

# 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?

ISSUE 32

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## Mesh and Mesh Removal: Learn More

On April 16, 2019, the [U.S. Food and Drug Administration](http://www.fda.gov) (FDA) ordered manufacturers of surgical mesh for transvaginal repair of anterior compartment prolapse (cystocele) to stop distributing the products. The FDA found that the manufacturers did not demonstrate the safety and effectiveness of these products. So, now what?

- If you had pelvic organ prolapse (POP) repaired with transvaginal mesh, continue with your check-ups and follow-up care.
- If you are happy with the surgery, there is no need to take additional action.
- If you have complications or symptoms, such as persistent vaginal bleeding or discharge, pelvic or groin pain, or pain with sex, talk with your surgeon about the best options for you.

**More questions about what to do if you've had surgery with mesh? Visit the Voices for PFD website:**

- [What to Know if You've had Surgery with Mesh](#)
- [Mesh Removal Fact Sheet](#)

## Might Constipation be the Reason for Your UI?



Constipation is difficulty passing bowel movements or the need to strain for bowel movements. Urinary incontinence (UI) is the accidental leakage of urine from the bladder. So, what do they have in common? More than you may think:

- Young women who experience constipation during pregnancy are more likely to also experience UI
- For senior women who are both constipated and struggling with UI, effectively treating their constipation also provides relief for their UI

The reason for this link is not fully known. One thought is that the full bowel may push on the bladder or urethra causing urine to leak out. Or, the added pressure may lead to POP, which may cause UI. Another theory is that there could be a problem with a nerve shared by both of these organs. Other factors may also come into play. For example, being overweight and not eating a healthy diet may also increase your risk for both constipation and UI.

### If you are struggling with both constipation and UI:

- Download a free fact sheet about [constipation](#)
- Learn more about [urinary incontinence](#)
- Be open with your healthcare provider about both conditions—that way they can figure out the best treatment options for you

## Does Fungus in the Bladder Play a Role in IC/BPS?

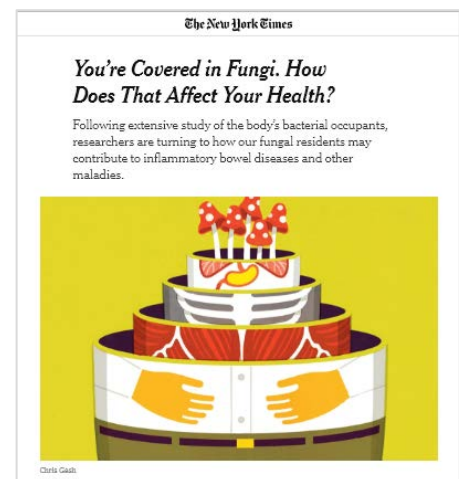
Our bodies contain a diverse culture of bacteria, yeasts, and fungus. Each day we learn more about how changes in this culture may contribute to disease. For example, conditions like dandruff and inflammatory bowel disease may be due to too much or too little of specific types of fungus in the body.

A recent study found some early evidence of such a connection with interstitial cystitis/bladder pain syndrome (IC/BPS). IC/BPS is a condition with symptoms including burning, pressure, and pain in the bladder along with urgency and frequency. The cause of IC/BPS is unknown. Some recent research suggests that IC/BPS flares may relate to fungus in the urine:

- Researchers found five times more of two types of fungus in the urine of IC/BPS patients experiencing flares, compared to patients not flaring. The types of fungi were the *Candida* and *Saccharomyces* species.
- Differences in body fungus may also be related to the severity of urine symptoms. For example, there were greater amounts of *Candida* and *Malassezia* fungi among IC/BPS patients with more severe urinary symptoms.

The researchers note that much more scrutiny is needed. The number of patients in this study was very small. Thus, it is not clear if this finding applies to all individuals with IC/BPS. Also, we don't know if medicines used for *Candida* and other fungal infections work for IC/BPS. Plus, studies have NOT found that an anti-yeast diet is helpful for individuals with IC/BPS. So, hang in there. There are many researchers working hard to figure out the cause of our IC/BPS—in the meantime:

- Learn [more about IC/BPS](#)
- Or, download the [large print format of the IC/BPS fact sheet](#)
- Read more in the New York Times article about [fungi and gut health](#)



## POP Surgery: When Does the Pain Stop?

Nearly 400 women, treated at nine different medical centers, participated in a study about pain following pelvic organ prolapse (POP) surgery. POP is the dropping of the pelvic organs caused by the loss of normal support of the vagina. The women in this study had apical vaginal prolapse. This means that either the uterus or the upper part of the vagina sags or drops out of place.

The study compared the degree of pain following two different treatment options:

- Sacrospinous ligament fixation. The surgeon attaches a strip of mesh material from the vagina to the sacrospinous ligament on the bone near the tailbone. This procedure is performed through an abdominal incision, laparoscopically, or robotically.
- Uterosacral ligament suspension. With this procedure, your surgeon stitches the top of the vagina to a ligament in the pelvis. It is performed through the vagina with no abdominal incisions and no mesh.



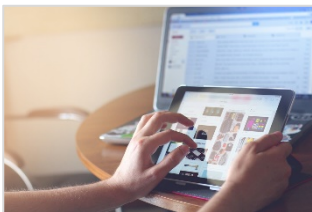
Before surgery, the women in the study reported an average pain score between 2 and 3, on a scale of zero to 10. Two weeks after surgery, pain levels increased for all women. However, after that the pain levels decreased for both groups of women:

- Four to six weeks after surgery, pain during exercise and strenuous activity decreased to 1.3.
- Three months after surgery, pain levels were down to a score of one.
- At six, 12 and 24 months after surgery, pain was much less than before surgery.
- Two years after surgery, only seven percent of the women required narcotic pain medicine. About 1 in 4 of the women, however, required other forms of pain medicines.

The takeaway: POP surgery may help decrease the amount of pain you are experiencing. After surgery, give it time. It can take several months for the pain to lessen.

- Watch a video [interview with Drs. Victoria Handa and Gunhilde Buchsbaum about POP](#)
- Download a [fact sheet about POP](#)

## Around the Web



- In Search of [Mobile Applications for Patients With Pelvic Floor Disorders](#)
- [Incontinence during the menopause](#): Why does it happen and what can be done?
- Tips for [better bowel control](#)
- Your Health Matters: [Diagnosing pelvic pain and incontinence](#) in women
- 7 [Travel Tips for Interstitial Cystitis](#)

## The Rest of the Story

- Barber MD, Brubaker L, Ellington D, Gantz MG, et al. Pain and activity after vaginal reconstructive surgery for pelvic organ prolapse. Am J Obstet Gyn. 2019 Mar 1; 220 (3): S706-S706.
- Lian WQ, Li FJ, Huang HX, Zheng YQ, Chen LH. Constipation and risk of urinary incontinence in women: a meta-analysis. Int Urogyn J. doi.org/10.1007/s00192-019-03941-w
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