Female Urinary Disorders and Pelvic Organ Prolapse

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Statistics:

10-60% of women report urinary incontinence

50% of women that have had children develop Pelvic Organ Prolapse

11% of US women will require surgery for Pelvic Organ Prolapse
Urinary Incontinence

The involuntary leakage of urine.
Urinary Incontinence

- An estimated 15-20 million people in the United States have bladder control problems, and it is nearly twice as common in women than men
- 10-60% of women report urinary incontinence
- Estimated that 30-50% never seek treatment
- 80-90% of cases can be treated successfully
- Billions of dollars spent annually on incontinence products (in North America)
Delay in Treatment

• Most women with UI are reluctant to seek help.

• They might be embarrassed, or might have been told by family members, acquaintances, and/or friends that no truly useful remedies exist.

• Often women believe this is a normal consequence of aging
Psychosocial Impact

Higher prevalence of depression, embarrassment, loss of self esteem, anxiety

Decrease in excursions outside home, social interactions, sexual activity

Major factor in the decision to place a relative in a nursing home
Types of Urinary Incontinence

Genuine Stress Urinary Incontinence

Overactive Bladder

Intrinsic Sphincter Deficiency (Weak Urethra)

Overflow Incontinence

Functional incontinence
Stress Incontinence

Loss of urine with activity (cough, sneeze, laughing, walking, running)

Due to change in position of the bladder ("dropping of bladder")

Treated with pelvic floor exercises, medication and/or surgery
Normal Female Pelvic Structures

- Stomach muscles
- Small bowel
- Uterus
- Bladder
- Pubic bone
- Urethra
- Vagina
- Rectum
- Tail bone
Stress Incontinence

- **Increased pressure**
- **Bladder**
- **Urethra**
- **Urine**
Stress Incontinence

- Stomach muscles
- Small bowel
- Uterus
- Bladder
- Pubic bone
- Urethra
- Vagina
- Rectum
- Tail bone

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Overactive Bladder

- Urgency - rushing to the toilet
- Frequency - voiding > 8x/day
- Nocturia - voiding > 2x/night
- Bed wetting
Overactive Bladder

Involuntary loss of urine with a strong desire to urinate

“GOTTA GO, GOTTA GO”

Associated with “bladder spasms”

Treated with medications, physical therapy/rehabilitation, nerve stimulators
Intrinsic Sphincter Deficiency

Problem with ability of urethra to close

“Drain pipe” urethra
Overflow Incontinence

Bladder muscle not able to contract and doesn’t empty the bladder

“THE GLASS IS ALWAYS FULL!”

Over filling of the bladder and “spill over”

Can be the result of a neurological disorder i.e.: stroke, MS, spinal cord injuries

Treatment – physical therapy/ rehabilitation, medication
Functional Incontinence

Most often seen with elderly or physically challenged

Person is usually continent, but may have a physical disability which interferes with getting to the toilet

Assistance- i.e. commode by bedside, modify living environment
Evaluation of Urinary Incontinence

- History
- Physical Exam
- Review of medications
- Post void residual urine - “What’s left behind”
- Urine culture, Urinalysis
- Possible urodynamic testing and cystoscopy
Cystoscopy
Uro dynamics
Treatment Options

- Pelvic Floor Muscle Physical Therapy
  - “Not just Kegel’s”
- Bladder training
- Medications- “Gotta Go, Gotta Go”
- Vaginal estrogen
  - Cream
  - Tablet
  - Ring
- Surgery- sling procedure most common
Urethral Sling
Interstitial Cystitis

The painful bladder.
Interstitial Cystitis

- Condition of chronic irritation and inflammation of the bladder
- Patients often diagnosed with multiple “UTI” but antibiotics don’t help
- Urine cultures show no infection
- Symptoms of pain, frequency of urination, and sudden urgency to urinate
- Patients often go years before condition is diagnosed
Interstitial Cystitis

- Cause is unclear - but often starts with a severe "Bladder Infection"
- Symptoms often get worse with menstrual bleeding
- Symptoms often wax and wane and can be increased by stress
- Certain foods, caffeine, alcohol, nicotine can increase symptoms
Interstitial Cystitis

- Diagnosis made by excluding other causes of symptoms:
  - Infection
  - Bladder Stones
  - Bladder Tumor
  - Overactive Bladder
- Specific Questionnaire
- Potassium test
- Cystoscopy with Bladder Distention
Interstitial Cystitis
Interstitial Cystitis

- Treatment often requires multiple strategies:
  - **Diet Modification**
  - **Medicine placed into the bladder**
  - **Oral Medication**
    - Elmiron
    - Antibiotics
    - Antihistamines
    - Anti-Ulcer Medication
  - **Pelvic Floor Physical Therapy**
Pelvic Organ Prolapse

Things are beginning to drop.
Pelvic Organ Prolapse

- Pelvic organ prolapse means that the uterus and/or the vagina have fallen down from its normal position in the pelvis.

- This prolapse is probably caused by injuries sustained during childbirth, aging, a woman's tissue composition, chronic coughing and heavy lifting.

- 11% of US women will require surgical repair for Pelvic Organ Prolapse.
Uterine Prolapse

- Uterine prolapse - the uterus can fall down by itself or with prolapse from a different part of the vagina. Women with uterine prolapse often experience pelvic pressure, lower backache, a protrusion from the vaginal opening, and an uncomfortable feeling during intercourse.
Uterine Prolapse

Normal female pelvic anatomy

Uterus

Rectum

Bladder

Urethra

Vagina

Uterine prolapse
Advanced Uterine Prolapse
Cystocele

- Cystocele is caused by a defect in the anterior vaginal wall, which allows the bladder to protrude into the vagina.

- Women who have a cystocele may experience pelvic pressure, lower backache, a protrusion from the vaginal opening, and an uncomfortable feeling during intercourse.

- Women with cystocele may experience involuntary urine loss or urinary retention (unable to empty her bladder).
Cystocele

Normal female pelvic anatomy

Uterus
Rectum
Bladder
Urethra
Vagina

Cystocele

Bladder prolapse
Advanced Cystocele

- Stomach muscles
- Small bowel
- Uterus
- Bladder
- Pubic bone
- Urethra
- "Cystocele"
- Rectum
- Tail bone
- Vagina
Rectocele

- Rectocele is caused by a defect in the back of the vagina, which allows the rectum to protrude into the vagina

- Women who have rectocele often experience pelvic pressure, lower backache, a protrusion from the vaginal opening, and an uncomfortable feeling during intercourse

- Constipation frequently can be relieved by assuming a specified posture or put pressure in the back of the vagina
Rectocele

Normal female pelvic anatomy

Uterus
Rectum
Bladder
Urethra
Vagina

Rectocele

Rectal prolapse

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Advanced Rectocele

Stomach muscles
Small bowel
Uterus
Bladder
Pubic bone
Urethra
Vagina
Rectum

"Rectocele"
Vaginal Prolapse

- Often can happen years after hysterectomy

- Vaginal prolapse is caused by tears in the tissue which suspend the top of the vagina

- When the top of the vagina falls down, it can cause the front and the back of the vagina to fall down as well.

- In its most severe form, the entire vagina can protrude outside the vaginal opening.
Vaginal Prolapse

Female pelvic anatomy (post-hysterectomy)

- Uterus (removed)
- Bladder
- Urethra
- Vagina
- Rectum

Vaginal vault prolapse

- Sagging uterovaginal canal
Evaluation for Pelvic Organ Prolapse

- The initial evaluation for pelvic organ prolapse involves a detailed history and physical examination.
- Usually, no other tests are involved.
- If a woman also has urinary incontinence, the evaluation may take longer.