

# 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 4

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## Pelvic Floor Dialogues

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### Is it Time for a New OAB Med?



More than 517 million women—18 years of age or older—visited the doctor about overactive bladder (OAB) in 2009. OAB is urinary urgency and frequency coupled with that gotta-go sensation multiple times during the night. Some women with OAB also have urinary incontinence. And, for the first time in 30 years, there is a new class of OAB medicines available.

Back to those 517 million women. Researchers wondered what percent of the women remained on older OAB medicines, called anticholinergics. The answer was two percent. Most of the women on the anticholinergics were seniors and typically doctors prescribed two of the older anticholinergic medicines: tolterodine or oxybutynin.

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OAB is a common disorder and it can significantly affect your quality of life. Complete the bladder control quiz and keep a bladder diary . Bring copies to your next doctor's appointment. Or, download the BladderTrakHer app and share your insights with your doctor. Talk with your doctor about how your OAB medicine is working. If your symptoms are not improving, ask about the possibility of shifting to one of the newer drugs.

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## Uh, Doc, I Think My Pessary Doesn't Fit

Pelvic organ prolapse (POP) is a medical condition that occurs when there is weakness or damage to the normal support of the pelvic floor. One non-surgical treatment option for POP is the use of a pessary or plastic device similar to a vaginal contraceptive diaphragm. Pessaries either lift the bladder or compress the urethra, the tube that allows urine to pass out of your body. They provide support during activities that may cause you to leak urine. Pessaries come in many shapes and sizes—your doctor selects the pessary which best meets your individual needs. So, just like that perfect pair of jeans, it is all about fit.

To learn more about ideal pessary fit, researchers worked with 100 women. Poor fit was more likely for women who were 65 or younger, smoked tobacco, and had a shorter vagina or wide vaginal opening . In addition, women with unsuccessful pessary fit often had a prior prolapse procedure or hysterectomy, concurrent stress urinary incontinence, or more severe degree of bother from POP.

Your urogynecologist or other health care provider will teach you how to remove, clean and reinsert your pessary on a regular basis. Learn more about the care of pessaries.

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## Urinary Incontinence—A Global Problem for Moms-to-be

Brazilian researchers investigated the risk of developing urinary incontinence (UI) , an involuntary leakage of urine which may be coupled with that gotta-go now sensation, during pregnancy. They studied the link between UI during pregnancy and level of education, race, previous births, vaginal delivery, obesity, and other factors. They learned what moms-to-be have known for some time—UI can be a problem during pregnancy, especially as your due date approaches!

About three quarters of the 500 Brazilian women experienced UI during their last four weeks of pregnancy. Women with less than 8 years of education more frequently reported UI, as did those women who gave birth to more than three children. Both women of color and those who were very overweight reported higher rates of UI. Researchers also found that more women who delivered vaginally experienced UI.

So, to all those wanna-to-be moms and moms-to-be out there, get Kegeling !

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## Speaking of Kegels—When's the Last Time You Did "It" Standing Up?

Researchers evaluated pelvic floor muscle (PFM) strength in different body positions. They looked at the link between PFM strength and sex. Fifty women, who had not yet had babies, participated in this "pelvic floor" fitness test. The group was generally physically active. They were in normal body weight range.

Our thanks to these women for permitting scientists to insert a vaginal probe and evaluate their PFM strength in FOUR different positions:

- Laying down with their lower limbs extended.
- Laying down with their knees bent.
- Sitting.
- Standing.

What did the researchers find? About two-thirds of the women felt their pelvic floor muscles contract when probed. PFM strength was significantly higher when the women were standing. However, researchers found no correlation between PFM strength and orgasm. That said, strong PFMs can improve UI symptoms. This may be particularly helpful for younger women and Kegel exercises can help strengthen your pelvic floor.

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## Researchers Identify Potential Causes of Severe Fecal Incontinence

Eight percent of adults in the U.S. experience bowel gas or stool leakage, called anal or fecal incontinence. Researchers used a new type of ultrasound to create a three dimensional picture of the pelvic floor. They found three potential reasons for severe fecal incontinence:

- Problems with the muscles that help control bowel movements. For example, the muscles that help form the pelvic floor, or the levator ani. And, the sphincter muscles, which keep the anus closed until stool is ready to be released.
- Abnormal movement of food through the digestive tract, referred to as colonic motility.
- A severe angling of the point where the anus and rectum come together, known as the anorectal angle.

Starting a conversation about fecal incontinence can be daunting. However, if you don't say anything, you can't get help. Learn more about the potential cause of your fecal incontinence. Find out about treatment options. You are not alone. Start that conversation with your doctor.

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## The Rest of the Story

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