

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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Bladder Health Week: November 6-12, 2016

Go ahead, do it. Why not? Give your bladder and pelvic floor a bit of extra attention during Bladder Health Week. During Bladder Health Week, national health institutions together with AUGS will host "Break Free from PFDs" Local Events across the country. Please, join us:

- Attend pelvic health talks about prolapse, incontinence, and other pelvic floor disorders.
- Learn more and gain confidence about how to evaluate your pelvic health.
- Find out how to address pelvic health issues with your urogyn.
- Check back to learn more about Bladder Health Week events in your area.

Are Your Relaxing Bike Rides Taxing Your Pelvis? Try These Tips

In today's fast-paced, go-go-go world, a bike ride can help you wind down and decompress. For some women, however, cycling causes pelvic problems such as:

- Pain and tenderness in the buttocks, genitals and pubic bone area.
- Saddle sores or other minor skin lesions in the genitals.

A review of scientific studies found that the size of your bike seat can impact the degree of discomfort experienced by women while cycling. Using a broader bicycle seat appears to help reduce the degree of soreness "down there." In contrast, bikes with handlebars positioned lower



To reduce pelvic problems, pick a broad bike seat and position the handlebars above the seat.

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than the bike seat were more likely to irritate the pelvis and genitals. So, before you head out for your next ride, swap out that narrow bike seat for a broader one and raise your bike's handlebars.

Stand Up Straight, or NOT: Poor Posture Does Not Impact the Pelvic Floor

The spine is a column of 26 bones in your back—allowing you to both stand up straight and bend over. And, the pelvis is a bony structure that connects the spine to the lower extremities. Thus, the spine and pelvis work together. So, might slumping our shoulders, which leads to a curved spine, provoke pelvic floor disorders (PFDs)? More than 1,600 women agreed to participate in a study designed to answer that question.

PFDs are conditions that affect the muscles of the bottom of the pelvis (called the pelvic floor). Types of PFDs include:

- Urinary incontinence, the accidental leakage of urine.
- Pelvic organ prolapse (POP), dropping of the pelvic organs, such as the bladder, uterus and rectum, caused by a loss of vaginal support.
- Accidental bowel leakage, leakage of stool (fecal incontinence) or leakage of stool and gas (anal incontinence).

And, now for the study findings: Drum roll please. The answer is...NO. The researchers concluded that poor posture does not appear to be linked with the onset of a PFD. That said, research conducted by Ohio State found that when students sat up straight, they were more confident about their answers to study questions and in their own thoughts and feelings. So, yes, mom is right again—don't slouch!

Why Multitasking is Hurting Your Pelvic Floor

We all do it. In fact, multitasking is such a part of our culture that it's hard to imagine the luxury of focusing on a single task. But, did you know that your frenzy to cross everything off of that to-do list could be hurting your pelvic floor? Dr. Sarah Ellis Duvall, PT, DPT, shares her insights and offers tips to help women protect their pelvic floor while multitasking:

- Read her Huffington Post article.
-

Pelvic Floor Muscle Training Class at Health Clubs and Local Gyms?

Pelvic floor muscle training is on the agenda! The state of Idaho encourages government employees to embrace wellness, which includes taking care of their pelvic floors. Staff may select from a range of fitness and healthy eating programs, and enroll in Pelvic Floor 101. This three-session class teaches women (and men) how to stabilize their core and strengthen those pelvic floor muscles.



It turns out that the focus on pelvic floor health extends beyond the Pacific Northwest of America. Pelvic Floor First is an educational campaign educating fitness instructors and their students about protecting the pelvic floor. This campaign is the brain child of the Continence Foundation of Australia. To see how well this outreach program was working, researchers surveyed 361 women, aged 18-83 who regularly attended exercise classes:

- 49% of the women reported experiencing SUI.
- 97% had heard of pelvic floor muscle training.
- 43% said that a fitness instructor discussed pelvic floor muscle training during a workout.

On the flip side, not many women (only 15%) were screened for PFD prior to starting an exercise program. It's worth the time—before you launch into a new physical fitness regimen:

- Talk with your urogyn about how to protect your pelvic floor.
- And, make pelvic floor muscle training part of your regular routine.

Coming Soon to an Operating Room Near You? Surgical Glue for Perineal Tears

In women, the tissue (skin and muscles) located between the vagina and the anus is called the perineum. The perineum is designed to stretch during childbirth, allowing the baby to exit the womb. However, for most women (90%), cuts in the vaginal skin, called perineal tears, can occur during labor and delivery. The most common types of perineal tears involve the vaginal skin. These are called first-degree, second-degree perineal tears. These tears are repaired after the delivery using stitches. They typically heal in a couple of weeks.

Researchers wondered if surgical tissue glue might be a better alternative for repairing these tears. More than one hundred women participated in this study. Perineal tears were stitched together for about one-third of the women (28). The tears for the rest of the participants (74) were treated with surgical tissue glue. The findings:

- The tissue glue was effective for first-degree tears.
- The gluing procedure was quicker and less painful for the women.
- The outcomes—both functional and cosmetic—were similar to those of the traditional stitching procedure.

Before tissue glue can become a standard option, much more research is required. So, it may be coming to an operating room near you. But, at this time, we're not sure about how soon.

- Talk with other women who experienced perineal tears. Learn about their experiences. Join the Voices for PFD community.

Surgical Treatment of Rectal Prolapse: A Second Opinion is Helpful

Rectal prolapse is a type pelvic organ prolapse (POP), which involves a dropping of all or part of the rectum. It occurs with bowel movements. The condition is more common in women than men. However, only a small percentage of women experience this disorder. And, they are usually 50 years of age or older. As many as half of those diagnosed with rectal prolapse, experience recurrence of the organ dropping.

To help urogyns treating women with recurrent rectal prolapse, researchers evaluated studies published between 1950-2014. They had hoped to identify the best surgical options for different presentations of rectal prolapse. Unfortunately, they found too great of a variety of surgical techniques used to treat rectal prolapse to identify the best surgical approaches. In addition, there was a lack of large, high-quality studies on this topic.

The takeaway: Rectal prolapse is not common. There are different surgical techniques used to treat this condition. So, talk with your health care provider about your options. And, get a second opinion. Find out if another doctor recommends a similar surgical approach. This can help you learn about the pros and cons of the various options. Learn more about POP:

- Watch urogyns discuss POP of the Voices for PFD YouTube channel.

The Rest of the Story

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