1. Bacterial vaginosis
Likely secondary to Gardnerella , Mobiluncus: Starting Flagyl 500 mg BID x 7 days. Allergies reviewed. Potential medication side effects discussed. Instructed patient to return in 10 days for worsening or no improvement in symptoms.
-Pt was advised to avoid douching, using body wash, scented panty liners, frequent sexual activity, etc. [There has also been some association between use of the copper IUD and an increase in BV (though the risk may be from irregular bleeding. Combined oral contraceptive pills may also increase risk of candidiasis and possibly BV.]
-Pt was educated that there is no need to treat the patient’s partner unless it is a same-sex relationship, and both are symptomatic.
-Patients should refrain from sexual activity during treatment or use barrier contraception which may protect from recurrence
-Pt was also advised that after treatment, BV may recur in up to 30% of patients within 3 months and 58% within 12 months.
-As Pt has had >=3 episodes in the last year we will move forward suppressive therapy w/twice weekly metronidazole gel for 16 weeks after treatment of the acute episode or changing the antibiotic or extending the course may be considered as well. Pt was educated that probiotics have not been shown to treat or prevent bacterial vaginosis.