

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?

10.2017 | ISSUE 24

FOLLOW US:



www.facebook.com/Voicesforpfd



@voicesforpfd

In this issue

- Making Your Bladder Gladder
- Abdominal Presses and Bladder Somersaults
- Should You Bulk Up?
- "You're in" Trouble
- Hey Doc, Let's Talk
- Around the Web
- The Rest of the Story

Making Your Bladder Gladder

Movie director Alfred Hitchcock once remarked, "The length of a film should be directly related to the endurance of the human bladder." Speaking of bladders, November is [Bladder Health Month!](#) And, across the country, health care providers will be hosting "Break Free from PFDs" events. Budget time to learn more about bladder control, prolapse, and other pelvic floor disorders. And, no worries, the presentations will not be longer than the endurance of the human bladder. Well, if they are, there will be restrooms readily available!

- Find out more about [Bladder Health Month](#) and register for an event in your area

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



Abdominal Presses and Bladder Somersaults

At a clinic in Frankfurt, 15 women—most in their 30s—performed gymnastic exercises, called physiotherapy. This is a standard therapy for [stress urinary incontinence](#) (SUI) in Germany. SUI is urine leakage with physical activity such as laughing, sneezing, lifting, or exercise. Physiotherapy strengthens the pelvic floor, which helps to reduce the risk for leakage. Research findings, however, suggest this therapy may not be the best for all women with SUI. For example, [shoulder bridges](#) and [abdominal presses](#) may help strengthen the pelvic floor. However, these moves can also shift the bladder and promote SUI. A similar study, conducted in Berlin, supports these results. Both studies found that some of the physiotherapy exercises may not be helpful for everyone. This was especially true among women who do not maintain a [pelvic tilt](#).

The bottom line: If exercises appear to increase SUI, talk with your provider. Share any exercises you are doing. Find out if a referral to a physical therapist may be helpful.

- Watch the video: [What are Pelvic Floor Disorders?](#)
- Learn how to do pelvic floor muscle exercises ([Kegels](#))
- [Find a physical therapist](#) who is knowledgeable about pelvic floor

TYPES OF PHYSIOTHERAPY EXERCISES

- Abdominal crunches/presses
- Bridges, “on all fours” arm and leg
- Pilates clam exercise
- External ankle to ankle push standing
- Toe stands

Should You Bulk Up?

Another treatment for SUI is urethral bulking. The urethra is the tube from the bladder to the outside of the body that urine passes through during urination. Urethral bulking involves inserting a material (called a bulking agent), around the walls of the urethra. The bulking agent narrows the width of the urethra, which helps reduce urine leakage when you cough or sneeze. Based on the results of 26 studies, urethral bulking has a high success rate. Researchers reported that this treatment was effective for most women (66 to 90 percent of patients). Ask your health care provider if urethra bulking might be an option for you. Also, find out about risk factors, such as your chance of developing a urinary tract infection (UTI).

- Learn more about [bladder control](#) problems and treatments
- Download a fact sheet about [stress urinary incontinence](#)

“You’re in” Trouble

Not again! Most women have experienced that annoying, consistent need to go, often associated with pelvic discomfort, odd smelling urine and other symptoms. Yup, you guessed it—a urinary tract infection. A UTI is the abnormal growth of bacteria in the urinary tract combined with symptoms like urgency and frequency of urination. The urine may also be cloudy, bloody or have a foul odor. By age 24, one in three women have experienced at least one UTI. Some women get UTIs frequently. For example, more than two UTIs in a six-month period or over three UTIs in a year.

Recurrent UTIs is the term used to describe frequent urinary infections. The UTI relapse may be due to not finishing the medicine your health care provider prescribed. Or, the specific bacteria causing the UTI may not be responding to that medicine. Sometimes, the UTI returns because of re-infection by the same or some different bacteria. Lastly, some women get recurrent UTIs due to a weak immune system.

The good news: There are simple steps you can take to help reduce your risk for UTIs. Drinking enough water can help limit the risk for UTI. (How much varies for each person. After you urinate, turn around and peek. If you are getting enough water, your urine should be a [pale-yellow color](#).) Also, [gently clean](#) the external part of your vagina, called the labia, each day can help. Wash it with a mild soap and warm water. Don't overdo, be gentle. Lastly, if you are overweight, losing weight can also help reduce your risk for UTIs.

The promising news: A vaccine to prevent UTIs may soon be available. Researchers are considering vaccines given as shots, nasal sprays, or vaginal inserts. We'll keep you posted as the research progresses.

- Learn more about [treatments for urinary tract infections](#)
- Need to lose a few pounds? [Find a dietitian](#) in your area



IMAGE SOURCE: [Cleveland Clinic](#)

Hey Doc, Let's Talk

Researchers from Sweden have a strong message for their colleagues. They want health care providers to spend more time talking with women about the risks of urogyn surgeries. This comes from a survey conducted with nearly 1,000 Swedish women. All of them had [prolapse surgery](#). Half of them reported not being aware of potential [bladder control](#) and [bowel leakage](#) risks. Plus, one out of three women don't recall learning about the possible effects of surgery on sexual function.

The authors advise offering women information, either orally or in writing. The American Urogynecologic Society ([AUGS](#)) agrees. AUGS created [best practices for providers about prolapse surgery](#). In it, AUGS advises discussing with patients all potential treatments for prolapse surgery, as well as the benefits and risks. Plus, AUGS notes explaining that treatments depend on a patient's individual health status and personal goals.

In today's fast-paced health care world, patients only have a short snippet of time with their health care providers. Make the most of that time. Before you go, review the information on the [Voices for PFD](#) website about your condition. Prepare a list of questions to ask your provider. To help you prep for your appointment:

- Read tips on how to [talk to your doctor](#)
- Download fact sheets about [different urogynecological surgeries](#)
- Review information on [prepping for surgery](#)

Around the Web

- The Best and Worst [Foods for Your Vagina](#)
- Why am I Still [Leaking Urine](#) Now that I'm Several Months Postpartum?

- Your Clothes Can Spike Chances of [Urinary Tract Infection](#)
- Found, [Gene That Causes a Weak Bladder](#)
- Does a Racehorse [Pee Like a Racehorse?](#)

The Rest of the Story

- American Urogynecologic Society Best Practice Statement: [Evaluation and counseling of patients with pelvic organ prolapse](#). Female Pelvic Med Reconstr Surg. 2017 Sep/Oct;23(5):281-287.
- Baeßler K, Junginger B. Traditional [gymnastic exercises for the pelvic floor](#) often lead to bladder neck descent—a study using perineal ultrasound. Geburtshilfe Frauenheilkd. 2017 Jul;77(7):765-770.
- Baessler K, Junginger B. [Gymnastics for urinary incontinence](#)—destroying the myth. Neurourol Urodyn. 2010 Aug; 29:1052-1053.
- Bergamin PA, Kiosoglous AJ. Non-surgical management of [recurrent urinary tract infections](#) in women. Transl Androl Urol. 2017 Jul;6(Suppl 2): S142-S152.
- Pakbaz M, Rolfsman E, Löfgren M. Are women adequately [informed before gynaecological surgery?](#) BMC Womens Health. 2017 Aug 25;17(1):68.
- Siddiqui ZA, Abboudi H, Crawford R, Shah S. [Intraurethral bulking agents](#) for the management of female stress urinary incontinence: a systematic review. Int Urogyn J. 2017 Sep; 28(9): 1275–1284.