Chapter 04: Reproductive System Concerns

MULTIPLE CHOICE

1. When assessing a patient for amenorrhea, the nurse should be aware that this is unlikely to be caused by:
   a. Anatomic abnormalities.  
   b. Type 1 diabetes mellitus.  
   c. Lack of exercise.  
   d. Hysterectomy.

   ANS: C

   Lack of exercise is not a cause of amenorrhea. Strenuous exercise may cause amenorrhea.
   Anatomic abnormalities, type 1 diabetes mellitus, and hysterectomy all are possible causes of amenorrhea.

   PTS: 1  
   DIF: Cognitive Level: Comprehension  
   REF: 74  
   OBJ: Nursing Process: Assessment  
   MSC: Client Needs: Health Promotion and Maintenance

2. When a nurse is counseling a woman for primary dysmenorrhea, which nonpharmacologic intervention might be recommended?
   a. Increasing the intake of red meat and simple carbohydrates  
   b. Reducing the intake of diuretic foods such as peaches and asparagus  
   c. Temporarily substituting physical activity for a sedentary lifestyle  
   d. Using a heating pad on the abdomen to relieve cramping

   ANS: D

   Heat minimizes cramping by increasing vasodilation and muscle relaxation and minimizing uterine ischemia. Dietary changes such as eating less red meat may be recommended for women experiencing dysmenorrhea. Increasing the intake of diuretics, including natural diuretics such as asparagus, cranberry juice, peaches, parsley, and watermelon, may help ease the symptoms associated with dysmenorrhea. Exercise has been found to help relieve menstrual discomfort through increased vasodilation and subsequent decreased ischemia.

   PTS: 1  
   DIF: Cognitive Level: Analysis  
   REF: 76  
   OBJ: Nursing Process: Planning  
   MSC: Client Needs: Physiologic Integrity

3. Which symptom described by a patient is characteristic of premenstrual syndrome (PMS)?
   a. “I feel irritable andmoody a week before my period is supposed to start.”  
   b. “I have lower abdominal pain beginning the third day of my menstrual period.”  
   c. “I have nausea and headaches after my period starts, and they last 2 to 3 days.”  
   d. “I have abdominal bloating and breast pain after a couple days of my period.”

   ANS: A
PMS is a cluster of physical, psychologic, and behavioral symptoms that begin in the luteal phase of the menstrual cycle and resolve within a couple of days of the onset of menses. Complaints of lower abdominal pain, nausea and headaches, and abdominal bloating all are associated with PMS. However, the timing reflected is inaccurate.

4. A woman complains of severe abdominal and pelvic pain around the time of menstruation that has gotten worse over the last 5 years. She also complains of pain during intercourse and has tried unsuccessfully to get pregnant for the past 18 months. These symptoms are most likely related to:
   a. Endometriosis.
   b. PMS.
   c. Primary dysmenorrhea.
   d. Secondary dysmenorrhea.

ANS: A

Symptoms of endometriosis can change over time and may not reflect the extent of the disease. Major symptoms include dysmenorrhea and deep pelvic dyspareunia (painful intercourse). Impaired fertility may result from adhesions caused by endometriosis. Although endometriosis may be associated with secondary dysmenorrhea, it is not a cause of primary dysmenorrhea or PMS. In addition, this woman is complaining of dyspareunia and infertility, which are associated with endometriosis, not with PMS or primary or secondary dysmenorrhea.

5. Nafarelin is currently used as a treatment for mild-to-severe endometriosis. The nurse should tell a woman taking this medication that the drug:
   a. Stimulates the secretion of gonadotropin-releasing hormone (GnRH), thereby stimulating ovarian activity.
   b. Should be sprayed into one nostril every other day.
   c. Should be injected into subcutaneous tissue BID.
   d. Can cause her to experience some hot flashes and vaginal dryness.

ANS: D

Nafarelin is a GnRH agonist, and its side effects are similar to effects of menopause. The hypoestrogenism effect results in hot flashes and vaginal dryness. Nafarelin is a GnRH agonist that suppresses the secretion of GnRH and is administered twice daily by nasal spray.

6. While interviewing a 31-year-old woman before her routine gynecologic examination, the nurse collects data about the client’s recent menstrual cycles. The nurse should collect additional information with which statement?
   a. The woman says her menstrual flow lasts 5 to 6 days.
   b. She describes her flow as very heavy.
   c. She reports that she has had a small amount of spotting midway between her periods for the past 2 months.
   d. She says the length of her menstrual cycle varies from 26 to 29 days.
Menorrhagia is defined as excessive menstrual bleeding, in either duration or amount. Heavy bleeding can have many causes. The amount of bleeding and its effect on daily activities should be evaluated. A menstrual flow lasting 5 to 6 days is a normal finding. Mittlestaining, a small amount of bleeding or spotting that occurs at the time of ovulation (14 days before onset of the next menses), is considered normal. During her reproductive years, a woman may have physiologic variations in her menstrual cycle. Variations in the length of a menstrual cycle are considered normal.

7. When evaluating a patient whose primary complaint is amenorrhea, the nurse must be aware that lack of menstruation is most often the result of:
   a. Stress.
   b. Excessive exercise.
   c. Pregnancy.
   d. Eating disorders.

ANS: C
Amenorrhea, or the absence of menstrual flow, is most often a result of pregnancy. Although stress, excessive exercise, and eating disorders all may be contributing factors, none is the most common factor associated with amenorrhea.

8. A 36-year-old woman has been given a diagnosis of uterine fibroids. When planning care for this patient, the nurse should know that:
   a. Fibroids are malignant tumors of the uterus that require radiation or chemotherapy.
   b. Fibroids increase in size during the perimenopausal period.
   c. Menorrhagia is a common finding.
   d. The woman is unlikely to become pregnant as long as the fibroids are in her uterus.

ANS: C
The major symptoms associated with fibroids are menorrhagia and the physical effects produced by large myomas. Fibroids are benign tumors of the smooth muscle of the uterus, and their etiology is unknown. Fibroids are estrogen sensitive and shrink as levels of estrogen decline. Fibroids occur in 25% of women of reproductive age and are seen in 2% of pregnant women.

9. During her gynecologic checkup, a 17-year-old girl states that recently she has been experiencing cramping and pain during her menstrual periods. The nurse would document this complaint as:
   a. Amenorrhea.
   b. Dysmenorrhea.
   c. Dyspareunia.
   d. Premenstrual syndrome (PMS).

ANS: B
Dysmenorrhea is pain during or shortly before menstruation. Amenorrhea is the absence of menstrual flow. Dyspareunia is pain during intercourse. PMS is a cluster of physical, psychologic, and behavioral symptoms that begin in the luteal phase of the menstrual cycle and resolve within a couple of days of the onset of menses.

**PTS:** 1  **DIF:** Cognitive Level: Knowledge  **REF:** 75  **OBJ:** Nursing Process: Diagnosis  **MSC:** Client Needs: Health Promotion and Maintenance

10. With regard to dysmenorrhea, nurses should be aware that:
   a. It is more common in older women.
   b. It is more common in leaner women who exercise strenuously.
   c. Symptoms can begin at any point in the ovulatory cycle.
   d. Pain usually occurs in the suprapubic area or lower abdomen.

   **ANS:** D

   Pain is described as sharp and cramping or sometimes as a dull ache. It may radiate to the lower back or upper thighs. Dysmenorrhea is more common in women 17 to 24 years old, women who smoke, and women who are obese. Symptoms begin with menstruation or sometimes a few hours before the onset of flow.

**PTS:** 1  **DIF:** Cognitive Level: Knowledge  **REF:** 75  **OBJ:** Nursing Process: Diagnosis  **MSC:** Client Needs: Physiologic Integrity

11. Which statement concerning cyclic perimenstrual pain and discomfort (CPPD) is accurate?
   a. Premenstrual dysphoric disorder (PMDD) is a milder form of premenstrual syndrome (PMS) and more common in younger women.
   b. Secondary dysmenorrhea is more intense and medically significant than primary dysmenorrhea.
   c. Premenstrual syndrome is a complex, poorly understood condition that may include any of a hundred symptoms.
   d. The causes of PMS have been well established.

   **ANS:** C

   PMS may manifest with one or more of a hundred or so physical and psychologic symptoms. PMDD is a more severe variant of PMS. Secondary dysmenorrhea is characterized by more muted pain than that seen in primary dysmenorrhea; the medical treatment is much the same. The cause of PMS is unknown. It may be a collection of different problems.

**PTS:** 1  **DIF:** Cognitive Level: Comprehension  **REF:** 78  **OBJ:** Nursing Process: Diagnosis  **MSC:** Client Needs: Health Promotion and Maintenance

12. With regard to endometriosis, nurses should be aware that:
   a. It is characterized by the presence and growth of endometrial tissue inside the uterus.
   b. It is found more often in African-American women than in white or Asian women.
   c. It may worsen with repeated cycles or remain asymptomatic and disappear after menopause.
   d. It is unlikely to affect sexual intercourse or fertility.

   **ANS:** C
Symptoms vary among women, ranging from nonexistent to incapacitating. With endometriosis, the endometrial tissue is outside the uterus. Symptoms vary among women, ranging from nonexistent to incapacitating. Endometriosis is found equally in white and African-American women and is slightly more prevalent in Asian women. Women can experience painful intercourse and impaired fertility.

13. One of the alterations in cyclic bleeding that occurs between periods is called:
   a. Oligomenorrhea.
   b. Menorrhagia.
   c. Leiomyoma.
   d. Metrorrhagia.

   ANS: D

   Metrorrhagia is bleeding between periods. It can be caused by progestin injections and implants. Oligomenorrhea is infrequent or scanty menstruation. Menorrhagia is excessive menstruation. Leiomyoma is a common cause of excessive bleeding.

14. As relates to dysfunctional uterine bleeding (DUB), the nurse should be aware that:
   a. It is most commonly caused by anovulation.
   b. It most often occurs in middle age.
   c. The diagnosis of DUB should be the first considered for abnormal menstrual bleeding.
   d. The most effective medical treatment is steroids.

   ANS: A

   Anovulation may occur because of hypothalamic dysfunction or polycystic ovary syndrome. DUB most often occurs when the menstrual cycle is being established or when it draws to a close at menopause. A diagnosis of DUB is made only after all other causes of abnormal menstrual bleeding have been ruled out. The most effective medical treatment is oral or intravenous estrogen.

15. Management of primary dysmenorrhea often requires a multifaceted approach. The nurse who provides care for a client with this condition should be aware that the optimal pharmacologic therapy for pain relief is:
   a. Acetaminophen.
   b. Oral contraceptives (OCPs).
   c. Nonsteroidal antiinflammatory drugs (NSAIDs).
   d. Aspirin.

   ANS: C
NSAIDs are prostaglandin inhibitors and show the strongest research results for pain relief. Often if one NSAID is not effective, another one can provide relief. Approximately 80% of women find relief from NSAIDs. Preparations containing acetaminophen are less effective for dysmenorrhea because they lack the antiprostaglandin properties of NSAIDs. OCPs are a reasonable choice for women who also want birth control. The benefit of OCPs is the reduction of menstrual flow and irregularities. OCPs may be contraindicated for some women and have numerous potential side effects. NSAIDs are the drug of choice. If a woman is taking a NSAID, she should avoid taking aspirin.

PTS: 1  DIF: Cognitive Level: Application  REF: 76
OBJ: Nursing Process: Planning  MSC: Client Needs: Physiologic Integrity

16. The two primary areas of risk for sexually transmitted infections (STIs) are:
   a. Sexual orientation and socioeconomic status.
   b. Age and educational level.
   c. Large number of sexual partners and race.
   d. Risky sexual behaviors and inadequate preventive health behaviors.
ANS: D
Risky sexual behaviors and inadequate preventive health behaviors put a person at risk for acquiring or transmitting an STI. Although low socioeconomic status may be a factor in avoiding purchasing barrier protection, sexual orientation does not put one at higher risk. Younger individuals and individuals with less education may be unaware of proper prevention techniques; however, these are not the primary areas of risk for STIs. Having a large number of sexual partners is a risk-taking behavior, but race does not increase the risk for STIs.

PTS: 1  DIF: Cognitive Level: Knowledge  REF: 83-84
OBJ: Nursing Process: Assessment  MSC: Client Needs: Health Promotion and Maintenance

17. When evaluating a patient for sexually transmitted infections (STIs), the nurse should be aware that the most common bacterial STI is:
   a. Gonorrhea.
   b. Syphilis.
   c. Chlamydia.
   d. Candidiasis.
ANS: C
Chlamydia is the most common and fastest spreading STI among American women, with an estimated 3 million new cases each year. Gonorrhea and syphilis are bacterial STIs, but they are not the most common ones among American women. Candidiasis is caused by a fungus, not by bacteria.

PTS: 1  DIF: Cognitive Level: Knowledge  REF: 85
OBJ: Nursing Process: Assessment  MSC: Client Needs: Health Promotion and Maintenance

18. The viral sexually transmitted infection (STI) that affects most people in the United States today is:
   a. Herpes simplex virus type 2 (HSV-2).
   b. Human papillomavirus (HPV).
   c. Human immunodeficiency virus (HIV).
   d. Cytomegalovirus (CMV).
ANS: B
HPV infection is the most prevalent viral STI seen in ambulatory health care settings. HSV-2, HIV, and CMV all are viral STIs but are not the most prevalent viral STIs.

19. The U.S. Centers for Disease Control and Prevention (CDC) recommends that HPV be treated with client-applied:
   a. Miconazole ointment.
   b. Topical podofilox 0.5% solution or gel.
   c. Penicillin given intramuscularly for two doses.
   d. Metronidazole by mouth.

   ANS: B
   Available treatments are imiquimod, podophyllin, and podofilox. Miconazole ointment is used to treat athlete’s foot. Intramuscular penicillin is used to treat syphilis. Metronidazole is used to treat bacterial vaginosis.

20. A woman has a thick, white, lumpy, cottage cheese–like discharge, with patches on her labia and in her vagina. She complains of intense pruritus. The nurse practitioner would order which preparation for treatment?
   a. Fluconazole
   b. Tetracycline
   c. Clindamycin
   d. Acyclovir

   ANS: A
   Fluconazole, metronidazole, and clotrimazole are the drugs of choice to treat candidiasis. Tetracycline is used to treat syphilis. Clindamycin is used to treat bacterial vaginosis. Acyclovir is used to treat genital herpes.

21. To detect human immunodeficiency virus (HIV), most laboratory tests focus on the:
   a. virus.
   b. HIV antibodies.
   c. CD4 counts.
   d. CD8 counts.

   ANS: B
   The screening tool used to detect HIV is the enzyme immunoassay, which tests for the presence of antibodies to the virus. CD4 counts are associated with the incidence of acquired immunodeficiency syndrome (AIDS) in HIV-infected individuals.

22. Care management of a woman diagnosed with acute pelvic inflammatory disease (PID) most likely would include:
   a. Oral antiviral therapy.
   b. Bed rest in a semi-Fowler position.
   c. Antibiotic regimen continued until symptoms subside.
d. Frequent pelvic examination to monitor the progress of healing.

ANS: B
A woman with acute PID should be on bed rest in a semi-Fowler position. Broad-spectrum antibiotics are used. Antibiotics must be taken as prescribed, even if symptoms subside. Few pelvic examinations should be conducted during the acute phase of the disease.

PTS: 1  DIF: Cognitive Level: Comprehension  REF: 90
OBJ: Nursing Process: Planning  MSC: Client Needs: Physiologic Integrity

23. On vaginal examination of a 30-year-old woman, the nurse documents the following findings: profuse, thin, grayish white vaginal discharge with a “fishy” odor; complaint of pruritus. On the basis of these findings, the nurse suspects that this woman has:
   a. Bacterial vaginosis (BV).
   b. Candidiasis.
   c. Trichomoniasis.
   d. Gonorrhea.

ANS: A
Most women with BV complain of a characteristic “fishy” odor. The discharge usually is profuse; thin; and white, gray, or milky in color. Some women also may have mild irritation or pruritus. The discharge associated with candidiasis is thick, white, and lumpy and resembles cottage cheese. Trichomoniasis may be asymptomatic, but women commonly have a characteristic yellowish-to-greenish, frothy, mucopurulent, copious, and malodorous discharge. Women with gonorrhea are often asymptomatic. They may have a purulent endocervical discharge, but discharge usually is minimal or absent.

PTS: 1  DIF: Cognitive Level: Comprehension  REF: 96
OBJ: Nursing Process: Assessment  MSC: Client Needs: Health Promotion and Maintenance

24. The recommended treatment for the prevention of human immunodeficiency virus (HIV) transmission to the fetus during pregnancy is:
   a. Acyclovir.
   b. Ofloxacin.
   c. Podophyllin.
   d. Zidovudine.

ANS: D
Perinatal transmission of HIV has decreased significantly in the past decade as a result of prophylactic administration of the antiretroviral drug zidovudine to pregnant women in the prenatal and perinatal periods. Acyclovir is an antiviral treatment for HSV. Ofloxacin is an antibacterial treatment for gonorrhea. Podophyllin is a solution used in the treatment of human papillomavirus.

PTS: 1  DIF: Cognitive Level: Knowledge  REF: 95
OBJ: Nursing Process: Planning, Implementation
MSC: Client Needs: Health Promotion and Maintenance

25. Which viral sexually transmitted infection is characterized by a primary infection followed by recurrent episodes?
   a. Herpes simplex virus (HSV)-2
   b. Human papillomavirus (HPV)
   c. Human immunodeficiency virus (HIV)
   d. Cytomegalovirus (CMV)

ANS: A
The initial HSV genital infection is characterized by multiple painful lesions, fever, chills, malaise, and severe dysuria; it may last 2 to 3 weeks. Recurrent episodes of HSV infection commonly have only local symptoms that usually are less severe than the symptoms of the initial infection. With HPV infection, lesions are a chronic problem. HIV is a retrovirus. Seroconversion to HIV positivity usually occurs within 6 to 12 weeks after the virus has entered the body. Severe depression of the cellular immune system associated with HIV infection characterizes acquired immunodeficiency syndrome (AIDS). AIDS has no cure. In most adults, the onset of CMV infection is uncertain and asymptomatic. However, the disease may become a chronic, persistent infection.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 91
OBJ: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

26. The nurse should know that once human immunodeficiency virus (HIV) enters the body, seroconversion to HIV positivity usually occurs within:
   a. 6 to 10 days.
   b. 2 to 4 weeks.
   c. 6 to 8 weeks.
   d. 6 months.

ANS: C
Seroconversion to HIV positivity usually occurs within 6 to 8 weeks after the virus has entered the body.

PTS: 1 DIF: Cognitive Level: Knowledge REF: 94
OBJ: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

27. A 25-year-old single woman comes to the gynecologist’s office for a follow-up visit related to her abnormal Papanicolaou (Pap) smear. The test revealed that the patient has human papillomavirus (HPV). The client asks, “What is that? Can you get rid of it?” Your best response is:
   a. “It’s just a little lump on your cervix. We can freeze it off.”
   b. “HPV stands for ‘human papillomavirus.’ It is a sexually transmitted infection (STI) that may lead to cervical cancer.”
   c. “HPV is a type of early human immunodeficiency virus (HIV). You will die from this.”
   d. “You probably caught this from your current boyfriend. He should get tested for this.”

ANS: B
It is important to inform the patient about STIs and the risks involved with HPV. The health care team has a duty to provide proper information to the patient, including information related to STIs. HPV and HIV are both viruses that can be transmitted sexually, but they are not the same virus. The onset of HPV can be insidious. Often STIs go unnoticed. Abnormal bleeding frequently is the initial symptom. The client may have had HPV before her current boyfriend. You cannot make any deductions from this limited information.

PTS: 1 DIF: Cognitive Level: Analysis REF: 91
OBJ: Nursing Process: Planning MSC: Client Needs: Health Promotion and Maintenance

28. Which of the following statements about the various forms of hepatitis is accurate?
   a. A vaccine exists for hepatitis C but not for hepatitis B.
   b. Hepatitis A is acquired by eating contaminated food or drinking polluted water.
c. Hepatitis B is less contagious than human immunodeficiency virus (HIV).
d. The incidence of hepatitis C is decreasing.

ANS: B
Contaminated milk and shellfish are common sources of infection with hepatitis A. A vaccine exists for hepatitis B but not for hepatitis C. Hepatitis B is more contagious than HIV. The incidence of hepatitis C is increasing.

PTS: 1  DIF: Cognitive Level: Knowledge  REF: 92
OBJ: Nursing Process: Assessment  MSC: Client Needs: Physiologic Integrity

29. An essential component of counseling women regarding safe sex practices includes discussion regarding avoiding the exchange of body fluids. The physical barrier promoted for the prevention of sexually transmitted infections and human immunodeficiency virus is the condom. Nurses can help motivate clients to use condoms by initiating a discussion related to a number of aspects of condom use. The most important of these is:
a. Strategies to enhance condom use.
b. Choice of colors and special features.
c. Leaving the decision up to the male partner.
d. Places to carry condoms safely.

ANS: A
When the nurse opens discussion on safe sex practices, it gives the woman permission to clear up any concerns or misapprehensions that she may have regarding condom use. The nurse can also suggest ways that the woman can enhance her condom negotiation and communications skills. These include role-playing, rehearsal, cultural barriers, and situations that put the client at risk. Although women can be taught the differences among condoms, such as size ranges, where to purchase, and price, this is not as important as negotiating the use of safe sex practices. Women must address the issue of condom use with every sexual contact. Some men need time to think about this. If they appear reluctant, the woman may want to reconsider the relationship. Although not ideal, women may safely choose to carry condoms in shoes, wallets, or inside their bra. They should be taught to keep the condom away from heat. This information is important; however, it is not germane if the woman cannot even discuss strategies on how to enhance condom use.

PTS: 1  DIF: Cognitive Level: Analysis  REF: 92
OBJ: Nursing Process: Planning  MSC: Client Needs: Health Promotion and Maintenance

30. The nurse who is teaching a group of women about breast cancer would tell the women that:
a. Risk factors identify more than 50% of women who will develop breast cancer.
b. Nearly 90% of lumps found by women are malignant.
c. One in 10 women in the United States will develop breast cancer in her lifetime.
d. The exact cause of breast cancer is unknown.

ANS: D
The exact cause of breast cancer is unknown. Risk factors help to identify less than 30% of women in whom breast cancer eventually will develop. Women detect about 90% of all breast lumps. Of this 90%, only 20% to 25% are malignant. One in eight women in the United States will develop breast cancer in her lifetime.

PTS: 1  DIF: Cognitive Level: Comprehension  REF: 101
OBJ: Nursing Process: Assessment  MSC: Client Needs: Health Promotion and Maintenance
31. Which diagnostic test is used to confirm a suspected diagnosis of breast cancer?
   a. Mammogram
   b. Ultrasound
   c. Fine-needle aspiration (FNA)
   d. CA 15.3

ANS: C
When a suspicious mammogram is noted or a lump is detected, diagnosis is confirmed by FNA, core needle biopsy, or needle localization biopsy. Mammography is a clinical screening tool that may aid early detection of breast cancers. Transillumination, thermography, and ultrasound breast imaging are being explored as methods of detecting early breast carcinoma. CA 15.3 is a serum tumor marker that is used to test for residual disease.

PTS: 1   DIF: Cognitive Level: Knowledge   REF: 98
OBJ: Nursing Process: Diagnosis   MSC: Client Needs: Physiologic Integrity

32. A healthy 60-year-old African-American woman regularly receives her health care at the clinic in her neighborhood. She is due for a mammogram. At her previous clinic visit, her physician, concerned about the 3-week wait at the neighborhood clinic, made an appointment for her to have a mammogram at a teaching hospital across town. She did not keep her appointment and returned to the clinic today to have the nurse check her blood pressure. What would be the most appropriate statement for the nurse to make to this patient?
   a. “Do you have transportation to the teaching hospital so that you can get your mammogram?”
   b. “I’m concerned that you missed your appointment; let me make another one for you.”
   c. “It’s very dangerous to skip your mammograms; your breasts need to be checked.”
   d. “Would you like me to make an appointment for you to have your mammogram here?”

ANS: D
This statement is nonjudgmental and gives the patient options as to where she may have her mammogram. Furthermore, it is an innocuous way to investigate the reasons the patient missed her previous appointment. African-American women often have the perception that they are treated with prejudice by health care providers. Questioning the potential lack of transportation may promote this perception. African-American women report not participating in early breast cancer screening because breast cancer comes by chance and getting it is determined by a higher power. Expressing concern and offering to schedule another appointment is a reflection of the nurse’s beliefs, not those of the client. Suggesting that it is dangerous to skip a mammogram can be perceived as judgmental and derogatory. It may alienate and embarrass the patient.

PTS: 1   DIF: Cognitive Level: Application   REF: 102
OBJ: Nursing Process: Planning   MSC: Client Needs: Physiologic Integrity

33. The nurse must watch for what common complications in a patient who has undergone a transverse rectus abdominis myocutaneous (TRAM) flap?
   a. Axillary edema and tissue necrosis
   b. Delayed wound healing and muscle contractions
   c. Delayed wound healing and axillary edema
   d. Delayed wound healing and hematoma
ANS: D
Postoperative care focuses on monitoring the skin flap for signs of decreased capillary refill, hematoma, infection, and necrosis. Axillary edema and muscle contractions are not common complications of TRAM flaps.

PTS: 1 DIF: Cognitive Level: Comprehension REF: 102
OBJ: Nursing Process: Evaluation MSC: Client Needs: Physiologic Integrity

34. A patient has been prescribed adjuvant tamoxifen therapy. What common side effect might she experience?
   a. Nausea, hot flashes, and vaginal bleeding
   b. Vomiting, weight loss, and hair loss
   c. Nausea, vomiting, and diarrhea
   d. Hot flashes, weight gain, and headaches

   ANS: A
Common side effects of tamoxifen therapy include hot flashes, nausea, vomiting, vaginal bleeding, menstrual irregularities, and rash. Weight loss, hair loss, diarrhea, weight gain, and headaches are not common side effects of tamoxifen.

PTS: 1 DIF: Cognitive Level: Knowledge REF: 105
OBJ: Nursing Process: Diagnosis MSC: Client Needs: Physiologic Integrity

35. After a mastectomy a woman should be instructed to perform all of the following except:
   a. Emptying surgical drains twice a day and as needed.
   b. Avoiding lifting more than 4.5 kg (10 lb) or reaching above her head until given permission by her surgeon.
   c. Wearing clothing with snug sleeves to support the tissue of the arm on the operative side.
   d. Reporting immediately if inflammation develops at the incision site or in the affected arm.

   ANS: C
The woman should not be advised to wear snug clothing. Rather, she should be advised to avoid tight clothing, tight jewelry, and other causes of decreased circulation in the affected arm. As part of the teaching plan, the woman should be instructed to empty surgical drains, to avoid lifting more than 10 lb or reaching above her head, and to report the development of incision site inflammation.

PTS: 1 DIF: Cognitive Level: Application REF: 100
OBJ: Nursing Process: Planning MSC: Client Needs: Physiologic Integrity

36. A nurse practitioner performs a clinical breast examination on a woman diagnosed with fibroadenoma. The nurse knows that fibroadenoma is characterized by:
   a. Inflammation of the milk ducts and glands behind the nipples.
   b. Thick, sticky discharge from the nipple of the affected breast.
   c. Lumpiness in both breasts that develops 1 week before menstruation.
   d. A single lump in one breast that can be expected to shrink as the woman ages.

   ANS: D
Fibroadenomas are characterized by discrete, usually solitary lumps smaller than 3 cm in diameter. Fibroadenomas increase in size during pregnancy and shrink as the woman ages. Inflammation of the milk ducts is associated with mammary duct ectasia, not fibroadenoma. A thick, sticky discharge is associated with galactorrhea, not fibroadenoma. Lumpiness before menstruation is associated with fibrocystic changes of the breast.

37. What important, immediate postoperative care practice should the nurse remember when caring for a woman who has had a mastectomy?
   a. The blood pressure (BP) cuff should not be applied to the affected arm.
   b. Venipuncture for blood work should be performed on the affected arm.
   c. The affected arm should be used for intravenous (IV) therapy.
   d. The affected arm should be held down close to the woman’s side.

   ANS: A
   The affected arm should not be used for BP readings, IV therapy, or venipuncture. The affected arm should be elevated with pillows above the level of the right atrium.

38. A woman has a breast mass that is not well delineated and is nonpalpable, immobile, and nontender. This is most likely:
   a. Fibroadenoma.
   b. Lipoma.
   c. Intraductal papilloma.
   d. Mammary duct ectasia.

   ANS: C
   Intraductal papilloma is the only benign breast mass that is nonpalpable. Fibroadenoma is well delineated, palpable, and movable. Lipoma is palpable and movable. Mammary duct ectasia is not well delineated and is immobile, but it is palpable and painful.

39. Fibrocystic changes in the breast most often appear in women in their 20s and 30s. The etiology is unknown, but it may be an imbalance of estrogen and progesterone. The nurse who cares for this client should be aware that treatment modalities are conservative. One proven modality that may provide relief is:
   a. Diuretic administration.
   b. Including caffeine daily in the diet.
   c. Increased vitamin C supplementation.
   d. Application of cold packs to the breast as necessary.

   ANS: A
   Diuretic administration plus a decrease in sodium and fluid intake are recommended. Although not supported by research, some advocate eliminating dimethylxanthines (caffeine) from the diet. Smoking should also be avoided, and alcohol consumption should be reduced. Vitamin E supplements are recommended; however, the client should avoid megadoses because this is a fat-soluble vitamin. Pain relief measures include applying heat to the breast, wearing a supportive bra, and taking nonsteroidal antiinflammatory drugs.
40. The nurse providing care in a women’s health care setting must be aware regarding which sexually transmitted infection that can be successfully treated and cured?
   a. Herpes
   b. Acquired immunodeficiency syndrome (AIDS)
   c. Venereal warts
   d. Chlamydia

   ANS: D
   The usual treatment for infection by the bacterium *Chlamydia* is doxycycline or azithromycin. Concurrent treatment of all sexual partners is needed to prevent recurrence. There is no known cure for herpes, and treatment focuses on pain relief and preventing secondary infections. Because there is no known cure for AIDS, prevention and early detection are the primary focus of care management. Condylomata acuminata are caused by human papillomavirus. No treatment eradicates the virus.

41. A benign breast condition that includes dilation and inflammation of the collecting ducts is called:
   a. Ductal ectasia.
   b. Intraductal papilloma.
   c. Chronic cystic disease.
   d. Fibroadenoma.

   ANS: A
   Generally occurring in women approaching menopause, ductal ectasia results in a firm irregular mass in the breast, enlarged axillary nodes, and nipple discharge. Intraductal papillomas develop in the epithelium of the ducts of the breasts; as the mass grows, it causes trauma or erosion within the ducts. Chronic cystic disease causes pain and tenderness. The cysts that form are multiple, smooth, and well delineated. Fibroadenoma is evidenced by fibrous and glandular tissues. They are felt as firm, rubbery, and freely mobile nodules.

42. Which patient is most at risk for fibroadenoma of the breast?
   a. A 38-year-old woman
   b. A 50-year-old woman
   c. A 16-year-old girl
   d. A 27-year-old woman

   ANS: C
   Although it may occur at any age, fibroadenoma is most common in the teenage years. Ductal ectasia and intraductal papilloma become more common as a woman approaches menopause. Fibrocystic breast changes are more common during the reproductive years.

43. The drug of choice for treatment of gonorrhea is:
   a. Penicillin G.
   c. Ceftriaxone.

ANS: C
Ceftriaxone is effective for treatment of all gonococcal infections. Penicillin is used to treat syphilis. Tetracycline is prescribed for chlamydial infections. Acyclovir is used to treat herpes genitalis.

PTS: 1  DIF: Cognitive Level: Knowledge  REF: 86
OBJ: Nursing Process: Planning  MSC: Client Needs: Physiologic Integrity

44. The nurse providing education regarding breast care should explain to the woman that fibrocystic changes in breasts are:
   a. A disease of the milk ducts and glands in the breasts.
   b. A premalignant disorder characterized by lumps found in the breast tissue.
   c. Lumpiness with pain and tenderness found in varying degrees in the breast tissue of healthy women during menstrual cycles.
   d. Lumpiness accompanied by tenderness after menses.

ANS: C
Fibrocystic changes are palpable thickenings in the breast usually associated with pain and tenderness. The pain and tenderness fluctuate with the menstrual cycle. Fibrocystic changes are not premalignant changes.

PTS: 1  DIF: Cognitive Level: Knowledge  REF: 98
OBJ: Nursing Process: Assessment  MSC: Client Needs: Health Promotion and Maintenance

MULTIPLE RESPONSE

45. There is little consensus on the management of premenstrual dysphoric disorder (PMDD). However, nurses can advise women on several self-help modalities that often improve symptoms. The nurse knows that health teaching has been effective when the client reports that she has adopted a number of lifestyle changes, including (Select all that apply):
   a. Regular exercise.
   b. Improved nutrition.
   c. A daily glass of wine.
   d. Smoking cessation.
   e. Oil of evening primrose.

ANS: A, B, D, E
These modalities may provide significant symptom relief in 1 to 2 months. If there is no improvement after these changes have been made, the patient may need to begin pharmacologic therapy. Women should decrease both their alcohol and caffeinated beverage consumption if they have PMDD.

PTS: 1  DIF: Cognitive Level: Analysis  REF: 79
OBJ: Nursing Process: Evaluation  MSC: Client Needs: Physiologic Integrity

46. Examples of sexual risk behaviors associated with exposure to a sexually transmitted infection (STI) include (Select all that apply):
   a. Fellatio.
   b. Unprotected anal intercourse.
c. Multiple sex partners.
d. Dry kissing.
e. Abstinence.

ANS: A, B, C
Engaging in these sexual activities increases the exposure risk and the possibility of acquiring an STI. Dry kissing and abstinence are considered “safe” sexual practices.

PTS: 1  DIF: Cognitive Level: Comprehension  REF: 94
OBJ: Nursing Process: Assessment  MSC: Client Needs: Health Promotion and Maintenance

47. The exact cause of breast cancer remains undetermined. Researchers have found that there are many common risk factors that increase a woman’s chance of developing a malignancy. It is essential for the nurse who provides care to women of any age to be aware of which of the following risk factors (Select all that apply)?
   a. Family history
   b. Late menarche
   c. Early menopause
   d. Race
   e. Nulliparity or first pregnancy after age 30

ANS: A, D, E
Family history, race, and nulliparity are known risk factors for the development of breast cancer. Other risk factors include age, personal history of cancer, high socioeconomic status, sedentary lifestyle, hormone replacement therapy, recent use of oral contraceptives, never having breastfed a child, and drinking more than one alcoholic beverage per day. Early menarche and late menopause are risk factors for breast malignancy, not late menarche and early menopause.

PTS: 1  DIF: Cognitive Level: Comprehension  REF: 101
OBJ: Nursing Process: Assessment  MSC: Client Needs: Health Promotion and Maintenance

MATCHING

Herbal preparations have long been used for the management of menstrual problems, including dysmenorrhea, cramping and discomfort, and breast pain. For the nurse to counsel adequately the client who elects to use this alternative modality, it is important to understand the action of these herbal preparations. Match the herbal medicine with the appropriate action.
   a. Uterine antispasmodic
   b. Uterotonic
   c. Antiinflammatory
   d. Estrogen-like luteinizing hormone suppressant
   e. Decreases prolactin levels

48. Fennel, dong quai
49. Chaste tree fruit
50. Black cohosh
51. Valerian, wild yam
52. Ginger
Herbal medicines may be valuable in treating dysmenorrhea; however, it is essential for women to understand that these therapies are not without potential toxicity and may cause drug interactions.