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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ISSUE 6

Pelvic Floor Dialogues

In this issue

Baby Talk: Does Pregnancy Increase My Risk for PFDs?

Two studies provide new insights into the link between pregnancy and pelvic floor disorders(PFDs). PFDs are caused by weakness of the pelvic muscles or tears in the pelvic floor tissues. They include both bladder and bowel control problems.

During pregnancy, the weight of your baby pushes down on your bladder and pelvic floor. This pressure can lead to PFDs. Researchers analyzed risk factors for PFDs. Based on this review, they developed the UR-CHOICE system as a way to help doctors predict the risk of developing PFDs following a vaginal delivery. This proposed tool weighs risks such as:

- U = Urinary incontinence (UI), or urine leakage—a history of UI before pregnancy increases your risk for PFDs.

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- R = Race/ethnicity: Stress incontinence is more common among Caucasian women and urgency incontinence among African American women.
- C = Your age when you delivered your first child.
- H = Mother's height and baby's weight—your risk is higher if you are shorter than 5' 3'' and, at birth, your baby is over 8 ½ pounds.
- O = Overweight—being overweight and having a higher body mass index (BMI), a measure of body fat, increases your risk for PFDs.
- I = Inheritance—Family history (mother and sister) of PFDs.
- C = Children: number of children desired.
- E = Estimated fetal weight.

More to come—doctors need to further study the UR-CHOICE system. In the meantime, learn more about your risk factors for PFD. And, download the bladder diary or the Bladder TrakHer app. Either of these tools help track info about the nature and severity of your UI. Share these records with your doctor.

Another group of researchers looked at how many women developed urinary incontinence during the third trimester and immediately after birth. They found that:

- Women who experienced UI during pregnancy were more likely to have UI after the birth of their baby.
- Women who had Caesareans were less likely to experience UI. That said, Caesareans have other types of associated risks that accompany surgeries in general.

About 7% of the women in the study continued to have UI six months after delivery. These women participated in pelvic floor exercises. And, most of them saw improvement after this "workout". Learn more about pelvic floor exercises.

Five Women Share Their Stories of Living with Fecal Incontinence

Three to 24 percent of people in the US suffer from fecal incontinence (FI). Also called anal incontinence, FI is bowel gas or stool leakage. FI is probably more common than these numbers reveal. Experts believe this estimate is low, because many patients are reluctant to talk with their doctor about FI.

Five women bravely opened up about living with FI. They shared the intimate details of their stories, including the challenges of trying to control a daily life which is out of control. FI significantly impacted every aspect of their lives and the lives of their families. They felt guilt and shame about their condition. Each woman had unique coping strategies. Many used self-talk exercises to help build their self-esteem.

It's tough to talk about FI. To help your doctor provide the best care possible, you've got to open up. Draw strength from these five women. If you are uncomfortable talking about FI with your doctor, write a short list of symptoms before your appointment. Hand it to the nurse or tech who checks you in. It can help start the conversation and help your doctor help you.

Discourse on Intercourse: Sexual Issues Help Docs Assess POP Severity

A study looked at how difficulties having sex and urinary tract symptoms related to the severity of pelvic organ prolapse (POP), weakness or damage to the normal support of the pelvic floor. More than 500 women participated in the study. Researchers found that three main factors related to the severity of POP:

- Age.

- Symptom of vaginal bulge.
- Difficulty in having sexual relations due to feeling of a bulge.

The takeaway: Talk with your doctor about your POP symptoms. To help your doctor provide the best diagnosis for you, be open about difficulties with sexual relations.

Managing POP at 80 and Beyond

More than one-third of eighty year olds live with POP. In the past, treatment options were limited because surgery poses a higher risk for seniors. Today, treatment options take into account more than just age. Doctors also consider a woman's current state of health and her treatment expectations. They aim for options which can improve a women's quality of life. With that in mind, diagnosis for women at age 80 and beyond includes:

- A pelvic exam to evaluate the extent of the prolapse.
- Review of the frequency and severity of your urinary, bowel, and sexual symptoms.
- Assessment of the degree of bother. Bother refers to how annoying you find the urinary symptoms. It also includes how much the symptoms interfere with your daily life. A specialist, such as a urogyncecologist, typically conducts this assessment.

After putting the diagnosis together, your doctor may recommend:

- Lifestyle changes, such as diet changes, coupled with pelvic floor muscle therapy.
- Use of a pessary. Pessaries are plastic devices, similar to diaphragms. They either lift the bladder or apply compression to the urethra to help control leakage.
- Surgery.

With this approach, after assessing your case, your doctor discusses the benefits and the risks of each treatment. Learn more about your options— find a urogynecologist in your area.

Talking About Pessaries

Overactive bladder (OAB) is the inability to hold urine long enough to reach a restroom. Also called urgency incontinence, OAB has multiple causes. Many women struggle to find an effective OAB treatment.
Across a three-and-a-half-year period, researchers followed nearly 400 women with OAB. Some of the women wore a ring pessary to control OAB symptoms. Others were trained on pelvic floor muscle exercises and bladder retraining, also called timed voiding or bladder drills. Women in both groups had similar backgrounds and severity of OAB.

What did they learn? The ring pessary, an inexpensive, easy-to-manage, and widely available treatment option, was just as effective as pelvic floor muscle exercises coupled with bladder retraining. In both groups, 20 percent of the women were cured. The pessary group experienced minimal side effects.

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The Rest of the Story

- Wilson D, Dornan J, Milsom I, Freeman R. UR-CHOICE: Can we provide mothers-to-be with information about the risk of future pelvic floor dysfunction? International Urogynecology Journal; April 2014.
- Thiagamoorthy G, et al. Management of prolapse in older women. Post Reproductive Health, Volume 20, Number 1; March 13, 2014.
- Montserrat Espuña-Pons, et al. on behalf of the Female Pelvic Floor Dysfunction Research Group. Pelvic floor symptoms and severity of pelvic organ prolapse in women seeking care for pelvic floor problems. European Journal of Obstetrics & Gynecology and Reproductive Biology, Volume 177; June 2014.
- Martin-Martin, S, et al. Urinary incontinence during pregnancy and postpartum. Associated risk factors and influence of pelvic floor exercises. Arch Esp Urol., Volume 67, Number 4; May 2014.
- Sze EHM, Hobbs G. A retrospective comparison of ring pessary and multicomponent behavioral therapy in managing overactive bladder. International Urogynecology Journal; May 2014.
- Olsson F, Berterö C. Living with faecal incontinence: trying to control the daily life that is out of control. Journal of Clinical Nursing; June 3, 2014.

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