

Pelvic Floor Dialogues

So I pee a little when I laugh. That's normal right?

How has my body changed "down there" since I had my baby?

Everyone talks about Kegels. Do they really work? How much is enough?

08.2017 | ISSUE 23

FOLLOW US:



www.facebook.com/Voicesforpfd



@voicesforpfd

In this issue

- What Women Want
- Does that Bedroom Rodeo Send Your Bladder A-rockin'?
- Goodbye Uterus, Hello UI
- None of Us is as Smart as All of Us
- Around the Web
- The Rest of the Story

What Women Want

"The old me is what I'm after. I want to joke and laugh and flirt. I want to think about sex. I want to initiate sex. I want to have more of it." shared one woman during a public meeting on female sexual dysfunction. In the fall of 2014, across a three-hour period, 22 women spoke openly at the forum hosted by the [Food and Drug Administration](#) (FDA). Sexual dysfunction affects 1 in 10 women. At the time of this meeting, there were no medicines available to treat a woman's lack of libido. To help others understand that the problem was not merely a matter of being stressed, one woman discussed a vacation experience. "In a beautiful place with the man I love, my body was like a shell with nothing inside. I just did not feel like I wanted to have sex," she said. "My desire was still gone."

A year later, the FDA approved the first ever medicine to treat female sexual desire. Flibanserin ([Addyi](#)®) is for premenopausal women with hypoactive (aka low) sexual desire disorder. Many women find flibanserin helpful in restoring their desire for intimacy. However, the "little pink pill" as some call it, is not without side effects. Abstaining from alcohol is a must—drinking with flibanserin puts you at a high-risk for fainting. Some women also report dizziness, nausea, and sleepiness. So, it's best to take at bedtime. Since Addyi does not work for everyone, healthcare providers usually recommend a two-month trial period. If it does not work after eight weeks, it's not for you.

Learn more about coping with an AWOL sex drive. Watch a [video about sexual dysfunction](#) featuring Dr. Cheryl Iglesia.

American Urogynecologic Society
1100 Wayne Ave, Suite 670 | Silver Spring, MD 20910

P: 301.273.0570 | F: 301.273.0778 | info@aug.s.org
Accredited © 2015 American Urogynecologic Society



Does that Bedroom Rodeo Send Your Bladder A-rockin'?

In If you leak urine during sexual activity, you are not alone. One-third of the 2,300+ women in a recent study experienced coital incontinence (CI). CI is the accidental leakage of urine during sex. Another study found that one in four women with a diagnosis of [urinary incontinence](#) (UI) leaked urine during sex.

CI happens for several reasons:

- Penetration may put pressure on the bladder or urethra, pushing urine out. (The urethra is the tube that carries urine from the bladder to the outside of the body.) In this case, the leaking may relate to [stress urinary incontinence](#) (SUI). SUI is urine leakage with physical activity such as laughing, sneezing, lifting, or exercise.
- If, the leakage happens during orgasm, it may be due to spasms of the bladder muscles. This may relate to [overactive bladder](#) (OAB). OAB is urinary urgency (gotta go NOW), usually with frequency and nocturia—the need to urinate one or more times during sleeping hours. Sometimes women with OAB also have [urgency urinary incontinence](#) (UUI). UUI is urinary leakage that occurs with the sudden, strong desire to pass urine.
- Lastly, pelvic floor weakness may lead to leaking with sex. This may happen to women with [pelvic organ prolapse](#) (POP). POP is the dropping of the pelvic organs, such as the bladder, uterus and rectum, caused by a loss of vaginal support.

Depending upon your diagnosis, there are steps you can take to limit the risk. Check out the tips for reining in leakage during that next bronco ride!

REINING IN LEAKAGE DURING SEX

1. [Talk with your healthcare provider](#) and learn more about what may be causing your symptoms.
2. Find out [how other women cope](#) with this condition.
3. Discuss the condition with your partner.
4. Do your [pelvic floor muscle exercises](#).
5. If you are overweight, lose weight.
6. Limit how much you drink just before sex.
7. Empty your bladder before intimacy.
8. Be adventurous in the sack—find out if alternative positions reduce your leakage.
9. Keep the excitement going by taking a bathroom break amid intercourse.
10. Be adventurous—do it in the shower!

Goodbye Uterus, Hello UI

A friend received a get-well card after having a hysterectomy, or surgical removal of the uterus. The card read, “I got 99 problems. But a uterus isn’t one.” Unfortunately, my friend lost a uterus and gained another problem—a leaky bladder. Her story is not unusual. Or, is it?

Swedish researchers analyzed the records of 371 women who had hysterectomies and found that about 1 in 10 women developed UI. Risk factors for developing UI post-hysterectomy are being overweight, delivery of babies vaginally. Women with a history of prolapse or fibroids are also at high risk. But, other researchers say, “hold the phone.” They found that UI was not more common among women who had hysterectomies. Thus, they concluded that hysterectomy is not a risk factor for UI.



- Read more about [urinary incontinence](#) and bladder control problems.

- Get help losing weight, [Find a Registered Dietitian](#).
-

None of Us is as Smart as All of Us

One-quarter of young women with chronic pelvic pain struggle to find an effective treatment. They may find that their healthcare providers are embracing an adage about teamwork. Management guru Ken Blanchard once said, “None of us is as smart as all of us.” And, when it comes to treatment for chronic pelvic pain, healthcare providers agree. They now believe that a multidisciplinary approach is best. Your team may include a [urogynecologist](#), gynecologist, pain specialist, physical therapist, counselor, and other health care providers. Plus, you may need multiple treatments.

Depending upon your specific situation, your health care provider may suggest:

- **Medicine:** Be patient and work with your health care provider to find the right medicine for you. It may require trying different drugs. And, you may need more than one medicine.
- **Physical therapy:** A range of treatments done by physical therapists can help women manage chronic pelvic pain.
- **Counseling:** Helpful therapies for keeping pain in check include learning techniques for squashing those “automatic negative thoughts (ANTS)” and keeping a journal.
- **Dietary changes:** Some pain patients are food sensitive. This means that making changes to what they eat helps reduce symptoms.
- **Electrical Stimulation:** Treatments that deliver electrical pulses to the nerves can help manage symptoms and discomfort related to OAB, accidental bowel leakage, and—yes, ladies—labor pain!
- **Complementary therapies:** Though the jury is still out, some of the following therapies hold promise for managing chronic pelvic pain: acupuncture, herbs, meditation, and massage.
- **Surgery:** Studies report that a hysterectomy may provide relief for some women with chronic pelvic pain of unknown origin. However, it is a gamble. After the surgery, many women (21-40 percent) still have pain. And, for a small group (5 percent), the pain worsens.

THE TAKEAWAY: Treating chronic pelvic pain is complicated. Work closely with your health care provider and be flexible about trying a variety of options.

- Connect with other women online—join the [Voices for PFD Community](#) today.
 - Find a [urogynecologist](#).
-

Around the Web

- [Sensory mapping of pelvic dermatomes in women with interstitial cystitis/bladder pain syndrome](#)
 - [What's a dermatome?](#)
 - [FDA requests removal of Opana ER for risks related to abuse](#)
 - [Which treatments for pelvic floor disorders are backed by evidence?](#)
 - [Parenting columnist: Childbirth and pelvic floor problems an issue for many women](#)
-

The Rest of the Story

- Christiansen UJ, Hansen MJ, Lauszus FF. [Hysterectomy](#) is not associated with de-novo urinary incontinence: A ten-year cohort study. Eur J Obstet Gynecol Reprod Biol. 2017 Jun 16;215:175-179. doi: 10.1016/j.ejogrb.2017.06.022. [Epub ahead of print]
- Gray T, Li W, Campbell P, Jha S, Radley S. Evaluation of [coital incontinence](#) by electronic questionnaire: prevalence, associations and outcomes in women attending a urogynaecology clinic. Int Urogynecol J. 2017 Jun 15. doi: 10.1007/s00192-017-3380-x. [Epub ahead of print]
- Ashline J, McKay K. Content analysis of patient voices at the FDA's "[Female sexual dysfunction](#) patient-focused drug development public meeting." Sexuality & Culture. 2017;21:569–592.doi: 10.1007/s12119-016-9405-7.
- Bohlin KS, Ankardal M, Lindkvist H, Milsom I. Factors influencing the incidence and remission of urinary incontinence [after hysterectomy](#). ACOG. 2017 Jan 216(1): 53 e1-53 e9.
- Simpson LR, Mahmood T. Medical and surgical management of [chronic pelvic pain](#). Ob Gyn Repro Med. 2017 Jan;27(1):14-21.
- Munaganuru N, van den Eeden SK, Creasman J, et al. [Urine leakage during sexual activity](#) among ethnically diverse, community-dwelling middle-aged and older women. Am J Obstet Gynecol. 2017 Jun 8. pii: S0002-9378(17)30733-0. doi: 10.1016/j.ajog.2017.05.069. [Epub ahead of print]
- Sharma N, Rekha K, Srinivasan JK. Efficacy of transcutaneous [electrical nerve stimulation](#) in the treatment of chronic pelvic pain. Journal of Mid-Life Health. 2017 Jan 1;8(1):36-39.