

A man with short grey hair and glasses, wearing a light blue button-down shirt and an orange tie with blue polka dots, stands in a brightly lit hospital hallway. He is smiling and looking towards the camera. The hallway has recessed ceiling lights and doors on either side. A blue horizontal bar is overlaid on the bottom half of the image, containing the title and author information.

YOU AND YOUR DOCTOR:

The perfect team

Written by Chris Worthy

The relationship between a doctor and patient should allow for any question to be asked. Yet some women still avoid sensitive topics because they are embarrassed or feel their question might be taboo or maybe – just maybe – no other patient has ever had the same question.

It's time to forge a new path. Ask the questions. Get the answers.

Sex

Edward Heidtman, an OB/GYN with Carolina Women's Health, Bon Secours Medical Group, says patients are often reluctant to have candid discussions about what could be very important issues.

Some of the most hesitantly asked questions have to do with sex, according to Heidtman. The top three questions patients are hesitant to ask about sex include dealing with painful intercourse, having reduced libido and having concerns about sexually transmitted diseases.

If sex is painful, Heidtman says women should discuss this

with their doctor without embarrassment. It can be a sign of infection or other issues such as endometriosis. It could be related to an anatomical problem that needs to be addressed.

"Endometriosis can lead to all kinds of problems, including infertility," he says.

A reduced libido may be a medical issue or it may be related to life factors, Heidtman says.

"Especially women with small children, questions about sexual relations sometimes you have to drag out," he says.

Concerns about sexually transmitted diseases require a frank discussion with your doctor. The issue is too important to keep secret.

"They may not want to admit they have had multiple sexual partners," Heidtman says. "Bringing that up with your physician may lead to screening."

Bladder concerns

Questions about bladder issues, especially incontinence, are sometimes avoided by women who think they are too young to face the problems they are having.

"It can be associated with childbirth," Heidtman says. "Once women start bearing children, a large majority will have at least some of urinary incontinence."

But it isn't a condition that women just have to live with, according to Heidtman.

"There certainly is hope," he says.

While some cases may require medication or even surgery, some can be treated without invasive procedures.

"More and more, we are using physical therapy," he says. "It is becoming more mainstream and can be very effective."



Work with your doctor for better health. Have a question? Ask!

Photo on page 51: Edward Heidtman, an OB/GYN with Carolina Women's Health, Bon Secours Medical Group, says patients shouldn't be shy about asking questions. | Photographed by Cindy Hosea

Changes in menstrual cycle

During and after the childbearing years, women often deal with changes in their menstrual cycles: longer, shorter, heavier or lighter periods, as well as changes in the length of the cycle.

“They may be chalked up to getting older,” Heidtman says.

While that may be the case, other issues could be at play. Any changes should be brought up to your doctor, just to be sure.



Don't ignore changes in your cycle.

Changes in weight

Weight loss or weight gain, especially if it occurs suddenly, should not be dismissed. Heidtman says women may be reluctant to raise alarm or ask about issues concerning weight, but changes could be indicative of other issues that should be addressed. Weight changes don't necessarily indicate a serious illness, but they should be discussed.

“Sometimes it may be thyroid, stress or anxiety,” or other concerns, Heidtman says.

Breast problems

Aside from having regular mammograms and getting instruction on breast self-exam, women should have a

regular dialogue with their physician about any changes in or problems with their breasts. Any changes in the breast could be important — beyond the obvious searching for lumps.

“We focus on breast lumps, but not on skin changes or tenderness,” Heidtman says. “We try to encourage breast awareness, not just lumps.”

Mental health matters

Physicians can't treat isolated systems without knowing all the facts. Heidtman says if it matters to you, it matters to your doctor.

“Bring up anything that is a big deal in life — loss of a loved one, loss of a job, marital issues,” he says. “People will come in and they aren't exercising anymore, they've gained weight. Sometimes the complaint points to something that is underlying that may not be obvious.”

The whole body

What is embarrassing to one patient may be an easy discussion for another, but Heidtman says any subject that is affecting a patient's quality of life or causing concerns should be addressed. Changes in any bodily function could provide important clues for a physician who is trying to help a patient live the healthiest life possible. If it's happening, ask about it.

“Most physicians certainly aren't going to be judgmental in the exam room,” he says. “We truly are there to help.”



Ask your doctor about weight gain and weight loss.