAR

If you have received treatment because of an abnormal Pap Smear result you will most likely be scheduled for a repeat Pap Smear in 3 to 6 months.

Revised: 2004



The symbol on the front cover symbolizes the creation of a new human person. It represents the equation 1 + 1 + 1 = 1. A man, a woman and God all come together to create the new child.

FOR MORE INFORMATION,
PLEASE CONTACT:

CERVICITIS: DIAGNOSIS AND TREATMENT



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FertilityCare™
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BROCHURE

CERVICITIS: DIAGNOSIS AND TREATMENT

The term Cervicitis is used to indicate an inflammation of the Cervix. This is the organ located at the lower, narrow end of the uterus. The cervical mucus is produced in the cervical crypts which line the canal of the cervix.

More specific terms for cervicitis include cervical eversion, erosion or ectropion. Cervicitis is usually diagnosed by either the occurrence of a continuous mucus discharge or by an abnormal Pap Smear result.

These conditions can sometimes be seen following a vaginal delivery, following the use of oral contraceptives or in a condition called Juvenile Ectopy. This latter condition means that the normal cervical eversion that takes place in adolescents has not regressed. The inflammation occurs because the tissue that lines the canal is everted to the vaginal surface and is no longer being protected in the alkaline cervical mucus. Rather it is being bathed in the acidic vaginal fluid which causes the production of abnormal cervical discharge.

DIAGNOSIS

If you have been charting the **CREIGHTON MODEL FertilityCare™ System**, your teacher may have referred you to the cervix clinic if your observations included a sticky, tacky, or gummy discharge during the early pre-Peak phase of the cycle (the days prior to the sixth day before the Peak day) or any sticky, tacky, stretchy or gummy discharge seen anytime after the fourth day post-Peak.

Your physician may also have referred you due to an abnormal Pap Smear result.

EXAMINATION

The examination for cervicitis is done in the physician's office. It requires the insertion of a speculum into the vagina to allow the physician an unobstructed view of the cervix. If a cervicitis is observed the doctor will alert you to that fact and recommend treatment. Cervicitis is graded on a scale of normal to Grade IV. A diagram of that grading is shown below.

TREATMENT

There are a variety of different treatment options but the one we have found most satisfactory is a low intensity cauterization of the areas of redness or inflammation of the cervix. This procedure is called hyfrecation and is less damaging to the cervix than the usual cryosurgical systems which require freezing of the cervix.

As with most treatments, one of the most frequently asked questions is regarding any discom-

fort associated with the hyfrecation. The cervix is an organ with few nerve endings so it is relatively pain free. Occasionally some minor discomfort in the form of stinging or cramping may be experienced right at the time of treatment. This is not a very common occurrence and usually taking ibuprofen (Advil) can be helpful in relieving the symptoms.

Hyfrecation of your cervix may cause you to have some spotting for a few days following the treatment. A watery discharge is also common lasting for seven to ten days. If your menstrual flow occurs shortly after the treatment, you may experience a somewhat heavier flow than normal. In charting the **CREIGHTON MODEL** you should consider it a time of fertility if the discharge interferes with your mucus observations.

Following the procedure, there are no medical restrictions for intercourse or on the use of tampons. Contact your physician if you experience any abnormal vaginal discharge or excessive bleeding.

FOLLOW-UP

You will need to return to the clinic for at least

