


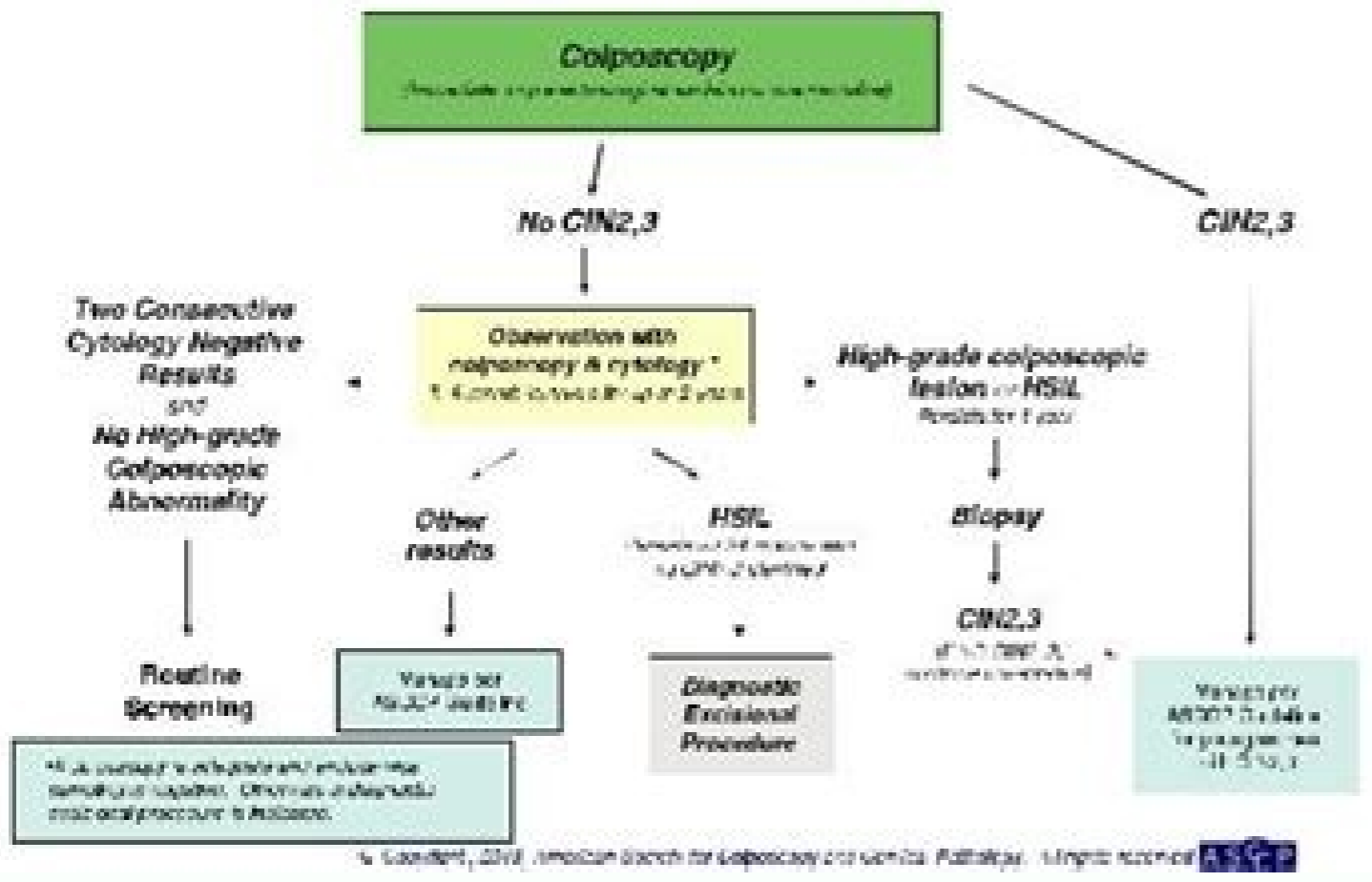
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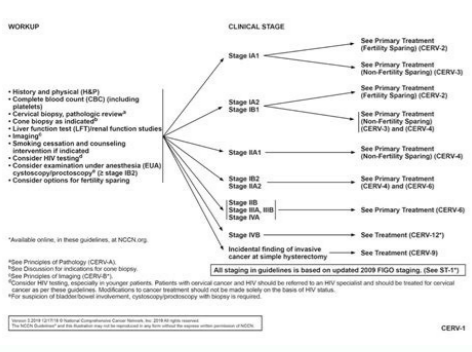
Population	Recommended screening method	Comments
Women younger than 21 years	No screening	—
Women 21 to 29 years of age	Cytology alone every three years	—
Women 30 to 65 years of age	HPV and cytology cotesting (preferred) every five years Cytology alone (acceptable) every three years	Screening by HPV testing alone is not recommended
Women older than 65 years	No screening is necessary after adequate negative prior screening results	Women with a history of CIN 2, CIN 3, or adenocarcinoma in situ should continue routine age-based screening for at least 20 years
Women who have had a total hysterectomy	No screening is necessary	Applies to women without a cervix and without a history of CIN 2, CIN 3, adenocarcinoma in situ, or cancer in the past 20 years
Women vaccinated against HPV	Follow age-specific recommendations (same as unvaccinated women)	—

NOTE: The American Society for Colposcopy and Cervical Pathology guideline should be followed for all other scenarios.
CIN = cervical intraepithelial neoplasia; HPV = human papillomavirus.
Adapted with permission from Sawler D, Solomon D, Lawson HK, et al. ASCO/ASCCP Cervical Cancer Guideline Committee. American Cancer Society. American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. CA Cancer J Clin. 2012;62(3):149.

Management of Women Ages 21-24 yrs with Atypical Squamous Cells, Cannot Rule Out High Grade SIL (ASC-H) and High-grade Squamous Intraepithelial Lesion (HSIL)



Indication	Preferred Study
Acute abdominal pain, fever, RVD Abcess	CT abdomen and pelvis with contrast. Alternative: MRI offers imaging without non-ionizing radiation and can provide additional clinically useful information regarding ovarian pathology, PID, ectopic pregnancy and ovarian torsion.
Pregnant patient with acute abdominal pain	Ultrasound. If indeterminate then MRI abdomen and pelvis without contrast.
Dysenteria	Abdomen with contrast. Ultrasound to exclude gallstones.
Bleak trauma stable patient	CT Chest/Abdomen/Pelvis with contrast.
Bleak trauma unstable patient	X-ray chest/Abdomen/pelvis with Ultrasound FAST scan.
Colorectal cancer screening	CT colonography every 5 years after negative screen.
Colitis disease - adult	CT enterography. Alternative: MRI enterography has shown similar sensitivity and specificity to CT and avoids radiation risks.
Colitis disease - child	MRI or CT enterography initial presentation. MRI enterography for known disease to avoid repetitive CT radiation exposure.
Jaundice-painless	CT pancreas protocol with contrast.
Jaundice with pain/fever	Ultrasound abdomen.
Left lower quadrant pain	CT abdomen/pelvis with contrast.
Lower lobe infiltrate identified on US or CT	MRI liver with contrast.
Palpable abdominal mass	CT abdomen/pelvis with contrast most definitive. Alternative: MRI with contrast or ultrasound do not use ionizing radiation.



A rare but serious risk with VBAC is that the cesarean scar in the uterus may break (interrupt). Vertical bass: an upward and downward cut made on the lowest and thinnest part of the uterus. Fetus: The stage of prenatal development that begins 8 weeks after fertilization and lasts until the end of pregnancy. Hysterectomy: Elimination of the uterus. What are the risks of a VBAC? You can give birth vaginally. This information is designed as an educational aid for the public. It offers current information and opinions related to women's health. Induction of labor may also increase the possibility of complications during childbirth. If circumstances change, you and your OB-GYN or other health care professional may want to reconsider your decision. It's not a substitute for a doctor's advice. If successful, Tolac results in vaginal birth. For example, you may need to have your work induced (started with drugs or other methods). VBAC should take place in a hospital that can manage life-threatening situations for the woman or her fetus. Although a rupture of the uterus is rare, it is very serious and can harm both you and your fetus. This is the most common type of incision and carries the least chance of future rupture. Obstetrician: Gynecologist (OB-GYN): a doctor who specializes in caring for women during pregnancy, labor, and the postpartum period. These problems may include bowel or bladder injuries, hysterectomy, and placental problems in future pregnancies. It is not intended as a statement of the standard of care. Some hospitals may not offer VBAC because hospital staff do not feel they can provide this type of emergency care. All rights reserved. If you know you want more children, this can be included in your decision. Read the full ACOG disclaimer. What is a vaginal after caesarean section delivery (VBAC)? What is a post-caesarean delivery (TOLAC) work test? He has the highest risk of rupture. A A A It is the attempt to have a VBAC. How can I know what kind of uterine incision that I had with a passing cessation delivery? This type of incision entails an increased risk of rupture than a low transverse incision. If you have had a previous cesarean delivery, you have two options on how to give birth again: you can have a scheduled cesarean delivery. Cesarean delivery: Delivery of a baby from surgical incisions made in the woman's abdomen and ultimate. If you do not have success, you will need another cesarean delivery. You and your ob-gyn or other health professional should consider the resources available in the hospital you have chosen. What are some of the benefits of a VBAC? Uterus: A muscle organ located in the female pelvis that contains and nourishes the development fetus during pregnancy. Some uterine scars are more prone to than others to cause a rupture during VBAC. After the delivery of cesarean, you will have a scar on the skin and a scar on your uterus. For women who plan to have more children, VBAC can help them avoid certain health problems linked to multiple cesarean deliveries. You can not say what type of cut was made in the ultimate looking at the scar on the skin. The type of scar depends on the type of cutting in the uterus: low transversal, a cut side by side made through the lowest and thin part of the uterus. If you are at high risk of rupture of the uterus, VBAC should not be judged. This is sometimes performed by very premature cesareans. The medical records of the previous delivery should include this information. Read the copyright information and permits. If you have opted to try a VBAC, things can happen that it alters the balance of risks and benefits. It is a good idea to get your methods of your prior cesarean delivery so that your obstetrician-gynecologist (ob-gyn) or other health professional can review them. 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