

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 11

Pelvic Floor Dialogues

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In this issue

- Want Better Sex? Shed Excess Pounds and You May Like It Even More!
- Pros and Cons of Midurethral Sling Procedures
- Surgery, Hospital—Pack Only a Few of Your Favorite Things
- Where the Boys (Heads) Are
- What You Hope Your Doctor is Reading—Proactive Post-Op Care Helps Seniors
- Not Sure if You Are Kegel'ing Correctly?
- 12,000 Open Up About Vulvar Pain
- The Rest of the Story

Want Better Sex? Shed Excess Pounds and You May Like it Even More!



Two more weight loss motivators:

- No. 1: Another study looked at the link between body mass index (BMI), a measure of body fat, and sexual pleasure. Women with a higher than normal BMI had less impactful vaginal orgasms. So, is it time to work on losing those extra pounds? yes, yes, YESSSSS!

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- No. 2: Weight loss improves urinary incontinence (UI), the unintentional leakage of urine. Those extra pounds apply pressure on your bladder, which promotes that “gotta-go” feeling. Studies show that losing 5 to 10 percent of excess pounds may reduce UI episodes. Most women (75 percent) were moderately or very satisfied with how slimming down lowered the number of UI episodes.

Pros and Cons of Midurethral Sling Procedures

Slings are used in surgery designed to improve stress urinary incontinence (SUI), leakage of urine with physical activity or motions such as laughing, coughing, lifting, or exercising. To help prevent leaking, the surgeon puts a tiny hammock under the urethra, the tube that carries urine out of the body.

Like any surgery, there are risks and complications. You'll want to discuss the findings of two studies about midurethral slings (MUS) with your doctor prior to surgery. Both studies looked at the success rates of MUS made with synthetic mesh tape.

In the first study, researchers compared RP-MUS and TO-MUS procedures:

- The *retropubic midurethral sling* (RP-MUS) forms a U shape behind the pubic bone.
- The *transobturator* (TO-MUS) runs across the pubic bones beneath the urethra.

They found similar cure rates for these two types of sling procedures. Bladder injuries and vaginal erosions were more common among women who had the RP-MUS procedure. Vaginal injury rates and pain-related complications were higher among those who had the TO-MUS procedure.

In the second study, researchers evaluated the success of MUS for women with mixed urinary incontinence (MUI). MUI means you have both SUI and urge urinary incontinence (UUI). UUI, also called overactive bladder (OAB), is the inability to hold urine long enough to reach a restroom. Researchers found that MUS worked better for women with *only SUI*. For most of the women with MUI in this study, the MUS procedure helped control SUI but not OAB symptoms.

Surgery, Hospital—Pack Only a Few of Your Favorite Things

Are you about to go into the hospital for surgery? It's normal to feel nervous. Review FAQs about POP surgery and download a free fact sheet about preparing for your surgery. Also, packing a few familiar things can help comfort your psyche during a hospital stay:

- You'll want those cozy pajamas, a nightgown, or lounging clothes. Don't forget to throw in a comfy pair of socks and slippers.
- Toss in personal toiletries, e.g., comb and hairbrush, toothbrush and toothpaste, soap and shampoo. However, go with products that are unscented or lightly scented.
- Take your eyeglasses and leave the contacts at home.
- Think light when it comes to makeup—you'll probably need to take it ALL off (GASP!) for the surgery. Post-op, lip balm and a bit of blush may be all you feel up for applying.
- Add something to help pass the time such as magazines, books, crosswords, etc.

Also, check the hospital's website about what NOT to bring:

- Ask about cell phones and computers. Some hospitals restrict use of gadgets. Be prepared to bring an old-fashioned pad and pen to take notes, as well as a prepaid phone card for making long-distance calls from your hospital room.

- Leave jewelry, credit cards and other valuables at home.
- Bring some pocket change, but not a lot of cash.
- Leave your hairdryer, curling iron, and other appliances at home.

Where the Boys (Heads) Are

Pelvic organ prolapse (POP), the dropping of the pelvic organs caused by the loss of normal support of the vagina, can crush sexual desire. And, your disinterest can affect your guy's sex life. Researchers asked men about their sexual experience before and after their women's POP surgery. Speaking honestly, some partners noted that seeing or feeling the prolapse was off-putting. Others shared that their partner's diminished sexual vibe or the need to void during sex nixed their desire. Lowered self-esteem and confidence were also turn offs for male partners. After surgery, most men worried that sex might cause their partner pain. However, half of the couples resumed normal relations. Slower recovery periods led to a delay in reviving relations for some couples. Men also noted positive changes in women following surgery such as increased sexual enjoyment.

What You Hope Your Doctor is Reading—Proactive Post-Op Care Helps Seniors

Recently, the American Geriatrics Society (AGS) released new recommendations for treating postoperative delirium (sudden confusion) in older adults. Some degree of disorientation can occur after anesthesia. One in five surgical patients over 70 years of age, however, may experience delirium. The AGS guidelines provide concrete steps doctors and nurses can take to prevent, as well as quickly recognize and treat, post-op delirium. Ask your doctor if you are at risk for this complication. If so, print out the AGS guideline and discuss it with your doctor before surgery.

Not Sure if You are Kegel'ing Correctly?

PeriCoach is a pelvic floor muscle-training device. Recently approved by the U.S. Food and Drug Administrative, it contains three biofeedback sensors. Insert the device through your vagina into the pelvic region. As you squeeze your pelvic floor muscles (Kegel), the sensors detect the muscle contractions. PeriCoach then immediately sends the results to an App on your smartphone (Android or iOS). You can also track your progress and share a progress report with your doctor.

12,000 Open Up About Vulvar Pain

Twelve thousand women participated in a study looking into the reasons for *unexplained* vulvar pain. This condition affects 10 to 30 percent of women. Researchers learned that many women who experience this condition (about 40 percent) do not discuss

THREE TRAITS OF VULVAR PAIN SYMPTOMS TO DISCUSS WITH YOUR DOCTOR

1. Number of times you experienced pain (burning, knife-like, on contact).
2. Pattern of pain (every now and then vs. all the time).
3. Activities that cause pain (inserting tampon, intercourse, pelvic exam, etc.).

these symptoms with their doctor. Plus, community doctors do not often ask about such problems. So, if your doctor doesn't bring it up, YOU CAN. Talk with your doctor if vulvar pain prevents you from being sexually active. Also, discuss any pain you experience on contact (tampon, intercourse, pelvic exam). And, request a referral to a specialist, such as a urogynecologist.

The Rest of the Story

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