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Erin Branfield
erin.hrivnak@otterbein.edu

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Polycystic Ovary Syndrome (PCOS)

Erin Branfield, RN-BSN
Otterbein University, Westerville, Ohio

Introduction

Polycystic ovary syndrome (PCOS) is the most common endocrine disorder in females of reproductive age (McEwen & Hartmann, 2018). It is a complex disease and encompasses many different metabolic, endocrine and reproductive conditions. Though the exact cause of PCOS is not yet fully understood, recent studies have shown PCOS may be hereditary and up to fifty percent of first degree female relatives can be affected (Balen, 2017). Early detection and diagnosis of PCOS along with weight loss can help reduce one risk of long term complications such as diabetes and heart disease (Anagnostis, Tarlatzis & Kauffman, 2018).

Topic Selection

I chose this particular topic because I personally experienced in becoming a nurse practitioner within women’s health field. With the increasing prevalence of PCOS, it is imperative that every practitioner has an understanding of the disease process and the possible medical complications that may arise while caring for such patients.

Case Study

Jane is 35 years old and recently went in for an annual exam to continue monitoring her internal ovarian function. She foregoes any kind of menstrual cycle as well as her ovaries. She has been experiencing symptoms such as acne, obesity, irregular or absent menstrual cycles for six months. The nurse practitioner gets a full history and physical as well as labs. A laparoscopy, high risk lab, pcos panel, and hormone levels were drawn. Jane’s labs all came back normal besides her A1C, which was 6.2, and her testosterone level as also high. After seeing the results, the nurse practitioner then orders a pelvic ultrasound of Jane’s ovaries to look at her ovaries. During the ultrasound, her left ovary has over twenty-five follicles. Based on Jane’s weight, labs and presenting symptoms, she is diagnosed with PCOS. Along with her birth control, Jane is also prescribed metformin (Insulin uptake) and is educated on the importance of diet and exercise.

Diagnosis of PCOS

With PCOS being a complex syndrome, multiple different avenues are used for medical treatment.

• Metformin (Insulin uptake)
• Hormonal contraceptives (Management of menstrual cycle)
• Letrozole (Inhibits maturation of androgens)
• Spironolactone in conjunction with oral contraceptives (lessens adrenocortical affects on the body and hirsutism)
• Diet and exercise

(Balen, 2017)

Treatment

With PCOS affecting many different aspects of the body, it is vital that an in-depth past medical history be obtained. This ensures that proper tests can be ordered as well as ruling out other conditions that can cause polycystic ovaries.

(McEwen, & Hartmann, 2018)

References