

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?

10.2018 | ISSUE 29

FOLLOW US:



www.facebook.com/Voicesforpfd



[@voicesforpfd](https://twitter.com/voicesforpfd)

In this Issue

- Virtual Reality: Soon to be Reality for PFMT?
- Mechanical Pill: Can Vibrations Relieve Constipation?
- Mesh-free Device: Will it "Anchor" POP?
- eHealth: Does Online Care Help Women with IC/BPS?
- Video Fistula Surgery: What's the Doctor Doing Down There?
- Around the Web
- The Rest of the Story

Virtual Reality: Soon to be Reality for PFMT?



In a coffee growing region of Brazil, a small group of women tested a special Wii Fit Plus™ video game controller. The controller was designed to strengthen the pelvic floor muscles. To use the remote, women sat on top of the controls and made moves by contracting their abdominal muscles. Thus, by performing pelvic floor muscles exercises, the women could play virtual reality games. Each woman played a series of five games for 30 minutes, two times per week. And, after five weeks and 10 sessions, pelvic floor muscle strength was greater for all of the women. Of note, among participants were postmenopausal women with [urinary incontinence](#), or the accidental leakage of urine. Those women experienced both an increase in pelvic floor muscle strength and a decrease in urinary symptoms. One caveat: don't try this at home! The special controller is not yet available for home use. However, in the meantime, there are things you can do to strengthen your pelvic floor muscles:

- Download a fact sheet about [pelvic floor muscle exercises](#)
- Also available as a [large print version](#)

Mechanical Pill: Can Vibrations Relieve Constipation?

An innovative product for treating [chronic constipation](#) is being tested in the United States. Having a bowel movement (BM) fewer than three times per week, along with straining to produce a hard bowel movement, is called constipation. For some women, constipation becomes an ongoing problem. The new treatment involves swallowing a very small pill. Instead of medicine, this pill contains a micro-computer. Once in the GI tract, the doctor can turn on the pill. For example, by setting the pill on vibrate, it stimulates normal contractions in the bowel. The contractions then help the patient release the stuck BM. The pill also contains a camera for taking pictures of the inside of the patient's GI tract. These images help doctors to figure out what may be causing the constipation. The pill exits the body with a bowel movement. Nearly all of the patients in the test group (90%) found that the pill increased their frequency of bowel movements. The average number of BMs among patients in the test group increased from about two to nearly four per week. And, none of the patients experienced any side effects. At this time, the Food and Drug Administration requires additional testing before providing final approval.

- Watch a video [about constipation](#) featuring OB/GYN and Clinical Professor Dr. Dee Fenner

info@augso.org

Accredited © 2018 American Urogynecologic Society



Mesh-free Device: Will it “Anchor” POP?

A woman-led company is testing a new device for [pelvic organ prolapse](#), or POP. POP is the dropping of the pelvic organs caused by the loss of normal support of the vagina. POP occurs when the muscles of the pelvic floor and layers of connective tissue become weakened or stretched. This causes the pelvic organs, including the vagina, cervix, uterus, bladder, urethra, intestines and rectum, to fall downward. The device, called the NeuGuide,™ was tested for uterine prolapse. This type of POP is the dropping of the uterus or cervix. The ten women who agreed to test this new device had previously tried POP surgery without success. They ranged in age from 51 to 75 years.

The NeuGuide looks like a metal clip. A surgeon inserts the clip into the pelvic region and attaches it to a ligament. Wings on the clip extend and help hold the dropping organs inside the pelvic area. Requiring no cutting, this outpatient procedure is expected to have a fast recovery time. Initial results of this small study look promising. Six-months post-surgery, all ten of the women were free of POP symptoms. And, more than half of them noted a decrease in POP-related pain. Plus, nearly half of the participants said that they no longer had difficulty emptying their bladder. Some of the women also reported reduced leakage of urine. The device received initial clearance from the Food and Drug Administration. But, much more testing is needed before the NeuGuide is ready for prime time.

- Learn more [about POP](#)
- Download a [fact sheet about POP](#)

eHealth: Does Online Care Help Women with IC/BPS?

The internet may offer new hope and help for women with interstitial cystitis/bladder pain syndrome (IC/BPS). IC/BPS is a condition with symptoms including burning, pressure, and pain in the bladder along with urinary urgency and frequency. Forty individuals with IC/BPS, residing in the second largest city in Taiwan, tested a web-based health education program. The 8-week eHealth treatment program included health education and online messaging. Doctors counseled patients on diet and lifestyle choices via this online platform. Compared with patients not participating in this web-based program, a greater improvement in quality of life was found for those in the eHealth system study.

The findings of this research highlights the value of women with IC/BPS participating in groups such as the [Voices for PFD community](#) and [Interstitial Cystitis Association \(ICA\) Facebook](#) page.

- Download a fact sheet about [IC/BPS](#)
- Check out the [ICA Facebook page](#)



Video Fistula Surgery: What’s the Doctor Doing Down There?

Fistulas are abnormal connections between two organs in the body, or between an organ and your skin. Rectovaginal fistulas occur between the rectum and vagina. This type of fistula can let stool enter the vagina. Some fistulas heal on their own, others require surgery. One type of surgery is called “video assisted fistula surgery.” This procedure is done under anesthesia and usually takes about one hour. The surgeon inserts a very tiny digital video camera with a light into the area requiring treatment either through the vagina or anus. The camera projects an image to a computer screen. This allows the surgeon to see the fistula and surrounding area. Next, the surgeon fixes the fistula. This involves closing the fistula with sutures. Most patients remain in the hospital for one day. After surgery, patients may need to follow a certain diet or take medication to help with bowel movements. One study reported that results for the video assisted fistula surgery were better for women and patients without complex fistulas.

- Learn more [about fistulas](#) and what to expect with fistula surgery

Around the Web

- [POP-Q Interactive Tool Helps Patients Visualize Pelvic Floor Exam Results](#)
- Not Your Mother's Kegel: [Technology To Modernize Your Pelvic Floor Workout](#)
- [This artificial poop could be the end of constipation troubles](#)
- Cleveland Clinic Offers Risk Calculators to Help [Predict Adverse Events of Urogyn Surgeries](#)

The Rest of the Story

- Botelho S, Martinho NM, Silva VR, Marques J, Carvalho LC, Riccetto C. [Virtual reality: a proposal for pelvic floor muscle training](#). Int Urogynecol J. 2015 Nov;26(11):1709-12. doi: 10.1007/s00192-015-2698-5. Epub 2015 Apr 30.
- Lee MH, Wu HC, Lin JY, Tan TH, Chan PC, Chen YF. Development and evaluation of an [E-health system to care for patients with bladder pain syndrome/interstitial cystitis](#). Int J Urol. 2014 Apr;21 Suppl 1:62-8. doi: 10.1111/iju.12336.
- Ron Y, Halpern Z, Safadi R, Dickman R, Dekel R, Sperber AD. Safety and efficacy of [the vibrating capsule, an innovative non-pharmacological treatment modality for chronic constipation](#). Neurogastroenterol Motil. 2015 Jan;27(1):99-104. doi: 10.1111/nmo.12485. Epub 2014 Dec 6.
- Stazi A, Izzo P, D'Angelo F, Radicchi M, Mazzi M, Tomassini F, Izzo L, Valabrega S. [Video-assisted anal fistula treatment in the management of complex anal fistula: a single-center experience](#). Minerva Chir. 2018 Apr;73(2):142-150.
- Weintraub AY, Zvi MB, Yohay D, Neymeyer J, et al. Safety and short term outcomes of [a new truly minimally-invasive mesh-less and dissection-less anchoring system for pelvic organ prolapse](#) apical repair. Int Braz J Urol. 2017 May-Jun; 43(3): 533–539.

Voices for PFDs—5 Ways to Get Help and Support



If you haven't been on the site recently, check out voicesforpfd.org today:

1. Read interviews with real women who have had [surgery for stress urinary incontinence](#) (SUI).
2. Watch videos with [expert pelvic floor doctors](#).
3. Check out the expanded [glossary](#) of medical terms explained in plain language.
4. Download [free patient education materials](#).
5. [Join the confidential Voices for PFD community](#)—talk with other patients and learn from their experiences.