

# 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 12

## Pelvic Floor Dialogues

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### Mesh Treatments—Research on Risk Factors for Erosion



How much do you really know about vaginal mesh? With all the press, your initial thought might be quite enough. However, researchers at Mt. Auburn Hospital in Cambridge, MA, found that despite heavy news coverage many women did not know that the FDA warning was not for all mesh procedures. In addition, many surveyed were not sure what the specific risks might be. Clouding the understanding is the reality that the FDA has different warnings for the different mesh procedures.

Two main types of vaginal surgery use mesh:

- The first is for the repair of a vaginal bulge, known as pelvic organ prolapse (POP).

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- The second is for the treatment of urinary incontinence (UI).

And, within these two types of surgeries, mesh can be used in different ways. Plus, sometimes these two surgeries are done together. Thus, a woman could have two different meshes placed during one procedure.

The FDA warning is for POP treatment with transvaginal mesh.  
It does not extend to sling procedures for urinary incontinence or transabdominal mesh surgery for POP.

Like any surgery, mesh procedures have risks. However, for some women, the transvaginal mesh (TVM) procedure can have serious complications. Transvaginal means through the vagina. In TVM surgery, the netting is placed inside the vagina to hold up pelvic organs that are falling. TVM offers a good alternative for some women with POP. However, some women experience complications from TVM. For example, the mesh may rub through the vaginal wall (erode) and become exposed. Or, the tissues surrounding the mesh may break down, which might also expose the mesh.

FACTORS THAT MAY INCREASE RISK FOR MESH EROSION	
AGE	<ul style="list-style-type: none"> <li>• Older Age</li> </ul>
HEALTH	<ul style="list-style-type: none"> <li>• Diabetes Mellitus</li> <li>• Previous POP or UI surgery</li> </ul>
LIFESTYLE	<ul style="list-style-type: none"> <li>• Smoking</li> </ul>
PROCEDURE	<ul style="list-style-type: none"> <li>• Length of vaginal incision</li> <li>• Repeated incision for complications</li> </ul>

If you are considering POP surgery, talk with aurogynecologist or urologist who is board certified in Female Pelvic Medicine and Reconstructive Surgery (FPMRS). Before your appointment, learn about the factors that may increase your risk for mesh erosion (see chart). Some women also find it helpful to get a second opinion. (Click here to find a urogyn in your area).

## PFDs and Giving Birth

A joy that completely fills the room, radiating from a sweat-drenched, weary woman—that’s the image of a mom welcoming her new baby into the world. And, there’s a reason that she looks like she just ran a marathon. The birthing process can be physically taxing on a women’s body.

Vaginal birth requires a lot of stretching “down there.” And, it can really stress a women’s pelvic floor, the set of muscles and other tissues in the lowest part of the pelvis. The pelvic floor supports organs like the bladder, vagina and rectum. In addition, the birthing process may injure the perineum. This is the area between the vulva and the anus. When giving birth, a spontaneous tear can occur. Or, to make more room for the baby, your doctor might make a small incision in the opening of the vagina (episiotomy). Sometimes, to help your baby out, the doctor or midwife might do a forceps delivery, which can also harm the perineum.

Though perineal tears typically heal quickly, the damage can play a role in pelvic floor disorders (PFDs) such as urinary incontinence, pelvic organ prolapse, and bowel leakage. So, might assisted delivery methods—episiotomy or forceps—increase a women’s risk for PFDs? Researchers think maybe and maybe not.

**Episiotomy does not appear to increase risk for PFDs.** Researchers evaluated the quality of life of 766 women who had vaginal deliveries. Nearly all of the women (79 percent) experienced perineal damage during birth. Of those, most (60 percent) had a spontaneous tear, while about 20 percent had an episiotomy. Urinary incontinence was lowest among the episiotomy group—and quality of life highest.

**Forceps delivery may increase the risk of PFDs.** In a separate study, 450 women who had given birth vaginally five to ten years earlier shared their experiences with PFDs. Women who had a forceps delivery were more likely to have a PFD. The majority had urge incontinence. Also called overactive bladder, this is leakage of urine accompanied by a sensation of the need to go.

Want to learn more about pelvic floor disorders? Watch the YouTube Video, What are PFDs? with Charles Nager, MD. And, to help strengthen those muscles after birth, contract those pelvic floor muscles by doing Kegels!



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## It All Sounds So Scary

Dysfunction, organ prolapse, leaking, surgery, electrical nerve stimulation...it all sounds so scary. A diagnosis of a PFD coupled with the onset of various tests and treatments can be unnerving. And, it's natural to feel anxious.

1. *Be patient with the patient.* Give yourself a break. Go to a private place and scream, splurge on a spa day, let yourself cry to the point of exhaustion—whatever you need to do, DO! Then, grab on tight to your inner strength. Employ those coping strategies that helped you get through tough situations in the past.
2. *Go easy on the doctor and the process:* PFDs are complex disorders. Often, the doctor needs to order multiple tests and perform follow-up procedures. You may need to see specialists, physical therapists, and other healthcare providers. In addition, the doctor may suggest you take self-care steps such as restricting intake of certain foods or keeping a symptom diary.
3. *Give yourself time:* Take time to process your diagnosis and treatment options. Consider cutting back on activities for a bit and using that extra time to focus on YOU.
4. *Learn, but don't churn:* Take time to learn about PFDs. That said, be cautious about advice from Dr. Google. A study conducted by Microsoft noted that search engine results can prompt Googlers to conclude the worst. There are many effective treatments for PFDs. The Voices for PFD website can help you sort out the facts from the myths. Go to [www.voicesforpfd.org](http://www.voicesforpfd.org).
5. *Be proactive about getting support.* You are not alone. Reach out to your support system. Also, engage with other women going through a similar journey in the Voices for PFD community.

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## Is Pelvic Floor Muscle Training for You? Ask Your Brain.

Is your full bladder screaming “gotta go” at you? If so, you may be a “pattern one” brain gal.

Researchers looked at the brain patterns of older women with urge incontinence as their bladders were filling. And, a second time after the women completed a program of biofeedback-assisted pelvic floor muscle exercises. It turns out that some women respond better to this treatment option than others. Differences in brain patterns appear to support this finding.

Much more testing is required before this finding is ready for primetime. And, many studies demonstrate the value of doing Kegels (pelvic floor muscle contraction exercises) and strengthening the pelvic floor. So, in the meantime, keep Kegeling:

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## Savvy Shopper: Buying Meds Online, Generic Drugs, and Compounding Pharmacies

These days we don't always drop off a prescription at the local drug store. In fact, about 20 percent of Americans fill them online. On top of that, insurance companies and healthcare plans may require generic instead of brand name meds. In addition, there are special pharmacies that individually mix prescriptions. All of this, and you're not feeling well! So, what's a woman to do?

### ***Be Smart About Online Pharmacies***

Any hour of the day you can hop online and order your meds. It's so easy—right? Hmm. Only 3 percent of web-based drug stores operate within the framework of U.S. federal and state regulations, reports the National Association of Boards of Pharmacy, the organization that represents the state pharmacy boards. The Food and Drug Administration also warns consumers to be cautious with online pharmacies. The meds you order may not have the right amount or any of the required ingredients. And, like other products, your red flag should go way up if the price is too good to be true. Learn more about buying medications safely at [BeSafeRx](#).

### ***Check Your Generic Meds***

Just like Levi and Diesel jeans sport their own style, generic drug manufacturers vary the shape, color, and size of their version of a medicine. Patent laws require that generic drugs not look like the brand name med. In addition, companies are further customizing their products. Also, pharmacies typically purchase stock from different manufacturers. Thus, each time you renew your prescription, the pills may look different. At [drugs.com](#), you can double check that you got the right generic. Use the "Pill Identifier" feature to double check your prescriptions—the blue one might now be white and the round one square!

### ***Know Why You Need a Compounded Drug***

Compounding pharmacies custom mix medicines. This allows doctors to prescribe drugs blended specially for individual patients. For example, sometimes doctors order compounded meds for women with the pelvic pain condition interstitial cystitis/bladder pain syndrome. Compounding pharmacies must follow both state and federal regulations. However, because they individually create each prescription, compounded drugs do not go through the usual FDA manufacturing process. If your doctor orders a compounded drug for you, select a compounding pharmacy that participates in the FDA's electronic drug registration system. This is one of the requirements included in a new FDA regulation passed in 2013. Also, take a few minutes to review the FAQ on compounding pharmacies posted on the FDA website.

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## The Rest of the Story

- Consumer Reports. Why do my pills look different each time I fill the same prescription? [www.consumerreports.org/cro/news/2012/05/why-do-my-pills-look-different-each-time-i-fill-the-same-prescription/index.htm](http://www.consumerreports.org/cro/news/2012/05/why-do-my-pills-look-different-each-time-i-fill-the-same-prescription/index.htm).
- Dessie SG, Hacker MR, Haviland MJ, and Rosenblatt PL. Attitudes toward transvaginal mesh among patients in a urogynecology practice. *Int Urogynecol J*. 2015 Jun; 26(6): 865–873.

- Fenner A. Brain reaction to bladder filling predicts response to pelvic floor muscle training. *Nature Reviews Urology*: 12;242 [epub ahead of print 14 April 2015]. doi:10.1038/nrurol.2015.83
- Griffiths D, Clarkson B, Tadic SD, Resnick NM. Brain Mechanisms Underlying Urge Incontinence and its Response to Pelvic Floor Muscle Training. *J Urology* [epub ahead of print March 28, 2015].
- Handa VL, Blomquist JL, McDermott KC, et al. Pelvic floor disorders after vaginal birth: effect of episiotomy, perineal laceration, and operative birth. *Obstet Gynecol*. 2012 Feb;119(2 Pt 1):233-9.
- Kokanali MK, Doğanay M, Aksakal O, et al. Risk factors for mesh erosion after vaginal sling procedures for urinary incontinence. *Eur J Obstet Gynecol Reprod Biol*. 2014 Jun;177:146-50.
- Lavy Y, Sand PK, Kaniel CI, Hochner-Celnikier D. Can pelvic floor injury secondary to delivery be prevented? *Int Urogynecol J*. 2012 Feb;23(2):165-73.
- Rikard-Bell J, Iyer J, Rane A. Perineal outcome and the risk of pelvic floor dysfunction: a cohort study of primiparous women. *Aust N Z J Obstet Gynaecol*. 2014 Aug;54(4):371-6.
- Roberts D. Online self-diagnosis can cause surfers to fear the worst: How safe and successful is online self-diagnosis? [www.telegraph.co.uk/news/health/4986309/Online-self-diagnosis-leads-surfers-to-fear-the-worst.html](http://www.telegraph.co.uk/news/health/4986309/Online-self-diagnosis-leads-surfers-to-fear-the-worst.html).
- US Food and Drug Administration. Buying Medicines Online? Be Wary, FDA Says. [www.fda.gov/downloads/forconsumers/consumerupdates/ucm321495.pdf](http://www.fda.gov/downloads/forconsumers/consumerupdates/ucm321495.pdf)
- US Food and Drug Administration (FDA). Compounding and the FDA: Questions and Answers. [www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm339764.htm](http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm339764.htm).
- Web MD. 6 Ways to Conquer a Scary Diagnosis. Life goes on after receiving news of a frightening illness. Here's how. <http://www.webmd.com/cancer/features/6-ways-to-conquer-a-scary-diagnosis>.