

Pelvic Floor Dialogues

So I pee a little when I laugh. That's normal right?

Everyone talks about Kegels. Do they really work? How much is enough?

How has my body changed "down there" since I had my baby?

ISSUE 2

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Exercising Your Pelvic Floor Can Help Control Urine Leakage



Urinary Incontinence (UI) during exercise, a form of stress incontinence, affects women of all ages. The web is currently atwitter about how many women experience leakage during extreme sports like CrossFit(TM), particularly when doing "double unders". A recent review of the medical literature reveals that women who participate in high impact sports are more apt to struggle with UI. The authors note the need for raising awareness among trainers, coaches, and others working with athletes about UI, the importance of seeing your doctor to assess potential causes, and the availability of treatment options such as pelvic floor muscle training. So, regardless of your activity preference—be it a stroll with a friend or competing in the CrossFit Games—exercise incontinence is not normal. Talk with your doctor. Find out what you can do to help control leakage and how to strengthen your pelvic floor.

Keeping your body fit and strong during pregnancy is also important. This extends to maintaining the strength of your pelvic floor. In a study conducted by the Technical University of Madrid, researchers found that by doing pelvic floor muscle exercises you might be able to reduce your risk of UI associated with pregnancy. During pregnancy, the increasing weight of your growing uterus and baby apply pressure on your pelvic floor muscles. For many women, this added pressure can result in stress urinary incontinence. A team from Spain wondered if

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strengthening the pelvic floor might be helpful. They randomly divided a group of 169 pregnant women into two groups—the control group and the exercise group. Both groups received standard prenatal care. However, three days per week for a 22-week period, the exercise group also attended a general fitness class for pregnant women that included 10-minutes of pelvic floor strengthening exercises. The findings? *Pelvic floor muscle training is helpful in reducing the incidence of pregnancy-associated UI.*

Also, adding biofeedback to your pelvic floor muscle training may be even more helpful for controlling UI symptoms. Be it stress, urgency, or mixed UI, a review of the medical literature revealed benefits of combining biofeedback therapy with pelvic floor muscle training. However, when comparing this combo approach with pelvic floor muscle training alone, studies highlighted little difference in episodes of leakage and no difference in cure rates. Yet, biofeedback appeared to be an added help. Researchers noted the need for further study to better understand the full complement of benefits.

Do Fluid Intake and Foods with Estrogens Impact UI Symptoms?

Two studies looked at nutrition and urinary incontinence (UI)—and the findings were not what you might expect!

The first evaluated the impact of fluid intake on bowel regularity among 256 women with UI. To help control UI symptoms, about one-third of the women in the study intentionally restricted how much they drank. Researchers found that this group of women strained less during bowel movements. In contrast, the women who consumed *higher* amounts of fluids strained *more* during bowel movements.

The second study analyzed the link between foods with estrogen-like compounds, called phytoestrogens, and loss of bladder control in a group of women with UI. Across a nine-month period, investigators recorded dietary intake and UI episodes. An analysis of the data revealed that eating foods high in phytoestrogens (legumes, grains, vegetables, and fruits) did *not* appear to either put women at a higher risk of developing UI or help prevent stress or urge incontinence.

Endometriosis May Be Hurting Your Libido

Endometriosis, abnormal growth of the cells that line the uterus, is a relatively common condition which can cause severe pelvic pain. And, based on the results of questionnaires completed by 125 women at eight health centers in Austria and Germany, endometriosis can also really wreak havoc with your sex life. These patients reported fewer intimate liaisons and a decreased sense of femininity. And, they reported high levels of pain both during and after sex. So, why do they continue to do “it”? Nearly half (46%) of the women shared the desire to satisfy their partners and roughly 30% hoped to get pregnant. The overall message: sexual dysfunction is common with endometriosis. Don't let it impact your relationship—or your psyche.

Our Takeaways

Optimizing time spent with your doctor and other members of your healthcare team can help you to better manage problems related to your pelvic floor. Before your next appointment, make a list of things to discuss:

1. Do you want to improve your UI symptoms? Download the BladderTrakHer app, record when you leak urine, and discuss the patterns with your doctor. Ask for a review about how to do pelvic floor muscle exercises, as well as other potential beneficial therapies.
2. Do you strain on the toilet? Find out what you can do to help normalize bowel movements.
3. Do you have pain with sex? Ask your doctor about strategies to help lubricate your libido.

The Rest of the Story

Findings from the following articles are highlighted in this issue:

- Fritzer N., Haas D., Oppelt P., et al. More than just bad sex: Sexual dysfunction and distress in patients with endometriosis. *European Journal of Obstetrics, Gynecology, and Reproductive Biology* (05/01/13).
- Goldstick O, Constantini N. Urinary incontinence in physically active women and female athletes. *British Journal of Sports Medicine* (05/18/2013).
- Herderschee R., Hay-Smith E.C., Herbison G.P., et al. Feedback or biofeedback to augment pelvic floor muscle training for urinary incontinence in women. *UroToday* (05/01/2013).
- Pelaez M., Gonzalez-Cerron S., Montejo R., et al. Pelvic floor muscle training included in a pregnancy exercise program is effective in primary prevention of urinary incontinence. *UroToday* (04/09/2013).
- Segal S., Saks E.K., Asfaw T.S., et al. Increased fluid intake is associated with bothersome bowel symptoms among women with urinary incontinence. *Female Pelvic Medicine and Reconstructive Surgery* (05/01/2013), Volume 19(3).
- Waetjen L.E., Leung K., Crawford S.L., et al. Relationship between dietary phytoestrogens and development of urinary incontinence in midlife women. *UroToday* (03/06/2013).
- Sangsawang B, Sangsawang N. Stress urinary incontinence in pregnant women: A review of prevalence, pathophysiology, and treatment. *International Urogynecology Journal* (June 2013), Volume 24(6).

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