

Treat ALL Bladder Symptoms With Confidence!

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# Objectives:

1. Overactive bladder and Urge incontinence
2. Stress urinary incontinence
3. Pelvic floor dysfunction
4. Pelvic organ prolapse
5. Genitourinary syndrome
6. Interstitial Cystitis/Bladder pain
7. Vulvovaginal conditions
8. Urethral caruncle

# Overactive Bladder and Urinary Urgency Incontinence

Overactive bladder OAB affects about 15% of women across all ages.

This can impact quality of life resulting in an avoidance of social activities.

OAB: a sudden urge to urinate sometimes followed by leaking.

Urinary urgency: “gotta go right now” sudden strong desire to pass urine

Urinary frequency: “gotta go often” urinating eight or more times per day

Nocturia: need to urinate one or more times during sleeping hours

Urinary urgency incontinence (UUI): urinary leakage that occurs with sudden strong desire to pass urine

# OAB and UUI Treatment

- Dietary changes: coffee, tea, soda, caffeine, artificial sweeteners, fruit juices, alcohol, carbonated beverages
- Bladder training: “mind over bladder”
- Medicines:
  - Beta-3 adrenergic agonist drugs
  - Antimuscarinic drugs
- Pelvic floor physical therapy: provider directed or formal
- Botox: relaxes the bladder muscle
- Nerve stimulation: nerve stimulators control nerves in the bladder, PTNS and sacral nerve stimulation

# Stress Urinary Incontinence

- Stress urinary incontinence SUI impacts  $\frac{1}{3}$  women older than 45.
- Pregnancy and childbirth, constipation, obesity, smoting, aging, chronic coughing or extreme weight lifting can cause SUI.
- Clinic exam and/or urodynamic testing can be helpful

# SUI Treatment

- Weight reduction: abdominal obesity and weight gain after childbearing years are known risk factors for UI, weight loss does improve symptoms of incontinence.
- Pelvic floor muscle exercises
- Pelvic floor physical therapy
- Bladder training
- Topical vaginal estrogen
- Surgery
  - Urethral bulking injections
  - Midurethral sling

# Pelvic Floor Dysfunction

Uncoordinated muscles result in symptoms

Symptoms: frequent urination, incontinence, constipation, low back pain, pain in the pelvis, genitalia and rectum

Evaluation: by a clinician or a pelvic floor physical therapist

Treatment: Individualized treatment

Conditions mistaken for PFD: interstitial cystitis, IBS, prolapse

# Pelvic Floor Dysfunction Treatment

Pelvic floor physical therapy:

Physician directed or formal pelvic floor physical therapy

How to find a pelvic floor physical therapist.

APTA Pelvic Health PT Locator

[Pelvicrehab.com](https://www.pelvicrehab.com) practitioner directory

# Pelvic Organ Prolapse

- Pelvic organ prolapse occurs when the pelvic floor muscles and connective tissue weaken or tear. The pelvic organs can fall downward into the vaginal canal. Some people can feel tissue coming out of the vaginal opening.
- Symptoms include pressure, irritation from rubbing, difficulty emptying bladder and bowels, incontinence.
- Evaluated by specialist in clinic: POPQ
- Cystocele: top wall allowing bladder to drop
- Rectocele: rectum bulges upward into vagina
- Uterine prolapse: support to uterus and upper vagina weaken allowing uterus to slide into vaginal canal or beyond vaginal opening
- Vaginal vault prolapse: upper support weakens allowing walls to come into the vaginal canal or beyond vaginal opening

# Pelvic Organ Prolapse

Voices for PFD

AUGS

Pelvic organ prolapse (POP) occurs when the pelvic floor muscles and connective tissue weaken or tear. This causes the pelvic organs to fall downward into the vagina, similar to a hernia. Women may feel or see tissue coming out of the opening of their vagina as this progresses.



## About POP

### Common complaints with prolapse include:

- Pressure from the bulge near the opening of the vagina.
- Not being able to wear a tampon.
- Vaginal dryness or irritation from rubbing on clothing.
- Trouble urinating or having bowel movements until the organs are pushed upward manually.
- Urinary incontinence, or the accidental loss of urine, is a common complaint, but is not caused by prolapse.

### Reasons for pelvic floor damage may include:

- Pregnancy and childbirth: One in three women who gave birth has prolapse. Being pregnant and having a vaginal delivery can damage the pelvic muscles and nerves, allowing the organs to drop. This is particularly true of women who had a large baby, needed forceps to deliver, or had many babies.
- Aging and menopause: Loss of estrogen with menopause, along with other changes with aging, can weaken the pelvic floor. POP becomes more likely with age.
- Certain health conditions: Health problems that involve repeated straining, such as obesity, chronic cough, and constipation, can injure the pelvic floor over time.
- Heavy lifting: Extreme weight lifting or picking up heavy items on a repeated basis can increase POP risk.
- Genetics: Genes help determine the strength of the connective tissue, so if your mother had POP, you are more likely to develop POP.

## Diagnosis

To evaluate you for prolapse, a urogynecologist (urogyn) reviews your medical history and performs a pelvic exam. They will also measure your vaginal prolapse using a standard grading system.

## Treatments

You can try to prevent the prolapse worsening by making lifestyle and behavior changes. For example, to prevent the prolapse from worsening, eliminate constipation and do not strain with bowel movements. Plus, stop extreme weight lifting activities and avoid repeated heavy lifting. Keep your weight in a normal range and lose weight, if you are overweight. Lastly, quit smoking—tobacco use doubles your risk for pelvic floor disorders, such as POP.

## LEARN THE TERMS

**Pelvic Organ Prolapse (POP):** Dropping of the pelvic organs, such as the bladder, uterus and rectum, caused by a loss of vaginal support.

**Cystocele or Urethrocele (anterior vaginal wall prolapse):** Front wall of the vagina sags downward or outward, allowing the bladder to drop from its normal position.

**Enterocoele:** Support to the top of the vagina weakens, allowing bulging of the small intestine into the vagina.

**Rectocele (posterior vaginal wall prolapse):** Rectum bulges upward into the vagina because of a weakened vaginal wall and perineum.

**Uterine prolapse:** The supports to the uterus and upper vagina weaken, allowing the uterus to slide down into the vaginal canal or beyond the vaginal opening.

**Vaginal vault prolapse:** Upper support of the vagina weakens in a woman who has had a hysterectomy in the past, allowing the vaginal walls to sag into the vaginal canal or beyond the vaginal opening.

# Genitourinary Syndrome

Genitourinary syndrome of menopause previously known as vaginal atrophy is a constellation of symptoms caused by decreased estrogen.

Symptoms include: urinary urgency, frequency, dysuria, recurrent UTI, dryness, burning, irritation, decreased lubrication, pain, decreased arousal, changes to sensation.

Up to 70% of patients with symptoms do not discuss with their provider.

Exam: labia minora resorption or fusion, tissue fissures and fragility, prominence of urethral meatus, urethral eversion, pallor, loss of rugae, decreased lubrication, decreased elasticity

Treatment: Hormones and non hormonal moisturizers

# Genitourinary Syndrome Treatment

The best treatment is the one a person will use. Apply to the vulva purposefully.

When it comes to creams throw away the applicator and apply with finger.

Estradiol:

Cream: 1g daily for 2 weeks then 2-3 times weekly

Ring: 1 ring every 90 days

Insert: 10mcg tablet daily for 12 weeks then 2 times weekly

Conjugated equine estrogen: 0.5g daily for 2 weeks then 2 times weekly

Prasterone: 6.5mg vaginal insert daily

# Interstitial Cystitis/Bladder Pain

- Bladder pain can be debilitating
- Interstitial cystitis is chronic bladder pain in the absence of etiology but there is no clear evidence that the bladder inflammation is involved in the pathophysiology or that there are abnormalities at the interstitium.
- Physical exam is important to identify any tenderness due to other conditions such as prolapse, diverticulum, mass
- Urine tests rule out infection and hematuria
- Rule out vaginal and STIs
- Cystoscopy may be needed to exclude other etiologies but is not diagnostic

# Interstitial Cystitis/Bladder Pain Treatment

- Diet modification
- Fluid management
- Pelvic floor physical therapy; tense pelvic floors can cause pain
- Medications:
  - Amitriptyline
  - Pentosan polysulfate sodium: warning for macular eye disease
  - Hydroxyzine
  - Phenazopyridine
  - Methenamine
- Bladder hydrodistention
- Intradetrusor botulinum toxin
- Sacral neuromodulation

# Vulvovaginal Conditions

- It hurts when I pee! Raw tissue hurts.

## Lichen Sclerosus

Chronic, progressive, dermatologic condition with distinctive dermal changes, pruritus, pain, inflammation. Primarily found on the vulva.

Hormones: incidence is highest during low estrogen state

Symptoms: vulvar pruritus “it itches right here”, worse at night, perianal pain, anal fissures, dyspareunia, dysuria, hypopigmentation, loss of vulvar architecture,

Diagnosis: Most often clinical diagnosis; white fissures, ecchymoses, anatomical changes. Biopsy is helpful to confirm or when uncertain.

# Vulvovaginal : Lichen Sclerosus Treatment

Location of application is important!

Provide a mirror and handout for better understanding.

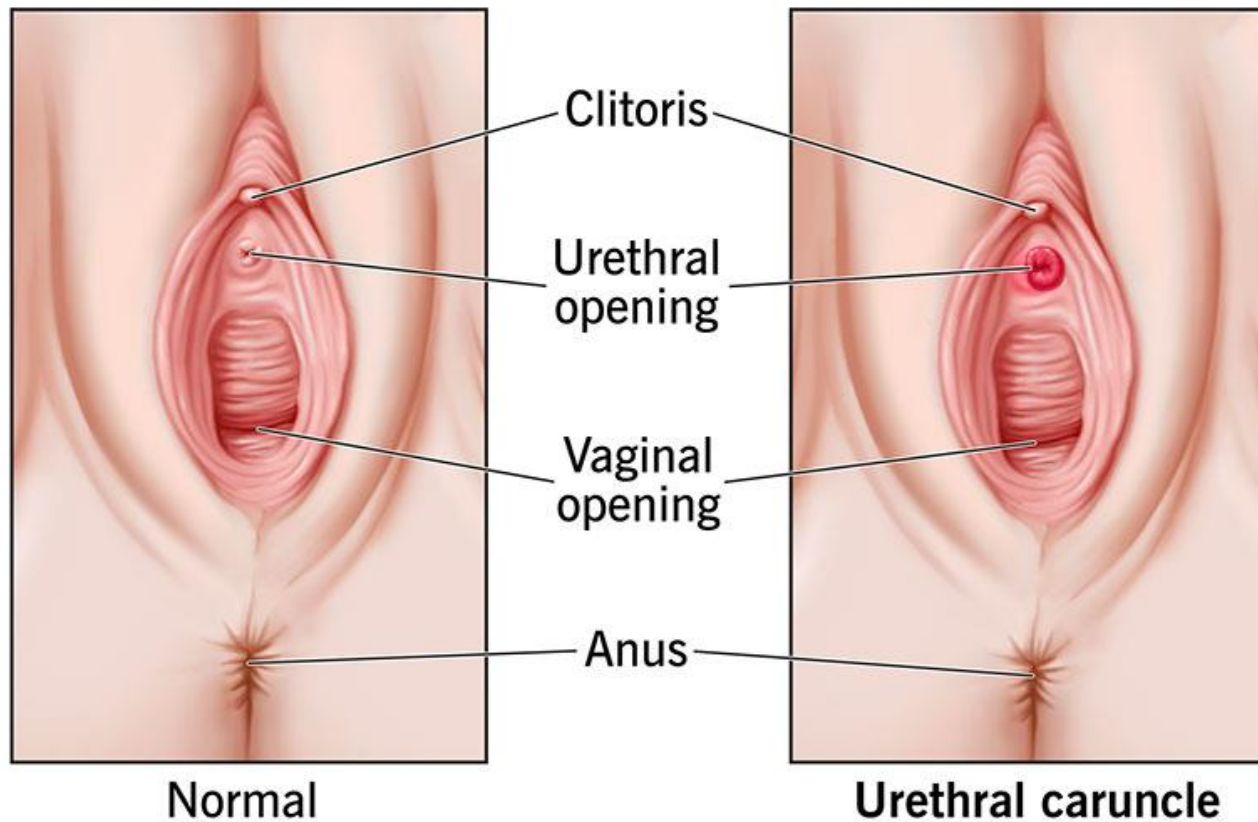
Clobetasol: apply a finger-tip-unit or 0.5g daily for 12 weeks to induce remission then transition to a maintenance dose twice weekly. In cases of prolonged remission once weekly is a consideration.

Treatment of genitourinary syndrome of menopause (vulvovaginal atrophy) is helpful in reducing symptoms and distinguishing active LS from GSM.

# Urethral Caruncle

- Non cancerous growth that forms at urethra
- There is a link between caruncle and low estrogen
- Treatment is only needed if symptomatic
- Symptoms include burning, pain, bleeding when wiping
- Exam shows 1-2cm fleshy red or pink often stick out on one edge, appears similar to urethral prolapse which is more uniform.

# Urethral Caruncle



# Urethral Caruncle Treatment

- Anti inflammatory medications like corticosteroid cream to reduce swelling and irritation
- Topical estrogen cream applied to the urethra purposefully
- Urethral caruncle removal: if other treatments don't work referral to urologist

# Resources

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