Sex, Bowel and Bladder: Pelvic Health for Women with Mobility Impairments

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Topics to Discuss

- What are pelvic floor disorders?
- What are the different types of pelvic floor disorders?
- How common are pelvic floor disorders?
- How do I know if I have a pelvic floor disorder?
- How are pelvic floor disorders diagnosed?
- What are some treatments?
Disorders of the Female Pelvis

- **Bladder:**
  - Incontinence
  - Overactive Bladder
  - Incomplete Bladder Emptying
  - Urinary Tract Infections

- **Bowel:**
  - Constipation
  - Fecal Urgency, fecal incontinence

- **Vagina/Vaginal Support:**
  - Pelvic Organ Prolapse
  - Pelvic Pain

- **Sexual Function**
  - Hypoactive Desire, Hypoactive Arousal, Sexual Pain
Disorders of the Bladder

Quality of Life

- Overactive Bladder, Urinary Incontinence, Bladder Pain, Urinary Tract Infections
  - Urinating frequently
  - Urgency
  - Urge incontinence
  - Frequency at night

Life-threatening

- Incomplete Emptying
- Urinary Retention
- High-Pressure Voiding
Types of Incontinence

1. Stress Incontinence
2. Urge Incontinence
3. Mixed Incontinence
Types of Incontinence

- **Stress incontinence**
  - Sudden involuntary loss associated with increase in intra-abdominal pressure
  - Cough
  - Sneeze
  - Laugh
  - Exercise

  Sphincter fails when you need it most!
Types of Incontinence

- **Urge incontinence**
  - More common with neurogenic bladder
  - Overwhelming urge to urinate results in leakage
  - Unintended bladder muscle activity
Neurologic Conditions Associated with Urinary Incontinence

- Spinal Cord Injury
- Multiple Sclerosis
- Stroke
- Neuropathy
- Spina Bifida
- Transverse Myelitis
- CIPD
Other Health Conditions that Worsen Incontinence

- Diabetes
  - Increased production of urine
- Obesity
- Increased intra-abdominal pressure
- Diuretic medications
- Constipation
- Vaginal atrophy
Treatment Incomplete Emptying

- Empty at regular intervals and low pressure
- Indwelling Foley catheters in women are NOT AN OPTION
  - Chronic infections – “bad environment”
  - Bladder neck erosion
- Clean Intermittent Catheterization (CIC)
  - Ed. McGuire 1977
  - Life saving
  - Not as bad as you think!
Treatment for Overactive Bladder

First Line
- Behavioral Modification:
  - Avoid bladder irritants, fluid management
  - Timed voids / double voiding
- Pelvic Floor Therapy
  - PT, Biofeedback
- Medications

Second Line
- Neuromodulation
  - Interstim, Percutaneous Tibial Nerve Stimulation
- Botulinum Toxin Injections
  - Onabotulinum toxin

Third Line
- Surgery: Augmentation cystoplasty with catheterizable stoma
Urinary Tract Infections (UTIs)

- UTIs are 30 x more common in women
- Immobility is a risk for UTI’s
- Many women with impairments of mobility have neurologic diagnoses accompanied by neurogenic bladder
  - incomplete bladder emptying
  - urinary incontinence
Why?

- Anatomy of the female pelvic floor
- Close proximity of the rectum and vagina to the urethra
- Microbes can pass easily up the short urethra of women and travel to the bladder
- Most common microbe: Escherichia coli with a culture prevalence rate of 70-95%
At Risk Patients

- Previous history
- Sexually Active women
- Post menopausal women
- Women with voiding dysfunction
- Anatomical abnormalities
- Catheterization
- Neurogenic bladder
- Diabetes mellitus
- Renal morbidities
- Immunocompromised/suppression
Treatment

- Treat the patient, not laboratory values
- Treating with antibiotics is not always beneficial
  - Chronic colonization (catheter use)
- Unnecessary treatment leads to bacterial resistance
- Liberal use of prophylaxis regimens lead to bacterial resistance
Prevention is the Best Treatment

• Women -- especially women with impairments of mobility -- are at great risk for chronic re-infection
• Prevent UTI’s rather than chronic antibiotics
• You will be happier and healthier!
  – less time and money spent on doctor’s visits and antibiotics
  – less antibiotic side effects
  – less antibiotic resistance
About UTI Symptoms

• If you use a catheter to empty your bladder, you will always have bacteria in your urine

• Know the symptoms worth treating:
  – Burning with urination
  – New frequency
  – Bladder spasms
  – Fever
  – Flank pain

• Dark urine, cloudy urine and foul-smelling urine are not signs of a treatable UTI
**UTI Prevention**

- Monitor urine cultures
- Habits
  - Hygiene
  - Regular voiding, complete emptying
  - Avoiding moist bottom
  - Drink 6-8 8oz glasses of water/day
- Treat atrophic vaginitis
  - Premarin, Estrace
- Combat constipation / fecal incontinence
  - Fiber supplements, probiotic
  - UTI PREVENTION SUPPLEMENT
  - Prevent bacterial adhesion
Bacteria (mostly E. coli) attach to the urinary tract wall and may cause a UTI (Bladder infection/Cystitis).
Blocks Bacteria that Causes UTIs

Harmful Bacteria

36 mg PAC (proanthocyanidins)
Shield of Protection

Urinary Tract Wall

The 36 mg PAC in every capsule attaches to the bacteria so it doesn't attach to you. Instead, the bacteria is flushed away when you urinate.

myellura.com
Primary Goals
Bladder Health Management

- Preserve Kidney Function
  - Urine storage at low pressures
  - Complete bladder emptying
    - avoid urine reflux into kidneys
    - avoid hydronephrosis

- Prevent Urinary Tract Infections
  - Complete bladder emptying
    - prevent urinary stone formation

- Improve Quality of Life
  - Urine continence
Bowel Health

- Symptoms: constipation, bowel urgency, bowel incontinence
- These will all affect bladder health
- Risk factors are all the same as those for bladder problems:
  - Immobility
  - Neurologic illness
  - Poor hydration, poor diet
  - Medications
  - Post menopausal status
Treatments

- Constipation
  - High fiber diet
    - 1/3 cup Bran Flakes, 1/3 cup All Bran “noodles”, 1/3 cup blueberries
  - Stay well-hydrated
    - 6-8 eight ounce glasses of water a day!
  - Use supplements
    - Miralax and fiber supplements (psyllium husk, chia)
Treatments

- Bowel Urgency/Incontinence
  - Avoid irritants
    - Chewing gum, milk products, veggies that cause gas
  - Moderate consistency of stool
    - Fiber supplements for bulking and osmotic laxative for complete evacuation
  - Expulsion therapy
    - Enemas
  - Sacral Neuromodulation
  - Surgery
Sexual Health

- Sexual activity is associated with health
- Sexual function remains an important aspect of life, even into later age
  - 38% men; 17% women age 75-85
  - Despite high prevalence of bothersome sexual problems
- Undiagnosed or untreated sexual problems can lead to or occur with depression or social withdrawal

- Laumann Arch Sex Behav 2006
- Lindau, NEJM 2007
ASK Your Doctor About Sex!

- Sexual History
  - Dyspareunia
  - History of abuse
  - STD’s
  - Previous history / treatments
Strategies Specific to FSD in Patients with Mobility Impairment

- Treat sensory disturbances that occur during sexual activity
  - Membrane-stabilizing agents: gabapentin, carbamazapine
- Address fatigue and sleep hygiene
  - Maximize treatment of nocturnal spasticity
  - Optimize treatment for nocturia/LUTS
- Treat bladder and bowel dysfunction!
- Encourage energy-saving positions
- Emphasize benefit of good communication
  - Couples counseling
Conclusions

- Pelvic floor disorders are prevalent and represent significant quality of life impairment for all women.
- Women with mobility impairment suffer from pelvic disorders.
- Where to start:
  - Ask your primary doctor for a referral to
    - A urologist who specializes in neurogenic bladder
    - A colon and rectal specialist who specializes in neurogenic bowel
    - A gynecologist who specializes in sexual dysfunction
Questions

- Is there a greater risk of getting urinary tract infection before or after intercourse with women 50 plus? If so, what herbal remedies and or supplements; can be taken for prevention besides cranberry?

- Answer: Yes! UTI’s are much more common after menopause.
  - Treat vaginal atrophy: Estrace or Premarin cream
  - Manage constipation, stay well-hydrated
  - Use a UTI prevention supplement
  - Try to avoid chronic antibiotics
UTI Prevention

• Monitor urine cultures

• Habits
  – Hygiene
  – Regular voiding, complete emptying
  – Avoiding moist bottom
  – Drink 6-8 8oz glasses of water/day

• Treat atrophic vaginitis
  • Premarin, Estrace

• Combat constipation / fecal incontinence
  – Fiber supplements, probiotic
  – UTI PREVENTION SUPPLEMENT
    – Prevent bacterial adhesion
For UTI prevention around sex: 2 capsules before and 2 the day after
Questions

- How to counsel regarding pelvic health for women and young girls with mobility impairment?
- I hope this presentation has helped
- Also, the next Pelvic Health Matters Webinar will be presented by Ellen Fremion, MD who specializes in transitioning children with mobility impairments to teenage and adult life. She will address pelvic health in this setting.
Questions

- I have cerebral palsy. I have not been able to have a Pap test in 20 years because the first and only one I ever received was agonizingly painful. Since then, I have struggled to find a doctor who would be willing to sedate me for the procedure. The most they will do is give me a Valium. I want/need to be unconscious or nearly so for a brief period so that the test can be done. I'm wondering if there's anything you can suggest for me to be able to find a doctor to help me, or convince an existing doctor that I need this.

- Answer: You should always be able to find a physician who can accommodate this need. CROWD may be able to help you with a local referral.
Other Questions?

- Please type your questions into the chat box or send an email to crowd@BCM.edu
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  - Wednesday, May 4, "Bladder and Bowel Issues That Affect Sexuality"
  - Wednesday, May 18, "Access to Quality Pelvic Health Care for Women with Mobility Impairments"
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