

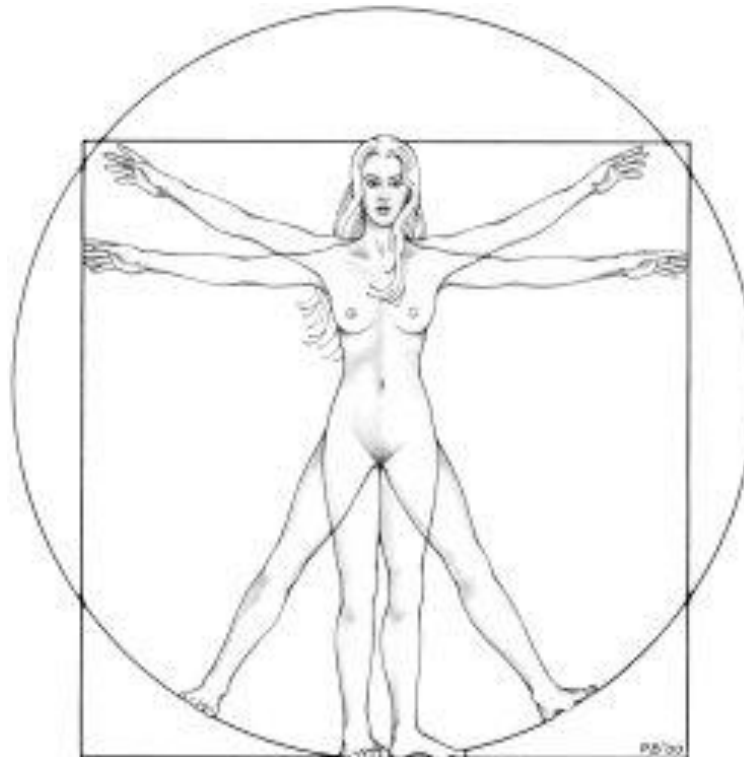


# A guide to incontinence and prolapse: all you didn't think you needed to know about the pelvic floor!

Claudine Domoney

Consultant obstetrician and gynaecologist

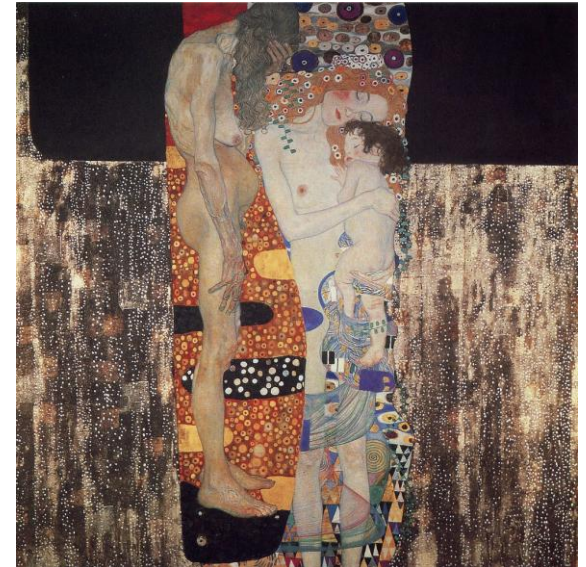
- Female well being
- Quality of life
- Relationship



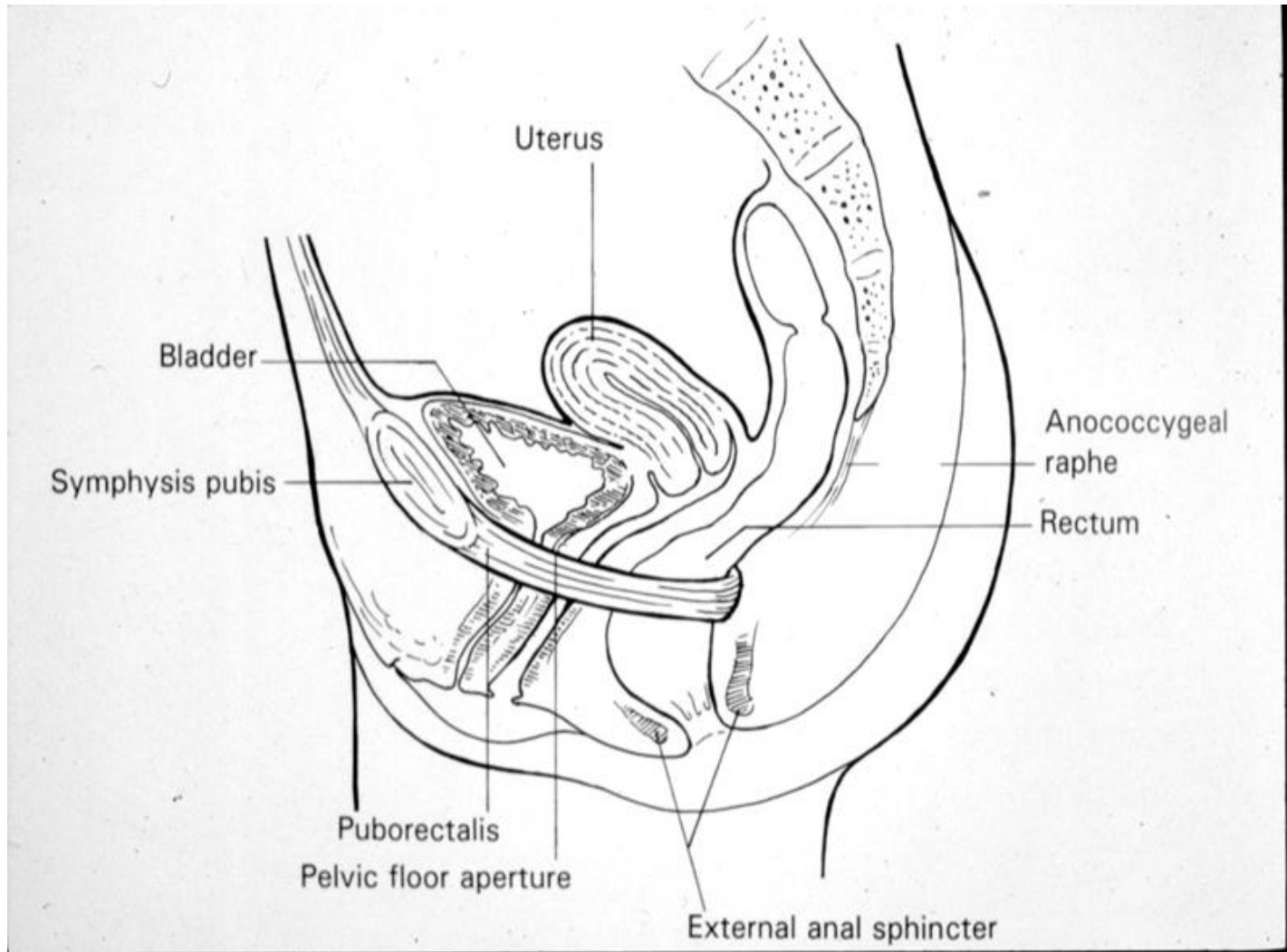
# Risk factors for pelvic floor problems

- **Being female**
- **Childbirth**
- **Aging and the menopause**

**So look after it!**



# Female Pelvic floor



# Potential pelvic floor problems

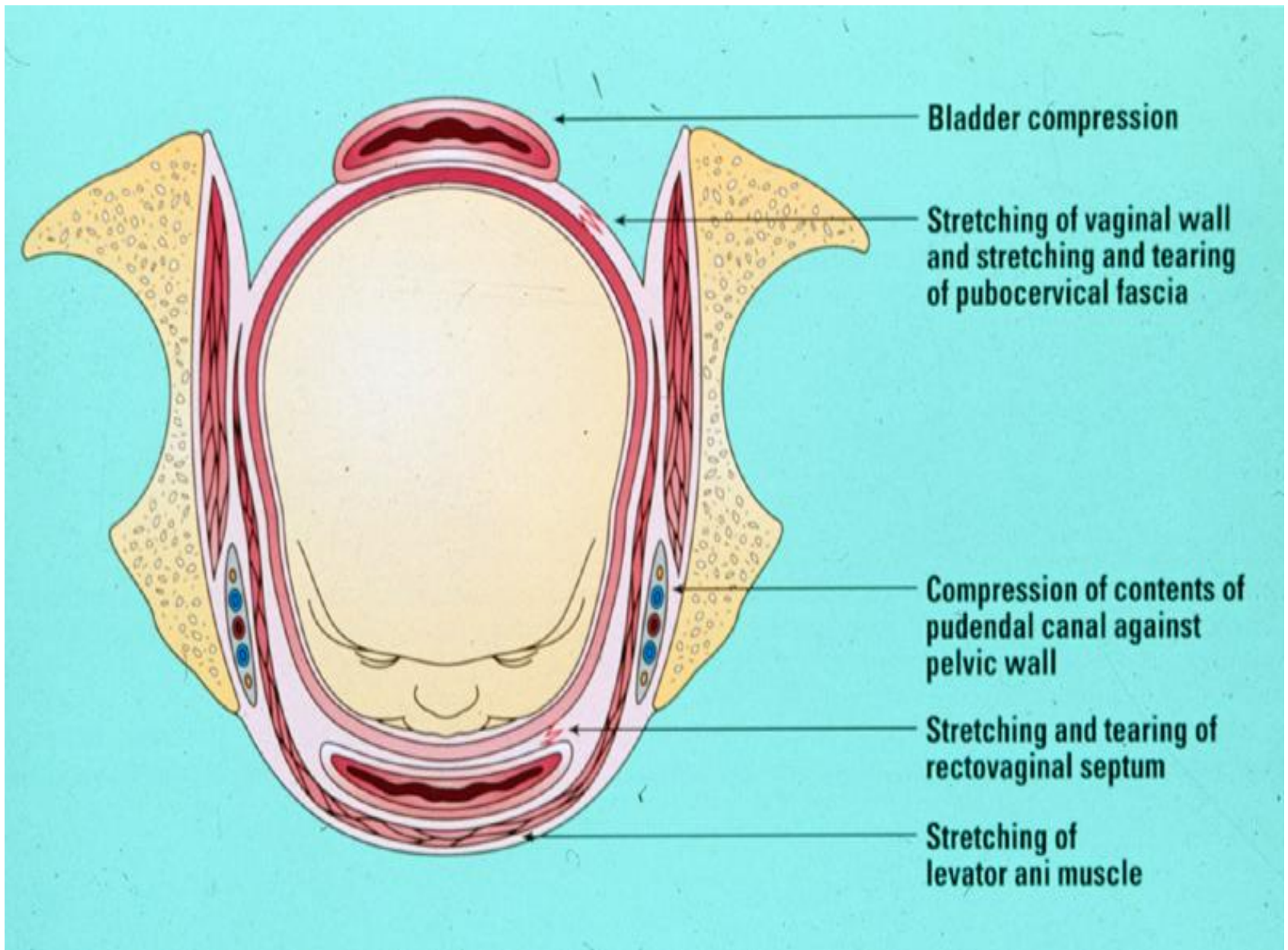
- Urinary incontinence
- Prolapse
- Sexual problems
- Anal incontinence (flatal and/or faecal)
- Constipation

# Female life phases

- Prepubertal
- Puberty
- Reproductive phase
  - Menstrual cycle
  - Childbirth
  - Lactation
  - Post childbirth
- Perimenopause
- Postmenopause

# Prepubertal issues

- Urinary incontinence
  - Enuresis
  - OAB
- Vulval itch/soreness
  - Labial adhesions
  - Thrush
  - Urethral mucosal prolapse

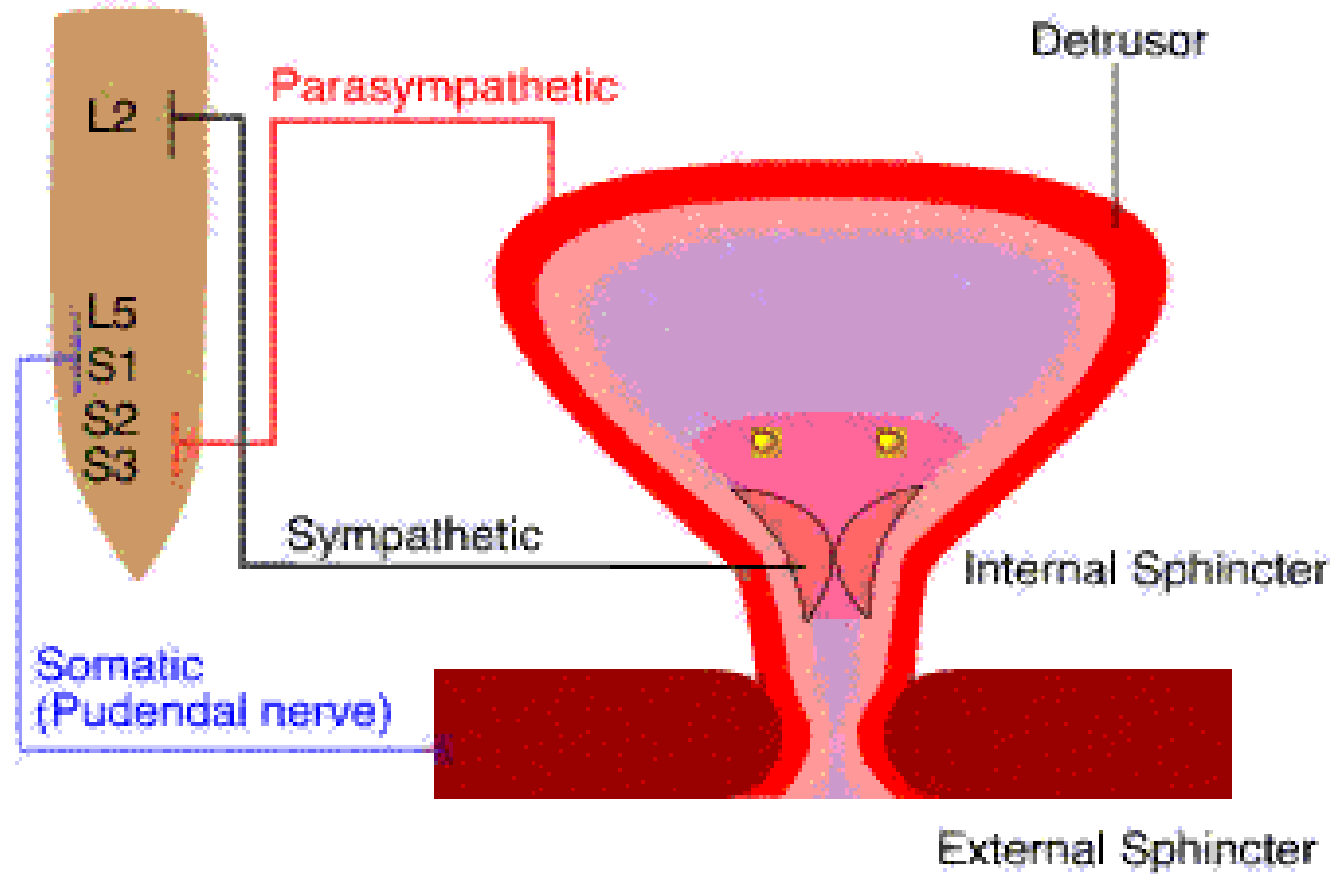




# Urinary incontinence



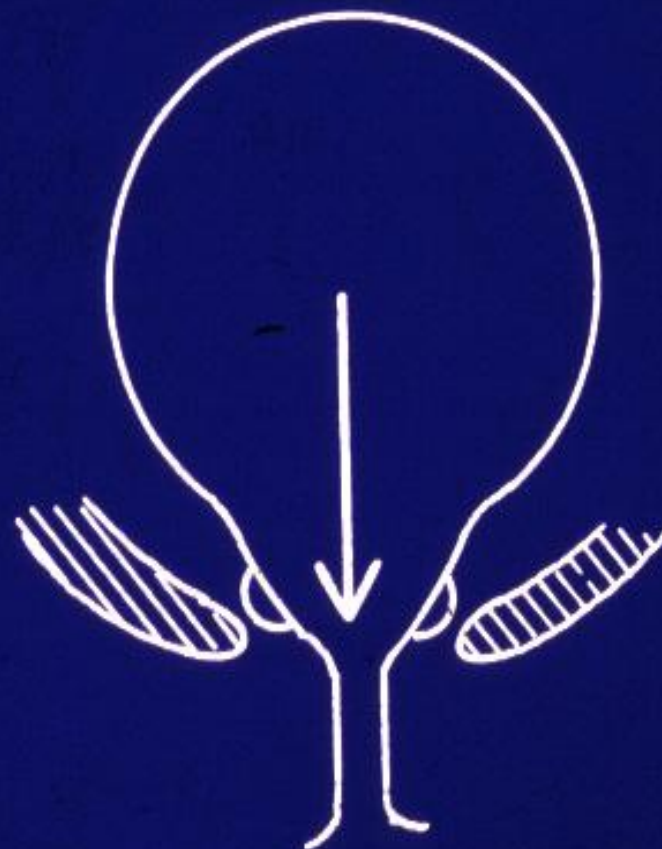
- **A condition in which involuntary loss of urine is a social or hygienic problem and is objectively demonstrated**
  - Stress
  - Urge (overactive bladder – frequency/urgency/nocturia – may not leak but still be bothersome)
  - Mixed
- Affects 40% of women with 1/3 significant impact on life (cf 10% men)



**NORMAL**



**STRESS  
INCONTINENCE**



# Symptoms relating to UI

- Incontinence
  - When
  - Associated with
  - How often
  - How much
  - Do you wear a pad?
    - Pads are just containment not treatment
  - How much does it impact your life
- Urgency
- Frequency
- Nocturia
- Flow
- Incomplete voiding
- ?coital
- Overactive bladder is a bothersome condition with/without leak

# Treatment of UI

**Depends on type**

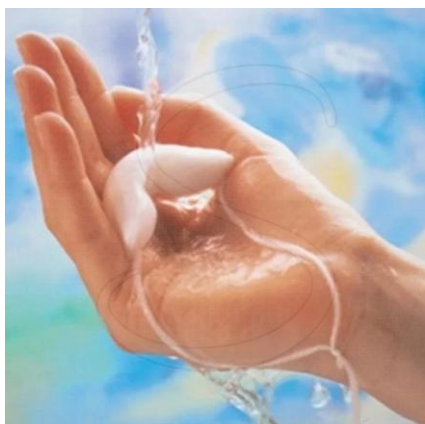
## **A women's health physiotherapist**

- Stress urinary incontinence
  - Physiotherapy
  - Fluid restriction
  - Continence aids
    - Tampons
    - intravaginal
  - Vaginal pessaries/cones/love
  - Biofeedback
  - Surgery
    - Bulking agents
    - Vaginal tapes
    - Colposuspension
    - ?treatment of prolapse
- Urge incontinence
  - Physiotherapy
  - Bladder drill
  - PFEs
  - Fluid restriction
  - Reducing triggers Eg
    - Caffeine
    - Alcohol
    - Sweeteners
  - Medication
  - Botox to the bladder muscle
  - Acupuncture
  - PTNS (posterior tibial nerve stimulation)
  - ?prolapse repair









Contrelle Activgard

PLAY WITH YOUR  
**VAGINA**





## Urinary Continence Aids



### Contiform

- Uses: SUI
- Type: Reusable. 3 Sizes – S, M, L
- Cost: Available on NHS. Drug Tariff Order Code SKU184
- <https://pioneermedicaleurope.co.uk/brands/contiform/>



### IncoStress

- Uses: SUI
- Type: Reusable. 1 size
- Cost: £29.99
- <https://www.stressnomore.co.uk/incostress-vaginal-pessary-instant-control-80289.html>



### Diveen

- Uses: SUI
- Type: Can be used twice. Sizes - S, M
- Cost: Available on NHS. Order code 3025E
- <https://www.bbraun.com/en/products-and-solutions/therapies/continence-care-and-urology/diveen/diveen-to-reduce-female-stress-urinary-incontinence.html#what-are-the-advantages-of-diveen>



### Contrelle

- Uses: SUI
- Type: Single Use. Sizes - S, M, L
- Cost: £6 Starter Pack, £75 Pack of 30
- <https://contrelle.com>



### Efemia

- Uses: SUI
- Type: Reusable. Sizes - S, M, L
- Cost: £59 Starter Pack, £49 Single Size
- <https://www.mypelvichealth.co.uk/en/women/urine-leakage-management/efemia-bladder-support/>



### Contam

- Uses: SUI and Prolapse
- Type: Single Use. Sizes - Various
- Cost: Various. Please see below
- <https://www.stressnomore.co.uk/catalogsearch/result/?q=contam>

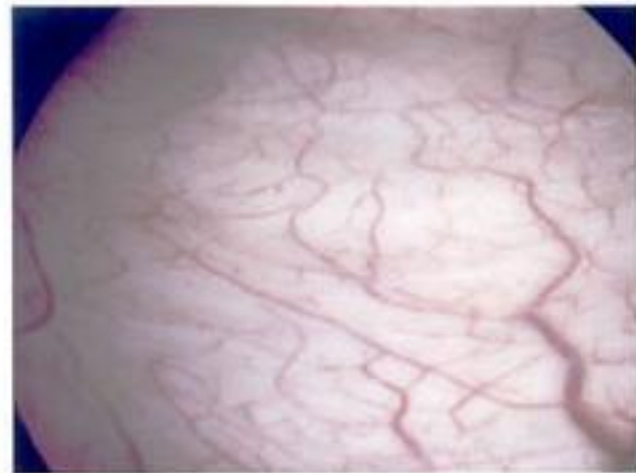
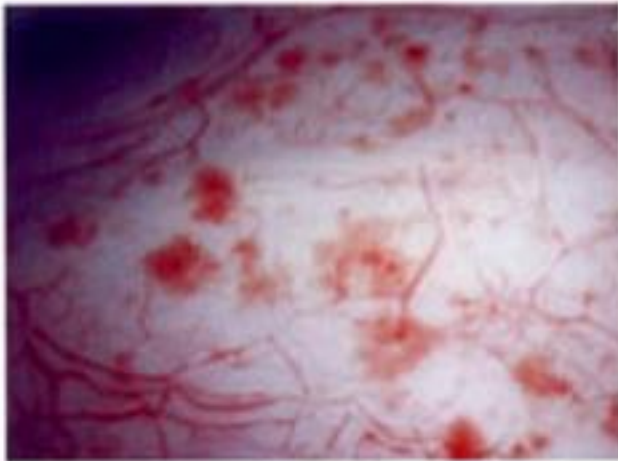
# Recurrent UTI

- > 2 UTIs in 6/12 or 3 in 12/12 (proven)
- More common with age esp postmenopause
- Tx may reduce OAB symptoms
- Often induced by SI
- May respond to local oestrogens (this is NOT HRT)
- Cystoscopy
- Treatments
  - D mannose
  - Hiprex (antibacterial)
  - Prolonged prophylactic antibiotics may be necessary
  - Antibiotic with SI

# Chronic bladder pain syndrome

- Commonly misdiagnosed as RUTI
- Often UA microscopic haematuria but no organisms on culture
  - Frequently partially responds to antibiotics
- Dietary and lifestyle factors may resolve
  - [www.bladderhealthuk.org](http://www.bladderhealthuk.org)
- Needs referral to specialist
- Needs cystoscopy for diagnosis


# Inflammatory cystitis



# Prolapse

- May be symptomatic only when atrophic ( ie low oestrogen – breastfeeding and menopause)
- Pelvic floor exercises should be lifelong
- Surgery should be offered to symptomatic women
- Pessaries only for those who
  - Don't want surgery
  - Cant have surgery
  - Haven't completed their family?
  - Only want intermittent relief

# Uterine prolapse

 **AUGS**

Pelvic Organ Prolapse: An Interactive Guide

Home

- Pelvic Organ Prolapse Exams
- ▼ Types of Pelvic Organ Prolapse

*With uterus present:*

- Leading Edge-Uterus
- Leading Edge-Anterior Wall
- Leading Edge-Posterior Wall

*No uterus:*

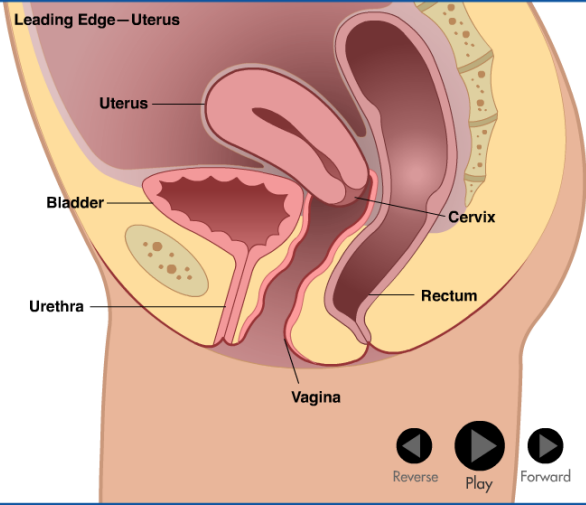
- Leading Edge-Vaginal Vault
- Leading Edge-Anterior Wall
- Leading Edge-Posterior Wall

- Non-Surgical Management
- Stress Urinary Incontinence

Interactive Prolapse Evaluation


Pelvic Organ Prolapse: An Interactive Guide is a registered trademark of Tim Peters and Company, Inc. Copyright 2007–2016. All Rights Reserved.

Developed in consultation with  
Dr. Patrick Culligan, M.D.  
Weill Cornell Dept. of Urology, New York, NY



Reverse Play Forward

Print

 **AUGS**

Pelvic Organ Prolapse: An Interactive Guide

Home

- Pelvic Organ Prolapse Exams
- ▼ Types of Pelvic Organ Prolapse

*With uterus present:*

- Leading Edge-Uterus
- Leading Edge-Anterior Wall
- Leading Edge-Posterior Wall

*No uterus:*

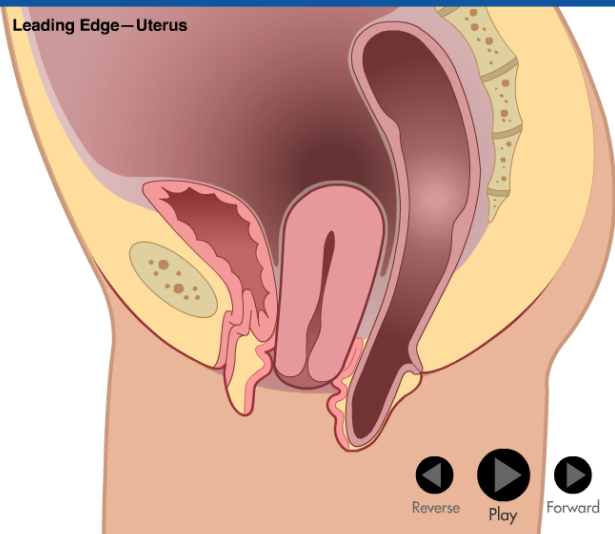
- Leading Edge-Vaginal Vault
- Leading Edge-Anterior Wall
- Leading Edge-Posterior Wall

- Non-Surgical Management
- Stress Urinary Incontinence

Interactive Prolapse Evaluation

Pelvic Organ Prolapse: An Interactive Guide is a registered trademark of Tim Peters and Company, Inc. Copyright 2007–2016. All Rights Reserved.


Developed in consultation with  
Dr. Patrick Culligan, M.D.  
Weill Cornell Dept. of Urology, New York, NY



Reverse Play Forward

Print

# Cystocoele

**AUGS**

Pelvic Organ Prolapse: An Interactive Guide

Home

[► Pelvic Organ Prolapse Exams](#)

[▼ Types of Pelvic Organ Prolapse](#)

*With uterus present:*

- [Leading Edge-Uterus](#)
- [Leading Edge-Anterior Wall](#)
- [Leading Edge-Posterior Wall](#)

*No uterus:*

- [Leading Edge-Vaginal Vault](#)
- [Leading Edge-Anterior Wall](#)
- [Leading Edge-Posterior Wall](#)

[► Non-Surgical Management](#)

[► Stress Urinary Incontinence](#)

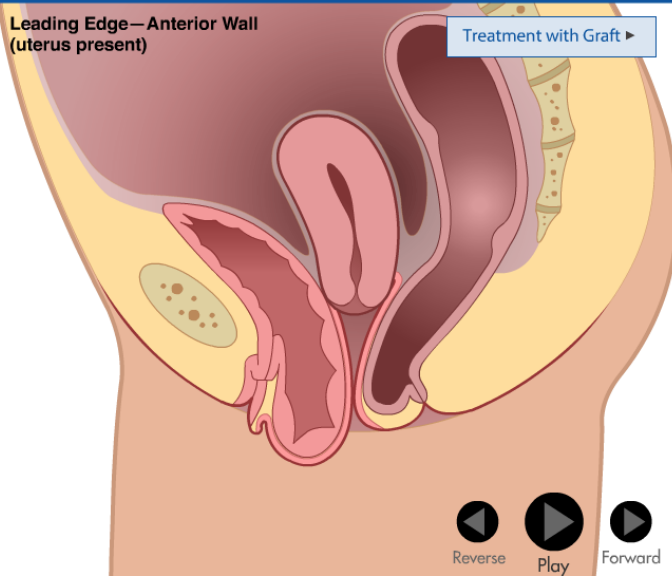
[Interactive Prolapse Evaluation](#)

Pelvic Organ Prolapse: An Interactive Guide is a registered trademark of Tim Peters and Company, Inc. Copyright 2007–2016. All Rights Reserved.

Developed in consultation with  
Dr. Patrick Culligan, M.D.  
Weill Cornell Dept. of Urology, New York, NY

**Leading Edge—Anterior Wall  
(uterus present)**

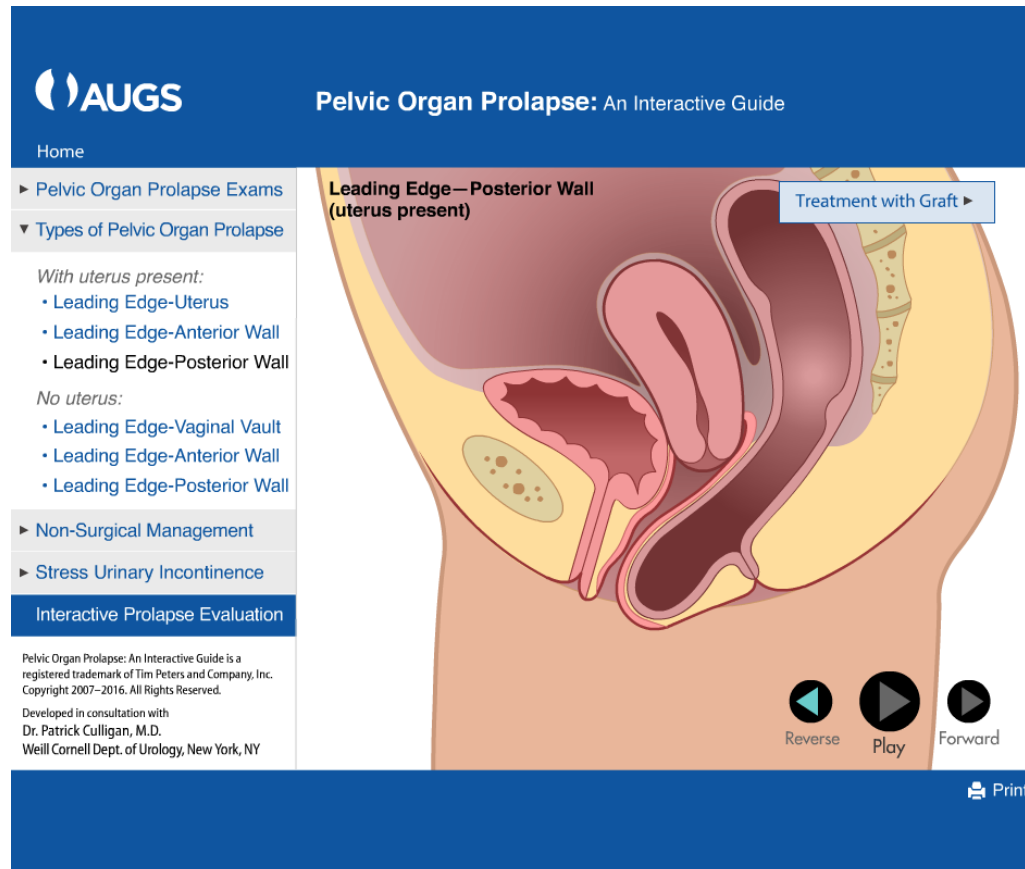
[Treatment with Graft ►](#)



[Reverse](#) [Play](#) [Forward](#)

[Print](#)

# Rectocele



## NB Perineal length



# Post childbirth

- Incontinence
  - stress
- Voiding difficulties
- Prolapse
- Dyspareunia (painful sex)
  - Perineal wounds
  - Vaginal atrophy
    - Secondary to E2 deficiency associated with breastfeeding
- Change in sexual feeling

## Pelvic Floor Exercises

# Lubricants/remoisturisers

- Yes Yes Yes
- Sylk
- Durex Play
- Pjur (Repair glide!)
- Vegetable/nut oils
- **NOT** KY jelly
- Vaginal oestrogens
- Replens MD
- Hyalofemme
- Support and reassurance



# Peri/postmenopause

- Lack of oestrogen
- Tissues thinner and less elastic
- Causes symptomatic prolapse
- Can increase overactive bladder and recurrent UTI
- Can increase thrush and bacterial vaginosis
- Local treatment with oestrogen is NOT HRT
- Other remoisturisers may help
- PFEs



# Treatment of prolapse

- Vaginal oestrogens
- PFEs/Physiotherapy
- Pessaries
- Surgery



Unnatural Squatting

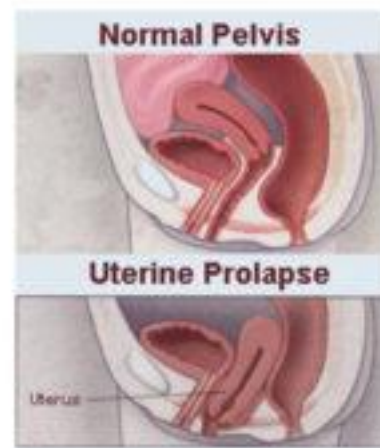
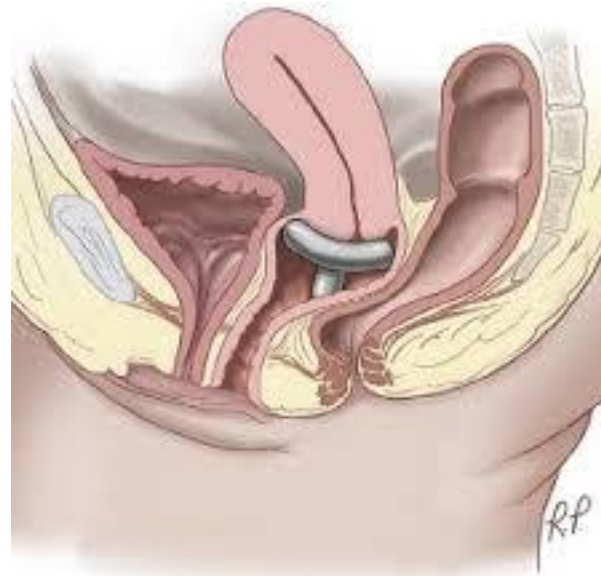
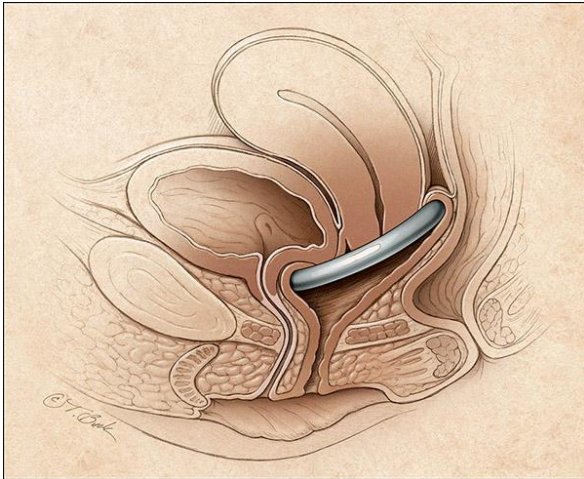


Natural Squatting









Uterine prolapse – uterus can be seen descending into the vagina



Uterine prolapse – cervix clearly visible at vaginal introitus



# Perineum

- Length – at least 3 cm
- May make prolapse symptoms worse
- Difficult to maintain pessaries
- No amount of PFEs is going to improve
- May need to be addressed with surgery

# Constipation

- Fluid, fibre, exercise
- Dietary interventions
- Laxatives
  - Stimulants Eg senna may desensitise bowels
  - Osmotic
  - Bulking laxatives
  - Stool softeners
- Toilet positioning
- Correction of rectocoele

# Anal incontinence

- Can be life changing
- Physiotherapy
- Biofeedback
- Irrigation systems
- Dietary control
- Anti-motility medication
  - Imodium/loperamide
- Anal plugs
- Surgery?

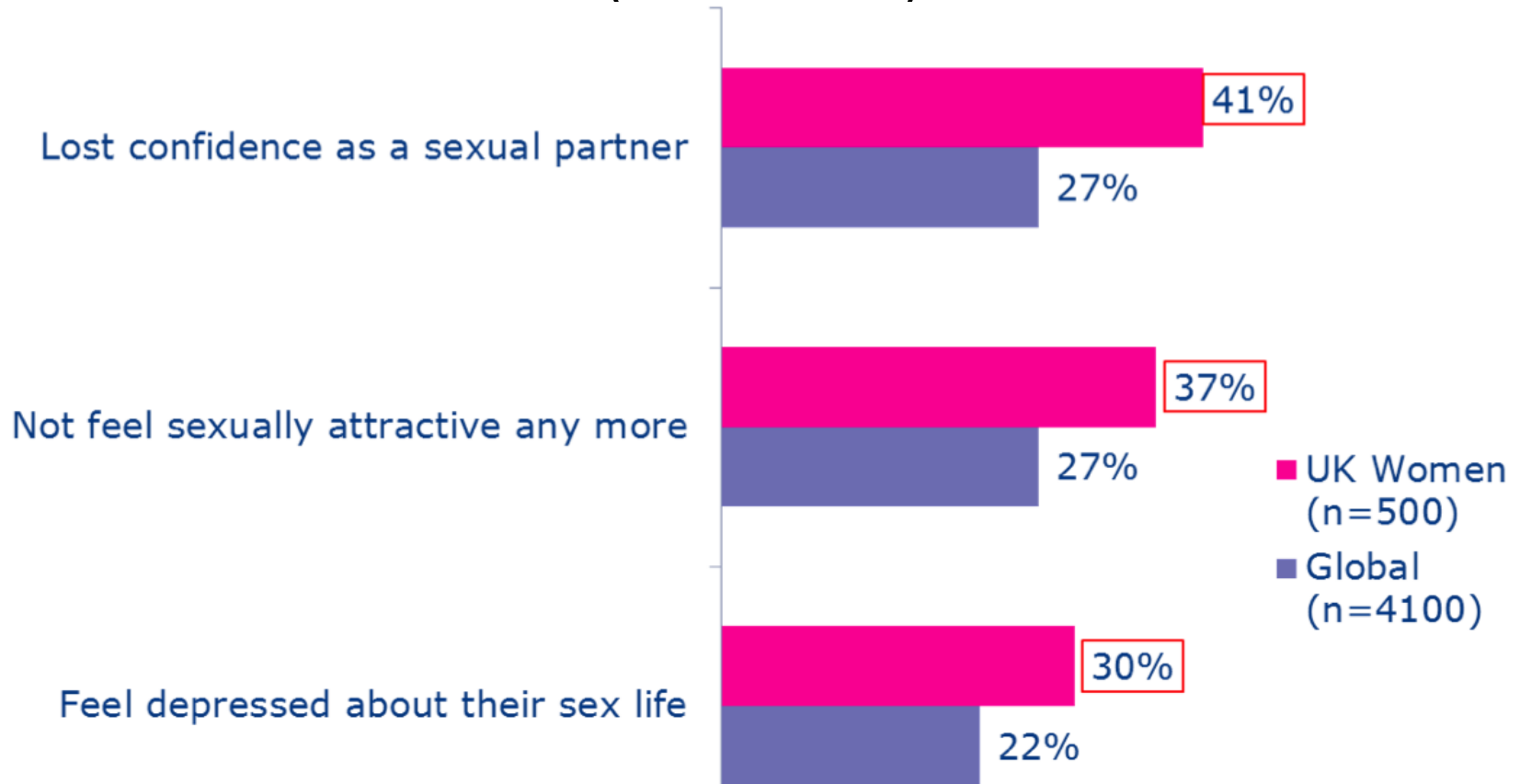
# Sexual function



- Many factors involved
  - Physical/anatomical
  - Psychological
  - Hormonal
- Changes in the pelvic floor
- Relationships
- Change in sensation
- Pain
- Approach with an understanding of female sexual response
- Changes over time
- Address issues
  - Lubrication
  - Pelvic floor problems
  - Relationship
  - Self esteem

# Vaginal discomfort has a serious impact on self esteem of UK women

(Closer 2013)



***55-57% of British women feel that they have lost their youth or feel old as result of vaginal discomfort***

# Surgery for prolapse

- Offer early (despite CCG stipulations)
- All compartments (anterior/posterior/middle) need to be addressed
- Discuss use of mesh – we do not use
- Recovery period important
- IUGA/BSUG information

# Mesh debate

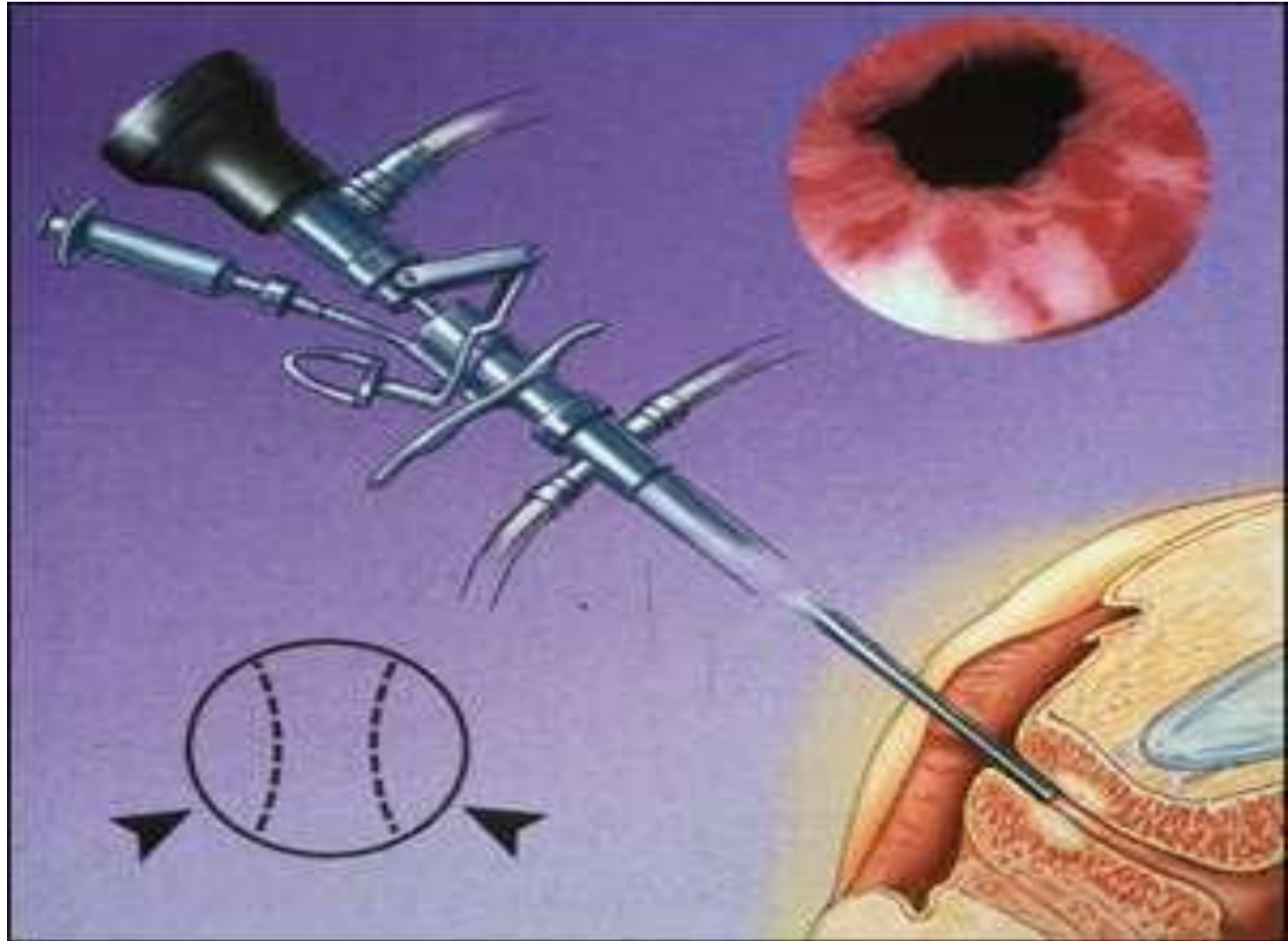
- Prolapse vs incontinence
  - Large mesh/small mesh
- Investigation of medical devices cf drugs
- Pre and postmenopausal women
- Use for primary prolapse by non pelvic floor surgeons

# Surgery for incontinence

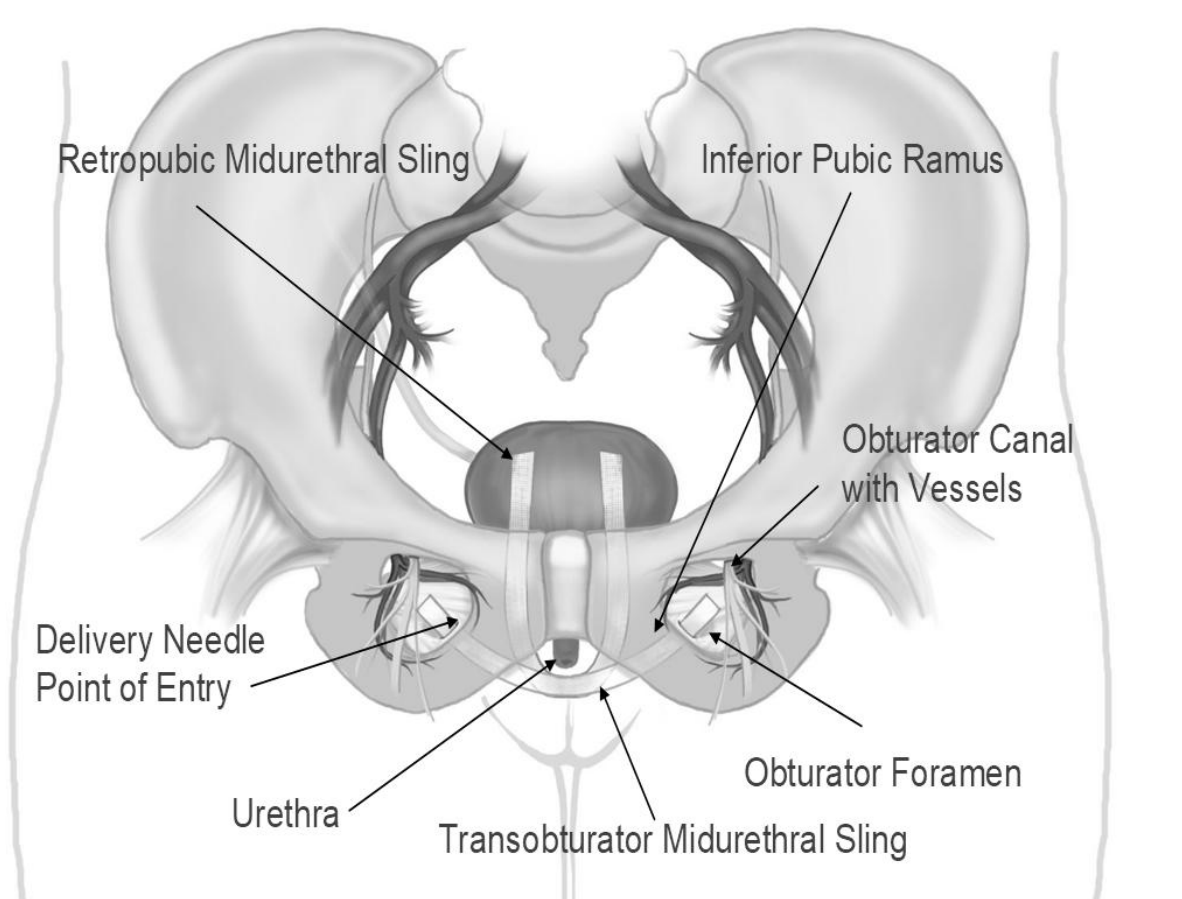
- Bulking agents as no mesh at present for SUI
- Laparoscopic or open procedures for SUI
- Correction of prolapse
- Botox for urge urinary incontinence



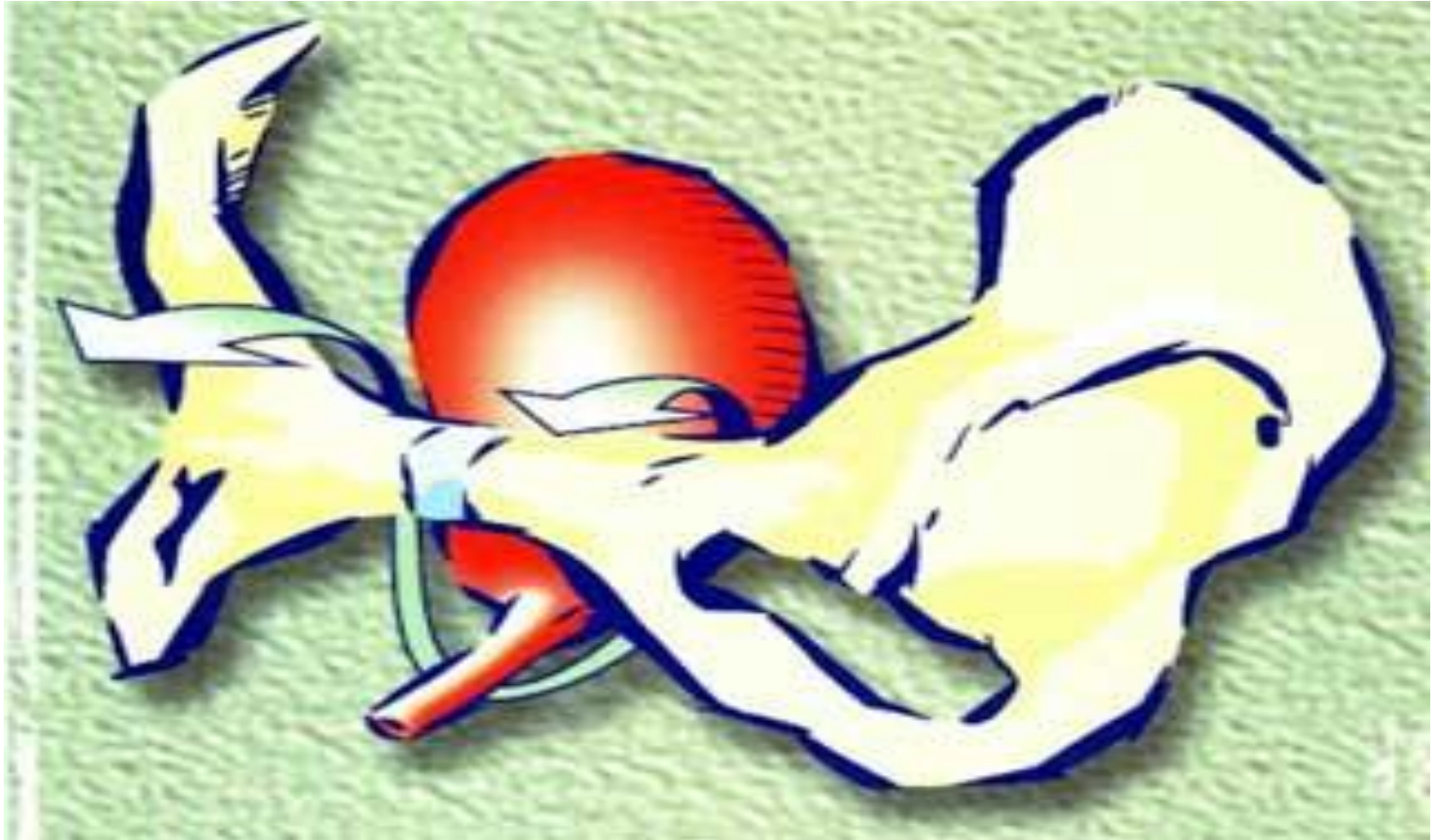
# Trans-urethral Bulking Agents



# Retropubic and transobturator tapes

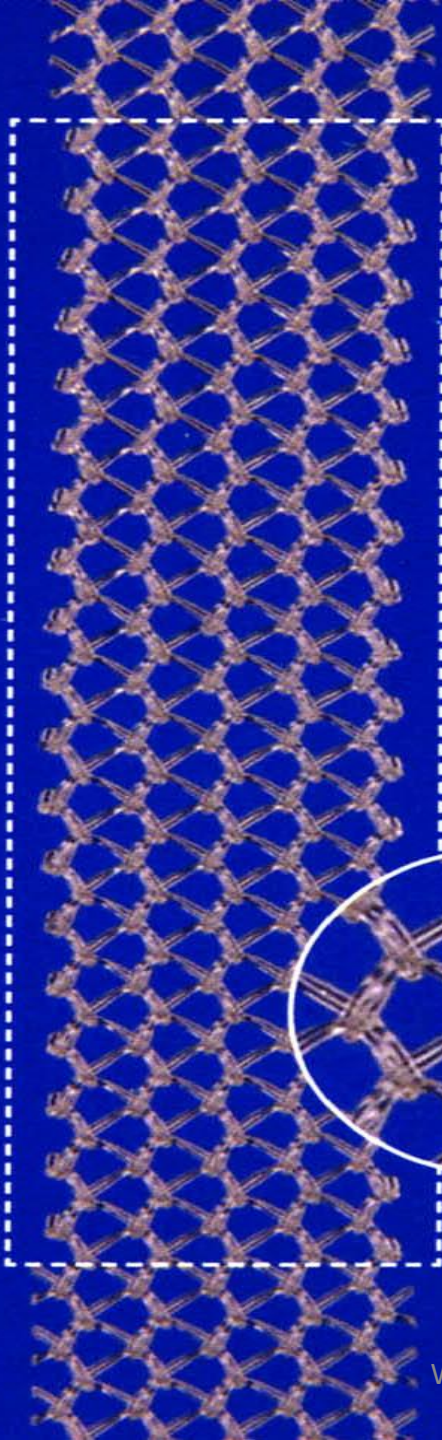


# Mid-urethral Slings



Retropubic tape






**Suburethral Portion**

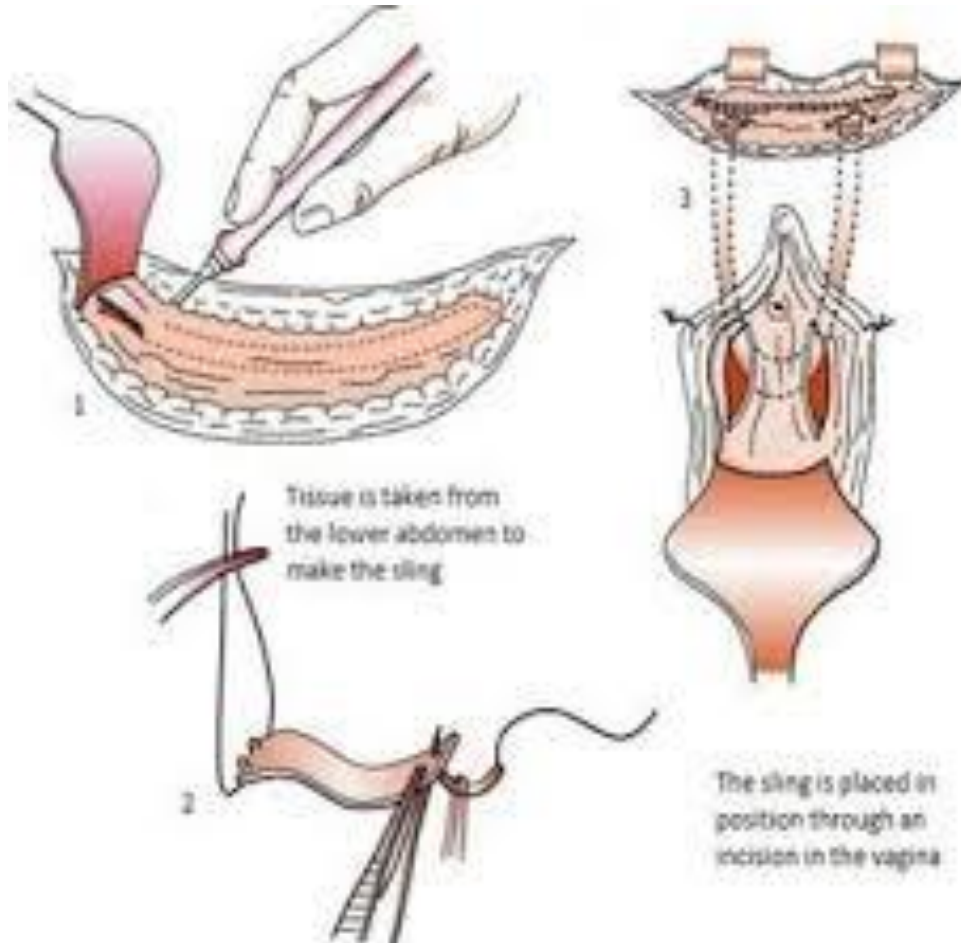
**De-tanged Edges**



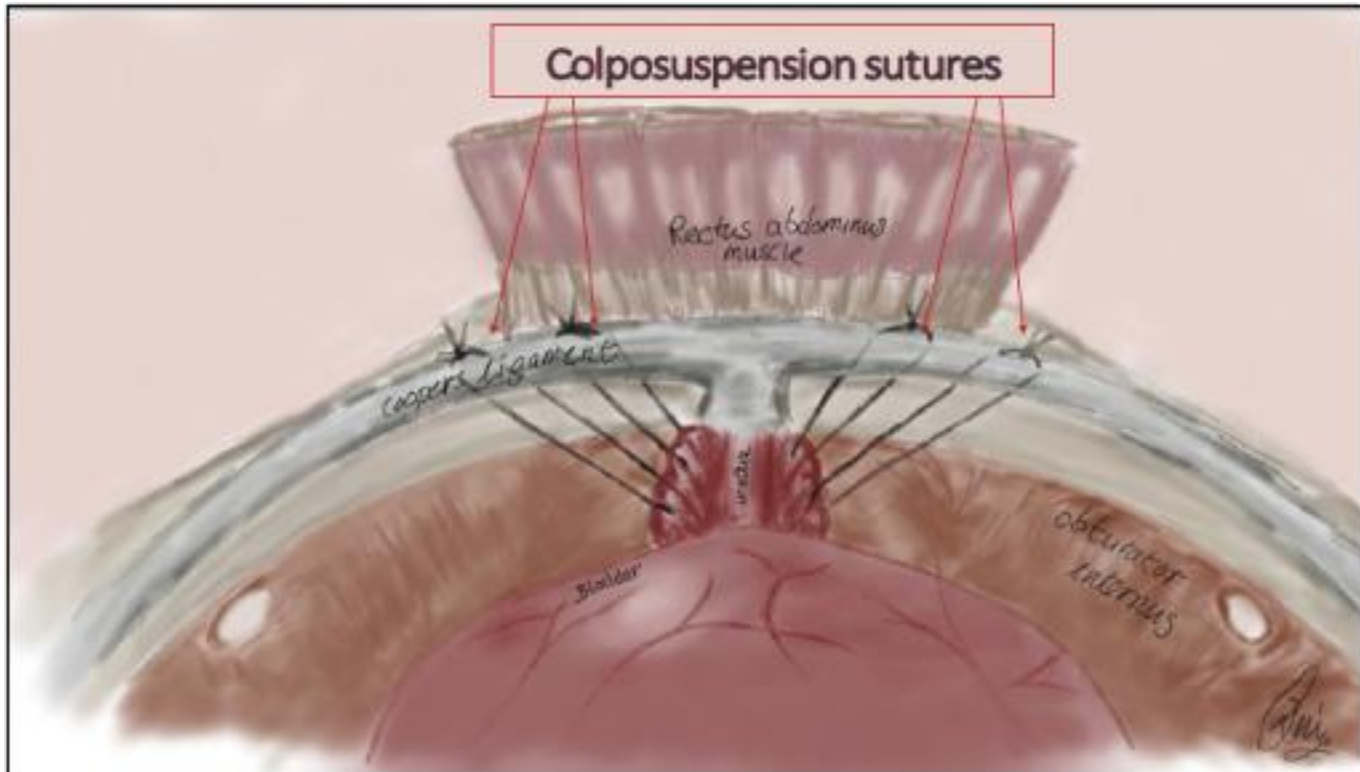


Womens network December 2020

# Autologous fascial slings



# Colposuspension



# Mesh for prolapse

- Large pieces of synthetic material
- Caused scarring
- Consequences
- Difficulty in removal





# Conclusions

- Pelvic floor problems impact on Qol
- Pelvic floor exercises should be lifelong
- Surgery mostly last resort
- Many women become more symptomatic at the perimenopause
- Often mistaken as inevitable consequences of ageing
- Can have huge impact on function esp sex
- Negative impact on self esteem and relationships

# Online resources

- [www.iuga.org](http://www.iuga.org)
- [www.bsug.org.uk](http://www.bsug.org.uk)
- [www.menopausematters.co.uk](http://www.menopausematters.co.uk)
- Popq interactive