

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?

SPRING 2013 | ISSUE 1

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Experts Conclude Mesh Surgery Beneficial for Subgroup of POP Patients



There's a lot in the news—much not good—about the risks associated with the “mesh” surgery used to repair pelvic organ prolapse (POP). About half of women between the ages of 50 and 79 have some form of prolapse. It occurs when muscles and ligaments in the pelvic floor are stretched or become too weak to hold the organs in the correct position in the pelvis. As prolapse of the vagina and uterus progresses, women can feel bulging tissue protruding through the opening of the vagina.

Every woman's situation is different—and with POP we are talking about effect on quality of life, including sexual health and intimacy issues. To select the best treatment option, patients and doctors must have open and candid discussions about POP causes, treatment options, risks and potential complications of different approaches, and required follow-up.

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 **AUGS**
Advancing Female Pelvic Medicine and Reconstructive Surgery

Voices for **PFD**

There are many causes of prolapse. Genetics may play a part—some women are at greater risk because they are born with weaker tissues. Loss of pelvic support can also occur when any part of the pelvic floor is injured, for example: during vaginal delivery, surgery, pelvic radiation, or back and pelvic fractures. Other contributing factors include constipation and chronic straining, smoking, chronic coughing, and heavy lifting. In addition, aging, menopause, obesity, and debilitating nerve and muscle diseases can contribute to prolapse.

There are both non-surgical and surgical treatment options for POP, depending on the exact nature of the prolapse and its severity. A physician may recommend one option vs. another. About 300,000 women in the US undergo POP surgery each year and there's been much press about the risks associated with the vaginal "mesh" procedure. This surgery uses a material to treat POP when the bladder, vagina, uterus, or rectum "drops" due to weak ligaments and weak pelvic muscles.

It's important to differentiate between vaginal prolapse mesh and slings. About one out of three women over the age of 45, and 1 out of every 2 women over 65 experiences SUI and sling surgery is designed to correct this type of incontinence. A sling or hammock of material (synthetic mesh, organic materials, etc.) is used to support the urethra and prevent leakage of urine with physical activity. The media has focused on vaginal mesh surgeries; slings are not part of the mesh debate.

So, do the benefits of mesh surgery outweigh the risks? In 2008 the number of women needing additional surgery due to mesh-related complications caught the eye of the US Food and Drug Administration. The FDA issued an initial safety communication regarding mesh surgery in October 2008 followed by an update in July 2011 (<http://www.fda.gov/medicaldevices/safety/alertsandnotices/ucm262435.htm>). And, more recently, the American Urogynecologic Society (AUGS), a professional association of doctors, nurses, physical therapists, researchers, and other healthcare providers, carefully reviewed this issue and published a position paper reflecting their collective expert opinion.

Like any surgery, POP mesh procedures are not without risks, including those associated with general anesthesia and vaginal surgery. Potential complications associated with implanting a permanent synthetic mesh in pelvic organ prolapse procedures include pain, bleeding, injury to blood vessels or nerves, scarring, inflammation, and infection. There are also risks of urinary incontinence or retention, recurrent prolapse, vaginal narrowing or shortening, fistula formation (abnormal connection between organs and/or mesh), injury to bladder, ureter, or bowel which may require additional surgery to repair. Additional risks are mesh and/or tissue contracture and mesh exposure into adjacent organs or the vagina—which have been associated with painful sex (dyspareunia).

AUGS found that the benefits of mesh outweigh the risks for some women. Expert review concluded that mesh surgery can be beneficial and appropriate for repair of POP in a subgroup of patients. And, patients and doctors must be free to explore mesh surgery along with other POP treatment options. AUGS advises patients to find experienced surgeons with extensive training in pelvic surgery. They emphasize the need for patients and doctors to discuss the plusses, minuses, and potential complications of mesh surgery.

The AUGS position paper also highlights the need for more research on mesh surgeries and POP treatment options.

Mesh Beneficial for Some Patients

- About 50% of women 50-79 years of age have some form of prolapse.
- Weakened pelvic muscles and ligaments lead to pelvic organ prolapse (POP).
- There are both non-surgical and surgical treatment options for POP.
- Some surgery may use a mesh material to help support dropping pelvic organs.
- Mesh materials are different - may be a permanent mesh or biologic material.
- AUGS convened an expert panel to review concerns about the "mesh" procedure used in some POP surgeries.
- These clinicians found that mesh surgery may be beneficial for some POP patients.
- Every woman's situation is different—together, each woman and her doctor must decide on the best POP treatment for her.

Note to Self: Learn the Language of Medicine

Researchers found that if doctors asked about sexual function during a visit within the past three years, women (middle-aged and older) were more likely to ask for help with sexual health problems. The flip side—doctors often do not ask about sexuality. So, if your tango has slowed to a waltz, you may need to take the lead!

To help jumpstart the discussion, here's the lowdown on aging and sexuality:

- Menopause decreases estrogen levels in your body, which may reduce desire and affect sexual function.
- Changes happen in your vulva and vagina, causing many women (45%) to experience dryness, irritation, painful sex (dyspareunia), and sometimes bleeding associated with sex.
- Pelvic muscles weaken with age, increasing your risk for PFDs such as UI, POP, and fecal incontinence.
- Other health problems, including diabetes, multiple sclerosis, high blood pressure, and arthritis, can also inhibit your libido.

Assuming all this is just part of aging, many women do not talk with their partners or doctors about these changes. However, there are things women can do to put the cha-cha back on your dance card. Women are encouraged to talk with their doctor about:

- Estrogen pills and ointments to help improve vaginal health and sexual function.
- Professionals who can offer strategies to help you open up to your partner about sexuality and intimacy issues.
- Other steps to take to help restore sexual health.

It's Never Too Late to Talk with Your Doctor about the Birds and the Bees

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Spare the Uterus, Spoil the Woman

Two studies explore the impact of hysterectomy on well-being

During sex and specifically orgasm, contractions of the uterus, cervix, and vagina trigger sensory stimuli which then send the pleasurable “YES, YES” signal to your brain. Hysterectomy, removal of the uterus and potentially the cervix, can interfere with this feedback loop and cause hypoactive (low) sexual desire disorder (HSDD).

So, Cleveland Clinic researchers wondered if women would choose hysterectomy over an alternative which allowed them to retain their uterus. One hundred women diagnosed with POP responded to a survey on hysterectomy as a treatment option. Nearly two-thirds (60%) noted they would opt out of the hysterectomy and go for the alternative POP repair option. To help make their final decision, women noted they would also:

- Discuss options with their doctor.
- Consider complications and surgery risks.
- Weigh any increased risk of cancer associated with treatments.

In Germany, a different research team investigated if HSDD was more common with specific surgical techniques used to perform hysterectomies. This group found no link between the following techniques and increased risk of HSDD:

- Abdominal hysterectomy (AH)—also called “open” surgery because the surgeon makes an incision across the belly and removes the uterus through that opening.
- Vaginal hysterectomy (VH)—your doctor makes an incision in the vagina and removes the uterus through that incision.
- Total laparoscopic hysterectomy (TLH)—the physician makes several small cuts in the belly and places surgical tools with a camera into that area. The surgeon then performs the procedure by viewing the operation on a video screen.
- Laparoscopy-assisted supracervical hysterectomy (LASH) — using laparoscopic tools, the surgeon makes an incision in the vagina.

Both research teams issued similar calls to action for their colleagues—we need POP treatments which spare the uterus and surgical options that preserve sexual function after hysterectomy!

We Welcome Your Thoughts

The PFD Alliance increases awareness of female pelvic floor disorders and the non-surgical and surgical treatment options. Created in September 2011, this unique organization brings together the expertise and resources of partners across advocacy, professional medical organizations, health providers and scientific discovery corporations.

Let your voice be heard:

- Join the conversation at www.voicesforpfd.org.
- Email your comments and suggestions to info@aug.org, subject line Pelvic Floor Dialogues.

The Rest of the Story

- American Urogynecological Society. Position Statement on Restriction of Surgical Options for Pelvic Floor Disorders (03/13).
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