

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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Prolapse: When Women Seek Care

"I didn't know that it happened" was one woman's response to learning that she had pelvic organ prolapse (POP). POP is the dropping of the pelvic organs, such as the bladder, uterus and rectum, caused by a loss of vaginal support. It affects three to six percent of women. And, most of them (75%) discover the prolapsed, or dropped organ, themselves. In one study, one quarter of the woman said that they first noticed it after a strenuous activity such as lifting furniture or pushing a car. "I went to the bathroom and I felt myself and I didn't know what it was." One hundred patients at a urogynecology clinic shared how long they waited after finding the prolapse before going to the doctor. Half of the women (46%) sought care right away. However, on average this group of women waited four months to get it checked out. With regards to severity of symptoms, POP was worse among women who noticed the prolapse themselves compared to those diagnosed by a doctor. This highlights the importance of preventive health appointments, which let doctors diagnose POP before the symptoms progress.

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Pessaries: Women Speak about Impact on Quality of Life

To treat POP or urinary incontinence (UI), the accidental loss of urine, your doctor may recommend a pessary. A pessary is a silicone device inserted into the vagina, similar to a diaphragm. Pessaries lift the bladder or vaginal walls and prevent the bulge from coming down. What do women think about pessaries? A recent study shares the experiences of 56 pessary wearers. The group included women aged 47 to 89 years of age. Some had worn pessaries for only a year. Others were long-term users—15 years was the longest period of time reported. Most of the women said that the pessaries worked for them. Pelvic floor symptoms were effectively controlled. About one third of the group, however, struggled with pessary-related problems. Of note, many of these women struggled with vaginal discomfort and inflammation. Because of these side effects, 41% of this subset of women said that they were thinking about having surgery.

Sacral Neuromodulation for Bowel Leakage: Patients Report Concerns

Devices that stimulate the nerves can help control accidental bowel leakage (ABL). These small devices, called sacral neuromodulators, are inserted under the skin around the upper buttocks. They send electrical pulses to the nerves in the back that control the bowel and rectum. By stimulating these nerves, many women are able to help control leakage. And, the doctor can adjust the level of stimulation based on your individual needs. However, this treatment does not work for all women. The U.S. Food and Drug Administration has collected more than 1,600 reports about patients who experienced bad reactions to this treatment. A common problem was the need for follow up operations. For some patients, doctors had to reposition the implants. For others, stimulation settings had to be adjusted. Reports also included lack or loss of benefit and pain. The takeaway: Talk with your urogyn about the benefits and risks of a sacral neuromodulator. Ask about the need for follow-up surgery.

Sexual History: Hey Doc, this is How You Should Ask

Talks with urogyns often include intimate topics such as sexual health. And, a group of docs from 164 urogynecology clinics wondered how patients felt about discussing S-E-X. They asked 220 women about their experiences and preferences. The docs learned that most women are not embarrassed to discuss sex. Indeed, the patients felt it was important to review sexual history with their urogyns. And, lucky for women, gynecologists and urogyns are open to discussing sexual history with patients. In fact, these types of doctors were more apt to ask about intimacy topics than primary care docs. The study results also showed that women at different ages may have different views. Younger women more often thought of sexual health as part of overall well-being. Senior women felt sexual issues were a normal part of aging. Participants favored in person talks with their doctors. And, a doctor of the same sex was preferred. Whatever your age or comfort level, your urogyn may need to know about your sexual health history to determine how best to help you. So, take time during your appointment to share openly with your urogyn about S-E-X.

OAB: What Women Say about Treatment Outcomes

Google overactive bladder (OAB) and you'll find conflicting information. OAB is urinary urgency, usually with frequency and nocturia, and sometimes with urgency urinary incontinence. This occurs without an infection or other health problem. However, doctors are still learning about OAB. And, symptoms vary among women. This makes figuring out the ideal treatment a bit tricky. A group of scholars wanted to learn more about how to determine the best way to collect feedback from patients on the various therapies. They analyzed studies published about OAB treatments between 2005 and 2015. Below are the top three findings:

- Many women find that completing bladder diaries is a burden.
- Symptom scales are preferred by many women as a way to track treatment outcomes.
- Monitoring patient satisfaction such as, improved symptoms, better quality of life, or less treatment side effects is recommended by some groups.

A different group of doctors put together a patient version of their clinical guidelines for treating OAB. If your symptoms are not improving, print the SUFS roadmap. Take it with you to your next appointment. Ask your urogyn to review it with you. Find out if another treatment might be a better for you.