BREAK FREE
from Pelvic Floor Disorders

WELCOME & INTRODUCTION

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PROGRAM OVERVIEW

• INTRODUCTION TO PELVIC FLOOR DISORDERS
• RISK FACTORS FOR PFDS—SOME YOU CAN CONTROL
• PELVIC ORGAN PROLAPSE
• URINARY INCONTINENCE
• ACCIDENTAL BOWEL LEAKAGE
• ABOUT VOICES OF PFD
• QUESTIONS AND ANSWERS

AS A WOMAN, YOUR CHANCE OF GETTING A PELVIC FLOOR DISORDER IS:

A. 1 in 3
B. 1 in 6
C. 1 in 9
INTRO TO PELVIC FLOOR DISORDERS

About one in three women will experience a PFD in her lifetime


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PELVIC FLOOR DISORDERS

What is the Pelvic Floor?

- Set of muscles, ligaments and connective tissue in the lowest part of the pelvis
- Supports internal organs:
  - Bladder
  - Uterus
  - Rectum
  - Vagina
- Helps control pelvic organ functioning

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Pelvic Floor Problems

- Problems with bladder and/or bowel caused by weakened pelvic muscles or connective tissue that support the pelvic floor
- One or more symptoms:
  - Feeling pelvic pressure or bulge in the vagina
  - Urine leakage (urinary incontinence)
  - Overactive bladder ("gotta go")
  - Difficulty emptying the bladder
  - Problems having a bowel movement
  - Gas or stool leakage (accidental bowel incontinence)

Quiz

 WHICH OF THE FOLLOWING ARE RISKS FACTOR FOR PFDS:

- A. Pregnancy
- B. Age
- C. Being overweight
- D. Smoking
- E. All of the above
PFD RISK FACTORS

IN YOUR CONTROL

• Life style:
  – Don’t smoke
  – Maintain normal weight
  – Be physically active
  – Be cautious with extreme sports
  – Limit caffeine and excessive intake of fluids
  – Avoid constipation

• Maintaining good health:
  – Keep pelvic floor healthy
  – Control blood sugar

LESS CONTROLLABLE

• Life stage:
  – Risk increases with age
  – Pregnancy and childbirth

• Health conditions:
  – Pelvic injury, pelvic surgery
  – Chronic lung disease
  – Neurological problems

URINARY INCONTINENCE (UI)

In the US, 18 million women have UI


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Don’t Wait to Talk with Your Doctor

26% of women wait over 5 years to seek help

33% wait 1 to 5 years

41% seek help within 1 year


Urinary Incontinence—Anatomy Basics

DID YOU KNOW?
The urethra and vagina are separate openings
UI—Anatomy Basics

- Your body stores urine in the bladder
- The bladder connects to a tube called the urethra
- Muscles and nerves help control the bladder and urethra
- When you go, these muscles and nerves signal the bladder to push urine out through the urethra

HOW THE BLADDER WORKS

UI—Symptoms of Control Problems

- Problems with muscles and nerves that help to hold or release urine
- UI = urinary incontinence = loss of urine
- Some have difficulty emptying bladder (trouble starting the flow of urine)
URINARY INCONTINENCE

Symptoms of UI Continued

- Strong, sudden urge just before losing urine
- Involuntary loss of both small and large amounts of urine with activities such as coughing, laughing, or straining
- Slow or interrupted urine stream or sense of incomplete bladder emptying
- Sexual problems, e.g., leaking urine with sexual activity

Quiz

“POP” BLADDER CONTROL PROBLEMS ONLY OCCUR IN WOMEN AFTER MENOPAUSE

A. True.
B. False.
Women of All Ages Can Be Affected

UI IS MORE COMMON IN OLDER WOMEN
- Up to 38% of those aged 80 or over

1 IN 4 YOUNGER WOMEN (20 - 39 YEARS)
- Weight pressing on the pelvic floor (pregnancy, overweight)
- Bodybuilding and intensive weight training is a risk for both urinary and bowel incontinence

Sources:

UI—Types

STRESS INCONTINENCE
- Urine leaks with activities
- Coughing, sneezing, laughing, lifting, exercising

URGE INCONTINENCE
- Overactive Bladder
  - “Gotta go now” (urgency)
  - “Gotta go now” with leakage (urge incontinence)
  - “Gotta go often” (frequency)
  - Going often during the night (nocturia)

OTHER TYPES
- Mixed incontinence (stress and urge)
- Continuous (unpredictable) incontinence
MAKING CHANGES TO YOUR DIET MAY HELP CONTROL UI:
A. True
B. False

UI—Treatments

• Depends on what treatment is best for YOU:
  – Ask your doctor about risks, potential complications, and follow-up care

• For most, health care providers may recommend:
  – Lifestyle changes
  – Bladder diary
  – Kegels (pelvic muscle exercises)

• Additional options for different types of urinary incontinence:
  – Stress UI—pessary, pelvic floor physical therapy, bulking therapy, surgery
  – Urge UI (OAB)—physical therapy, medicines, surgery

• A combination of treatments may be needed
UI—Treatments Continued

- **Lifestyle changes:**
  - Lose weight (if overweight)
  - Limit alcohol and caffeine
  - Avoid excess water/fluid intake and ask your health care provider if you are drinking too much

- **Bladder diary**
  - Track how often you go
  - Try to “schedule” your bathroom trips

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Treatments-Overactive Bladder

- **Lifestyle changes:**
  - Retrain your bladder
  - Learn ways to control when you go
  - Exercise your pelvic floor muscles and make diet changes

- **Physical therapy:**
  - Pelvic floor physical therapy
  - May include biofeedback techniques

- **Medicines:**
  - Bladder relaxant medicines
  - May need to modify dosage and/or try different medicines
Treatments-Overactive Bladder

- Advanced Therapies—different types:
  - Botox® bladder injections
  - Peripheral tibial nerve stimulation (PTNS)
  - Interstim® bladder nerve stimulator (electrical stimulator or neuromodulator)

- Combination of treatments

Treatments-Stress Urinary Incontinence

- For many women with stress urinary incontinence (SUI), a pessary helps control leakage:
  - Silicone vaginal insert
  - Different shapes and sizes
  - Sized to fit each patient
  - Inserted into the vagina
  - Supports the bladder and urethra
Physical therapy:
- Biofeedback
- Bladder retraining
- Pelvic floor muscle nerve stimulation
- Exercises to help strengthen and control the pelvic floor muscles

Bulking therapy:
- Inject gel like material around the urethra
- Tightens the neck of the bladder to prevent urine leakage
- Typically repeated every 1 to 2 years

Outpatient or office procedure

Lower success rate than surgery, but may help improve quality of life
Treatments- Stress Urinary Incontinence

- Bladder Sling:
  - Sling (hammock) placed under the urethra
  - Made out of native tissue or mesh
- Aims to stop or reduce leakage
- Goal to improve quality of life

A special guest would like to share her story
PELVIC ORGAN PROLAPSE (POP)

About half of women over 40 have some form of POP


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PELVIC ORGAN PROLAPSE

POP—Anatomy Basics

• Pelvic floor muscles and ligaments are stretched or become too weak to hold organs in the correct position in the pelvis

• As it progresses, women can feel bulging tissue protruding through the opening of the vagina

Cystocele  
Dropping of the anterior vaginal wall with the bladder

Rectocele  
Dropping of the posterior vaginal wall with the rectum

Uterine Prolapse  
Dropping of the uterus

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POP—Symptoms

- Pelvic discomfort:
  - Pressure and heaviness in pelvic area
  - Some women also experience discomfort in lower abdomen
- Bulging:
  - Feeling a lump in the vagina, or lump coming out of vaginal opening
- Urinary problems:
  - Difficulty starting to urinate
  - Weak or spraying stream of urine
- Bowel problems:
  - Chronic straining or pushing to have bowel movements

POP—Treatments

- Best treatment depends on how much symptoms bother you:
  - POP is not life-threatening
  - Treatments can help improve quality of life and sexual health
- Conservative approach:
  - Watch and see how things go
  - Dietary changes
  - Pelvic floor muscle exercises
  - Pelvic floor physical therapy
- Pessary:
  - Support bladder, uterus and vagina
POP—Treatments, Surgery

- Every woman's situation is different
- No single operation is right for every patient
- Specific type of surgery depends on:
  - Your body (anatomy)
  - Overall health, other health problems
  - Prior surgeries
  - Desire to retain sexual function
  - Experience and training of surgeon

POP—Treatments

MORE ON SURGERY

- Goals of surgery:
  - Restore normal anatomy and support
  - Repair vaginal wall and support layers of tissue
  - Reduce bulge
  - Improve quality of life

- Success or failure of someone else's operation should never be the deciding factor for you
- You and your doctor must decide what’s best for you
“POP” Quiz

IS LIVING WITH PFDS A NORMAL PART OF AGING?

A. Yes
B. No

A special guest would like to share her story
Bowel Control

15 million U.S. women over age 40 experience accidental bowel leakage

- 1 in 5 women: occasional
- 1 in 12 women: every month
- 1 in 30 women: every week
- Less than 30% talk to a health care provider!

Don’t Be Embarrassed

- Bowel control problems can be upsetting and embarrassing.
- Don’t be ashamed to discuss with your doctor.
- Bowel control problems may be related to a medical problem.
- Bowel control problems can be treated.

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Bowel Control

How Bowel Continence Works

- Muscles and nerves in the rectum and anus:
  - Hold stool.
  - Let you know when rectum is full.
  - Signal when to release stool.
- Pelvic floor nerves and muscles work together to help with bowel and gas control.

Symptoms of Control Problems

- Accidental loss of gas and/or bowel contents.
- Chronic constipation (4+ million people in U.S.):
  - Bowel movement fewer than 2 times per week.
  - Stool is hard, dry, small, and difficult to get out.
  - Straining and bloating.
  - Pain with bowel movement.
- Diarrhea:
  - Loose, watery stools.
  - Passing loose stools 3 or more times per day.
  - More than 2 days may signal a problem.
Bowel Control

Treatments—Diet Changes

For constipation, diarrhea, and difficulty with defecation:
• Increase fiber intake to 25-35 g/day – gradually!
  ─ Helps both constipation and diarrhea
  ─ Promotes complete passage of stool
  ─ Need to drink plenty of fluids

For accidental bowel leakage:
• Avoid spicy food, caffeine, triggers

For constipation:
• Avoid starch (white rice, bread, pasta)

* http://hookedoniron.com/home/got-fiber

Bowel Control

Treatments—Medicines, PT

• Medicines:
  – Stool softeners (soften stool)
  – Laxatives (make you go)
  – Antidiarrheals (stop you from going)

• Physical therapy (PT):
  – Improves the pelvic muscle strength, tone, endurance, and coordination.
  – May include biofeedback.
  – Ask your doctor for a referral to a specialized physical therapist.

Bowel Control

Treatments—Rectal Insert

renew-medical.com

Treatments—Vaginal Insert

www.pelvalon.com
Bowel Control

Treatments—Surgery

• The goal of surgery is to improve bowel function:
  – Improve bowel emptying.
  – Improve bowel control.
  – Help with bowel emptying at appropriate times.

• Types of surgery include:
  – Sphincter repair (sphincteroplasty)
  – Bulking agents
  – Bowel pacemaker (neuromodulator) to help pelvic and anal sphincter muscles contract

PFDs are not a normal part of aging

You Are Not Alone

• Share stories
• Get support
• Ask experts about PFDs
• Join the dialogue @ www.VoicesforPFD.org
Thank you!

• We will now break up into groups
  – Bladder Problems
  – Pelvic Organ Prolapse
  – Bowel Problems

• Please fill out the evaluations in the folder
  – This will help us improve these presentations!!

REFERENCES

2. Food and Drug Administration. Information for Patients for POP. www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/UroGynSurgicalMesh