



GENITAL LESIONS HPV

DEFINITION	HPV (Condyloma Acuminata) are warty growths which can be found on the penis, vulva, perineum, vagina, cervix, urethra, and perianal areas. They are caused by Human Papilloma Virus (HPV), are sexually transmissible, and are associated with possible precancerous conditions of the cervix. The most sensitive measures of HPV indicate up to 80% of all sexually active women are infected with this virus.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. Small warts on or near the genital area.2. Pruritic and/or postcoital burning sensation or spotting.3. History of frequent candida overgrowth symptoms.4. Known contact to HPV infected person.
OBJECTIVE	May include: <ol style="list-style-type: none">1. Small to large, dry fungating wart-like growths on or near the genital area.2. Vaginal discharge.3. Acetopositive lesions on or near the genital area.
LABORATORY	May include: <ol style="list-style-type: none">1. Vaginitis/cervicitis screening, as appropriate.
ASSESSMENT	HPV (Condylomata Acuminata).
PLAN	Client may request no treatment of lesions to allow for self-regression. Treatment options include any of the following: <ol style="list-style-type: none">1. Apply liquid nitrogen to lesion and base of lesion for 3-6 seconds, allow to thaw then repeat freeze x1 or x2. May reapply treatment every 7-14 days.2. Apply 10-25% Podophyllin in tincture of benzoin to lesions.<ol style="list-style-type: none">a. Protect surrounding tissue with KY Gel.b. Instruct client to wash off solution in 1-4 hours.c. Reapply treatment every 1-2 weeks.d. Do not use if client is pregnant.e. Not recommended for vaginal use.3. Apply Trichloroacetic acid (TCA 80-90% in H₂O solution to lesions).<ol style="list-style-type: none">a. Protect surrounding tissue with baking soda as needed.b. Reapply treatment every 1-2 weeks.c. May be used with vaginal/introital warts.

<p>PLAN (continued)</p>	<p>4. Provide prescription for Condyllox (Podofilox 0.5% solution or gel for self treatment--genital warts only). (Do not use if client is pregnant.) Instruct client to:</p> <ol style="list-style-type: none"> Apply solution with cotton swab bid x 3 days, followed by 4 days of no therapy. Apply gel with fingertip. No need to wash off solution or gel. Repeat as necessary for a total of 4 cycles. Wash hands well before and after treatment. Return to the clinic if no improvement after 1 month treatment regimen. <p>5. Provide prescription for Aldara (Imiquimod 5%) cream. (Do not use if client is pregnant.) Instruct client to:</p> <ol style="list-style-type: none"> Apply a thin layer of cream to warts, rub the cream until it vanishes. Wash hands well after treatment applications. Leave the cream on for 6-10 hours, then wash the area with mild soap and water. Apply once every other day 3x/week. Continue treatment until warts are gone or up to 16 weeks. Do not use for vaginal or internal anal warts. <p>6. Sinecatechin 15% ointment(green tea extract) tid up to 16 weeks maximum.0.5 cm strand of ointment applied to each wart, using a finger to ensure coverage. It is not recommended for HIV positive patients or immunocompromised patients. Safety in pregnancy has not been established .The ointment may weaken condoms and diaphragms.</p> <p>7. Because of the shortcomings of all available treatments, some clinics employ combination therapy (i.e., the simultaneous use of two or more modalities on the same wart at the same time). However, some specialists believe that combining modalities may increase complications without improving efficacy.</p>
<p>CLIENT EDUCATION</p>	<ol style="list-style-type: none"> Provide client education handout(s). Review manufacturer's instructions. Review symptoms, treatment options, and medication side effects. Advise client to avoid intercourse during course of treatment. Latex condoms and diaphragms may be weakened by Aldara. Instruct on genital self-exam monthly. Review safer sex education, as appropriate. Recommend client RTC prn for treatment, annually, and prn problems. Advise client on available HPV vaccinations.
<p>CONSULT / REFER TO PHYSICIAN</p>	<ol style="list-style-type: none"> Vaginal wall lesions or visible lesions on the cervix. Palpable or suspected rectal wall lesions. Lesions non-responsive to treatment. Immunocompromised patient. Surgical removal for extensive HPV lesions.

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References:

- Center for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines 2010; pp 69-78. <http://www.cdc.gov/std/treatment/2010/genital-warts.htm>
- Lippincott; Williams; Wilkins. (2001). Griffith's 5-Minute Clinical Consult. Philadelphia: pp. 254-255.
- Hawkins, J. V.; Roberto-Nichols, D.M.; Stanley-Haney, L.J. (2000). Protocols for Nurse Practitioners in Gynecologic Settings (7th ed.). New York: Ardent Media, pp. 112-116.

4. Hatcher, R.; Trussel, J.; Stewart, F.; Nelson, A; Cates, W.; Guest, F., Kowal, D. (-2007). Contraceptive Technology (19th revised ed). New York: Ardent Media pp. 562-564.
5. Centers for Disease Control Genital HPV Infection Fact Sheet, <http://www.cds.gov/std/health>