

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 9

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BFF GOT UI?!



Are you or your “best friend forever” tormented by urinary incontinence (UI)? Typically, this involuntary leakage of urine from the bladder occurs with pregnancy and aging bodies, right? Well, read on...

Researchers asked nearly 2,000 young women (15 to 25 years), who had never been pregnant, about urinary incontinence. And, you guessed it, many of them (12 percent) experienced bladder problems:

- 7 percent—stress urinary incontinence (SUI), leakage of urine with physical activity or motions such as laughing, coughing, lifting, or with exercise.

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- 3 percent—urinary urge incontinence (UUI), leakage of urine accompanied by a sudden sense of needing to get to the bathroom to urinate.
- 2 percent—mixed urinary incontinence, the condition where both stress and urge urinary incontinence exist in the same person.

Women with the following characteristics have an increased risk of experiencing urinary incontinence:

- Carrying extra pounds. Being overweight increased risk for bladder woes.
- Combatting constipation, difficulty passing bowel movements or the need to strain for bowel movements.
- Wetting the bed after the age of 5.
- Struggling with mental health issues.

What Do You Think? Are UI Symptoms Different Between the First and Third Trimester?

If you said yes, you are correct—urinary incontinence symptoms vary as the baby bump expands. Here's the backstory:

- More than one-third of women experience UI with pregnancy.
- During the first trimester, close to 20 percent have light leakage.
- Nearly 40 percent, however, report urinary incontinence during their third trimester—and the degree of leakage tends to be greater than during the early months.
- Most pregnant women experience stress urinary incontinence (78 percent) and urge urinary incontinence (12 percent).
- Urinary frequency, that “gotta go NOW” feeling, affects 40 percent of women during pregnancy.

It's Time

An article in the Washington Post proclaimed, “It's time to end the taboo” on talking about accidental bowel leakage (ABL), also known as fecal incontinence (FI). Indeed, it is time! Results of a large scale study offer new hope for accidental bowel leakage sufferers. Symptoms for most women improved within the first three months and were still in check after 12 months with the following treatments:

- Modifying diet and using biofeedback techniques.
- Surgery to correct physical problems, if needed.
- Nerve stimulation.

Got ABL? Get Moving—Lightly!

Be active, get moving, exercise every day...media lambasts us daily with health alerts about the importance of being active. But, add accidental bowel leakage into the equation and you can't help but ask yourself, “Will exercise increase my risk for fecal incontinence?”

Researchers compared intensity of exercise and accidental bowel leakage symptoms:

- Moderate to vigorous periods of physical prompted accidental bowel leakage.
- Accidental bowel leakage episodes were less likely to occur with light activity.

So embrace the thrill of exercise, but go lightly.

Urodynamic Testing—Oh Why Oh, Why Oh?

Pelvic organ prolapse (POP), the dropping of the pelvic organs caused by the loss of normal support of the vagina, is relatively common. And, before POP surgery, your doctor may order urodynamic testing:

- This suite of tests assesses the functions and behaviors of the bladder and the urethra, the tube that leads from your bladder to the outside.
- The specific urodynamic test you'll need will depend on your diagnosis and individual health issues.

Urodynamic testing can be uncomfortable. You've got to hold your urine prior to the doctor's appointment. You'll also have release urine in front of the doctor during the procedure. So, let's answer that nagging question, "oh why oh, why oh" is urodynamic testing needed?

For women with pelvic organ prolapse and stress urinary incontinence, urodynamic testing often helps the doctor better understand the potential reasons for the leakage. On the flip side, for those with pelvic organ prolapse who also have overactive bladder, urodynamic testing may not be necessary. The need for urodynamic testing depends on your individual health situation. Talk with your doctor about the reason for these tests and how the findings offer insights into your treatment options.

The Rest of the Story

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