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 7

Pelvic Floor Dialogues

In this issue

"Break Free from PFDs" During Bladder Health Awareness Week

This November we're getting "over active" for a week-long celebration of bladder health. The American Urogynecology Society (AUGS), PFD Alliance, and national health institutions are putting a face to PFDs and empowering women to take control!

Attend a Break Free from PFDs event in your community:

- Find out about the latest treatment options for prolapse, incontinence, and other pelvic floor disorders.
- Get the knowledge and confidence you need to be better aware of your own pelvic health and learn to talk about "it" with your doctor.

Get empowered with info and support. Check out the Voices for PFD website:

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AUGS Advancing Female Pelvic Medicine and Reconstructive Surgery

Voices for PFD

- Talk online with other women with PFDs.
- Score the information you need before, during, and after treatment.
- Learn about lifestyle changes, pelvic floor therapy, and treatments provided by doctors who specialize in Female Pelvic Medicine and Reconstructive Surgery.

"Push" for better answers:

- Help support PFD medical research.
- Donate to support future public awareness and research projects about PFDs.

Be part of a movement to get the word out—with great "urgency"—that pelvic floor disorders (PFDs) are common. But, **NO**, they are not a normal part of aging. And, **YES**, there are safe and effective treatment options.

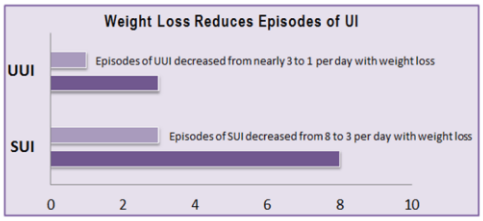
Start Moving to Stop Going

Two new studies reinforce that losing weight helps to improve bladder control. Overweight and obese women, who participated in a weight loss program in the first study, lost about nine percent of their body weight. In addition, they also reduced their average number of urinary incontinent episodes:

- Three episodes per day—down from eight per day, of stress urinary incontinence (SUI), leakage of urine with physical activity or motions such as laughing, coughing, lifting, or with exercise.
- One episode per day—down from nearly three a day of urge urinary incontinence (UUI), leakage of urine that is accompanied by a sudden sense of needing to get to the bathroom to urinate.

Regular physical activity aimed at burning more calories than you consume and building muscle mass helps to promote weight loss. Plus, by using tools like the Bladder TrakHerapp, you can help take back control. So start moving, get, out and exercise those muscles.

Did you say exercise those muscles? A study confirmed that pelvic floor muscle exercise helps reduce episodes of both SUI and UUI. Women participated in a 12-week home pelvic muscle strength training exercise program. After three months, women with strong pelvic muscle floor scores experienced a significant decline in their UI symptoms. Learn more about exercising your pelvic floor muscles—check out the Kegel Exercises Instruction Sheet.



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Dueling Dual Incontinence

Some women—one in four—struggle with both accidental urine leakage, also known as urinary incontinence (UI) and bowel leakage, also known as fecal incontinence (FI). Researchers found that women with both UI and FI, or dual incontinence, were more open about sharing their urinary symptoms with their doctors. However, patients with severe FI symptoms, were more apt to share the symptoms with their healthcare providers.

If you struggle with UI, FI, or both, talk with your doctor. There are treatment options such as biofeedback therapy. Biofeedback includes education, counseling and muscle retraining to help strengthen the pelvic floor.

If Only We Could Pick Our Parents

For 150 years, we've known that family history links to your risk of developing lower urinary tract symptoms such as UTIs and UIs. Genes—and we don't mean those Calvin's—are also linked to your risk of developing overactive bladder (OAB) and pelvic organ prolapse , POP or a dropping of the pelvic organs.

A group of researchers wondered which women may be at highest risk for developing both POP and urinary tract infection (UTI), an infection in any part of your urinary system (kidneys, ureters, bladder, or urethra), which typically causes urgency and discomfort. More than 25 percent of women suffer with recurrent UTI. Yes, GRRR, this means we just keep getting them! Researchers learned women without children who have a family history are at higher risk for the dynamic duo—recurrent UTIs and POP.

There's a lot more to learn about the specifics of family history and pelvic floor disorders. For example, scientists continue to look for specific variations of genes. One team of researchers analyzed a wide range of studies and found two genes which popped up in the literature more often than others:

- OAB links to variations in a gene called ADRB3.
- POP to abnormalities in the gene COL1A1.

A New Term for Menopause—Nope, it is Not *Women*pause

As if hot flashes and night sweats weren't enough, with menopause women also experience a wide range of changes to our vulvas, vaginas, and lower urinary tracts. Blame goes to fading levels of estrogen in our gracefully aging bodies. Thanks to two medical societies, these changes may no longer be labelled vulvovaginal atrophy and atrophic vaginitis. These groups propose calling the vaginal dryness and increased urinary urgency associated with menopause "genitourinary syndrome of menopause" or GSM. Their reasoning is twofold: remove the negative connotation of "atrophy" (cue applause) and more precisely define the menopause-specific symptoms. By the way, some doctors believe men also go through menopause. Nope, it's not manopause but andropause.

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The Rest of the Story

- Cartwright, R, Kirby AC, Tikkinen KAO, et al. Systematic review and metaanalysis of genetic association studies of urinary symptoms and prolapse in women. American Journal of Obstetrics and Gynecology. 2014. Volume 211.
- Celiker TO, et al. Does pelvic floor muscle training abolish symptoms of urinary incontinence? A randomized controlled trial. Clinical Rehabilitation, August 2014.
- Gozukara YM, et al. The improvement in pelvic floor symptoms with weight loss in obese women does not correlate with the changes in pelvic anatomy International Urogynecology Journal, September 2014. Volume 25, Issue 9, pages 1219-1225.
- Hamid R, et al. Pelvic organ prolapse-associated cystitis. Current Bladder Dysfunction Reports, September 2014. Volume 9, Issue 3, pages 175-180.
- Lee HJ, et al. Written versus oral disclosure of fecal and urinary incontinence in women with dual incontinence. International Urogynecology Journal, September 2014. Volume 25, Issue 9, pp 1257-1262.
- Mirsha A, et al. Technique of functional and motility test: how to perform biofeedback for constipation and fecal incontinence. Journal of Neurogastroenterology and Motility, October 2013. Volume 19, Number 4, pages 532-537.
- Portman DJ and Gass MLS, on behalf of the Vulvovaginal Atrophy Terminology Consensus Conference Panel. Genitourinary syndrome of menopause: new terminology for vulvovaginal atrophy from the International Society for the Study of Women's Sexual Health and The North American Menopause Society. Menopause: The Journal of the North American Menopause Society, 2014. Volume 21, Number 10.

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