

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?

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Per FDA, POP Transvaginal Mesh Implants Require More Research

The FDA recently announced the reclassification of transvaginal mesh implants for pelvic organ prolapse (POP). POP is the dropping of the pelvic organs caused by the loss of normal support of the vagina. This is not a new or unexpected announcement, but a follow up from their 2011 news release. The FDA's bulletin applies **only** to transvaginal devices for POP, but not to surgical mesh for other indications, like stress urinary incontinence (SUI) or abdominal repair of POP. In the past, the FDA ranked them as moderate risk. As of January 2016, the FDA shifted these devices to a "high risk" category. The FDA is also requiring that mesh makers provide stronger evidence on the safety and effectiveness of this type of mesh device.

New OAB Med: Why Your Girlfriend and Your Doctor May Tell You Different Things

When it comes to medicines for overactive bladder (OAB), your BFF and your provider may be on very different pages. OAB is the urgent need to urinate, which usually includes the need to go often (urinary frequency). Researchers asked 442 women and 318 doctors about the most important factors in selecting an OAB med. Patients noted they preferred a medicine with limited side effects. In contrast, doctors put greater emphasis on the benefits of a drug. This study highlights the need to speak with your doctor about medicine options. And, to ask about the potential side effects of each drug.



Acupuncture for OAB—What We Know

Clinicians are studying acupuncture as a treatment for OAB. Hailing from China, this technique of pricking skin or tissues is an accepted therapy for many health problems. Studies on acupuncture for OAB include two case histories and six human trials. Findings support acupuncture as an OAB therapy. Some studies found that it worked as well as antimuscarinic medicines, a common class of OAB drugs. However, research findings are limited. For example, there are different acupuncture techniques. Scientists must figure out the ideal one for OAB. In addition, we don't yet know the ultimate outcomes of acupuncture as an OAB therapy. Might it offer long-term relief?

Protecting Your Pelvic Floor by Being Strategic About When You Push During Birth

At the Ottawa Hospital in Canada, women are learning how to reduce their risk for pelvic floor damage when giving birth. And, clinicians are calling for a standard protocol during the second-stage of labor. Once a woman's cervix dilates, providers may direct her to start pushing (bearing-down). This helps move the baby out of the womb. However, by delaying this step until a woman feels the urge to push (laboring down), she may decrease birth-related damage to her pelvic floor. A review of 20 studies, however, notes the need to learn more before adopting this protocol. This group of researchers report that there is not enough evidence linking pushing stage with harm to the pelvic floor. Instead, they advise women to time pushing based on individual preference and personal comfort. So, talk with your doctor or midwife about birthing tactics. And, speak with other women about their experience with laboring-down vs. bearing-down.

My Temperature's Rising, But My Bladder's Not Leaking

Menopause is a time when hormones flare. Hot flashes propel you into another atmosphere. Has anyone else felt like they were in an outdoor sauna on the hottest day of the year in Death Valley? On the flip side, some women can take solace that this life change may mean the end of bladder issues. A study of 158 California women found that urinary incontinence, the accidental leakage of urine, might get better during menopause.



Menopausal women in this study also had less episodes of nocturia, the need to wake up during the night to void. So, grab a fan and embrace the hope that those hot flashes might tame your bladder.

Does Anal Intercourse Increase Your Risk for ABL?

For many women who experience painful vaginal sex, anal intercourse is an alternative for an intimate tryst. Plus, more and more couples report they enjoy this love making activity. Might anal sex increase your risk for accidental bowel leakage (ABL)? ABL, also called anal or fecal incontinence, is leakage of bowel gas, mucus, liquid stool, or hard stool. To help assess the risk, nearly 4,200 adults completed a sexual behavior questionnaire. More than one-third (37%) of the women had anal intercourse. Of those, about 10 percent experienced ABL. After adjusting for other factors, the risk for ABL was greater among women who had anal sex. Frequent and hard anal penetration may stretch the opening of your anus. This increases your risk for ABL. Taking it slowly helps to reduce your risk for anal damage.

The Rest of the Story

- Forde JC, Jaffe E, Stone BV, et al. The role of acupuncture in managing overactive bladder; a review of the literature. *Int Urogynecol J*. 2016 Jan 6. [Epub ahead of print]
- Heisen M, Baeten SA, Verheggen BG, et al. Patient and physician preferences for oral pharmacotherapy for overactive bladder: two discrete choice experiments. *Curr Med Res Opin*. 2016 Jan 20:1-31. [Epub ahead of print]
- Jones HJ, Huang AJ, Subak LL, et al. Bladder symptoms in the early menopausal transition. *J Womens Health (Larchmt)*. 2016 Jan 7. [Epub ahead of print]

- Lemos A, Amorim MM, Dornelas de Andrade A, et al. Pushing/bearing down methods for the second stage of labour. *Cochrane Database Syst Rev*. 2015 Oct 9;10:CD00912.
- Markland AD, Dunivan GC, Vaughan CP, Rogers RG. Anal Intercourse and fecal incontinence: evidence from the 2009-2010 National Health and Nutrition Examination Survey. *Am J Gastroenterol*. 2016 Jan 12. [Epub ahead of print]
- Osborne, Kathryn, and Lisa Hanson. Labor down or bear down: a strategy to translate second-stage labor evidence to perinatal practice. *J Perinat Neonatal Nurs* 28.2 (2014): 117–126.