THE 4 UNMENTIONABLES:

Bladder Control, Bowel Control, Pelvic Pain and **Sexual Dysfunction** in Women

What every woman should know about causes, symptoms, diagnosis and treatment of four topics no one wants to talk about

Beaumont

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THE 4 **UNMENTIONABLES**

Bladder control, bowel control, pelvic pain, and sexual dysfunction are four topics that many women are uncomfortable talking about because the symptoms can be embarrassing. Not only are these topics difficult to talk about, but many women accept them as a normal part of being female. Women tend to attribute incontinence, pelvic pain, and sexual problems as a normal part of having children or aging.

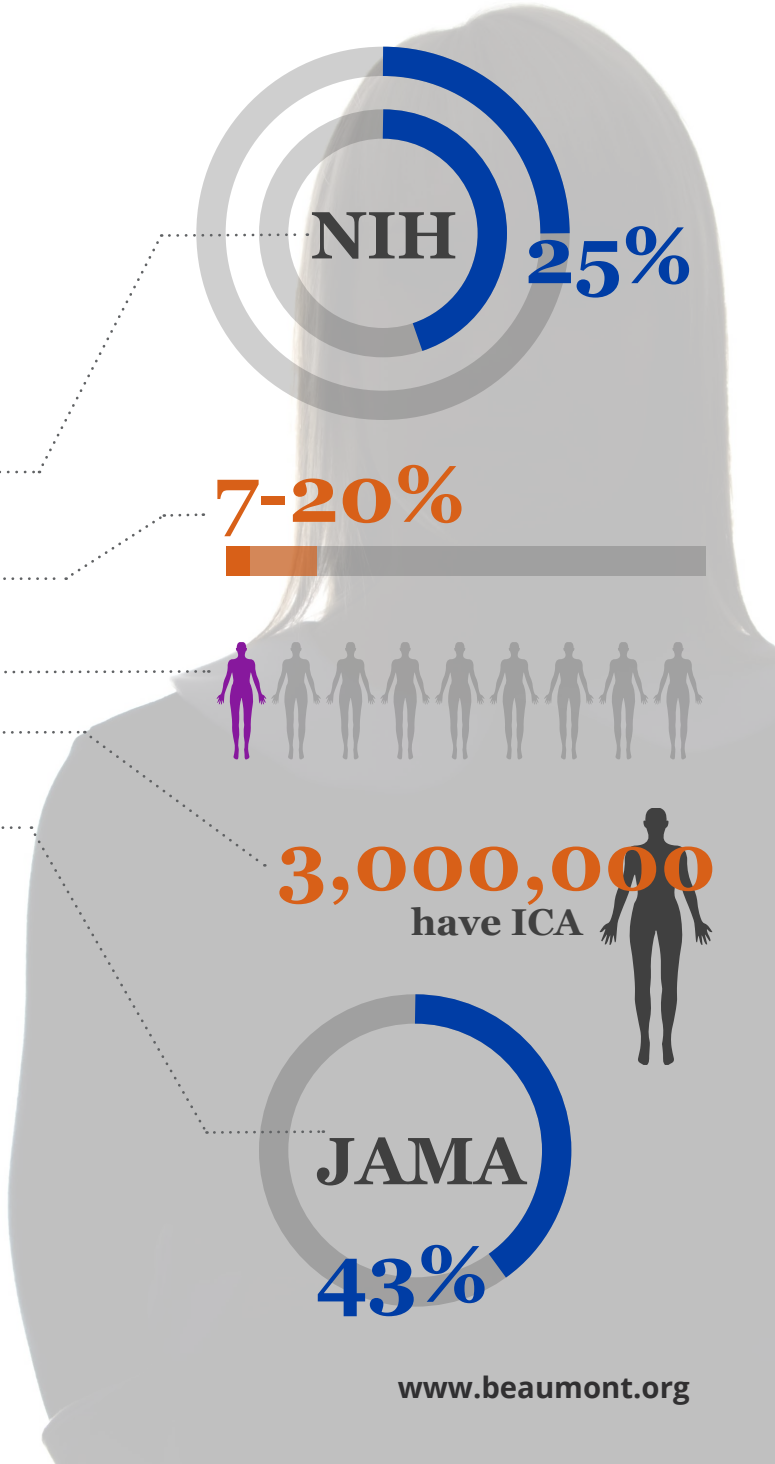
"It's not a normal part of the aging process," says Kenneth Peters, M.D., chief of urology at Beaumont Hospital, Royal Oak.

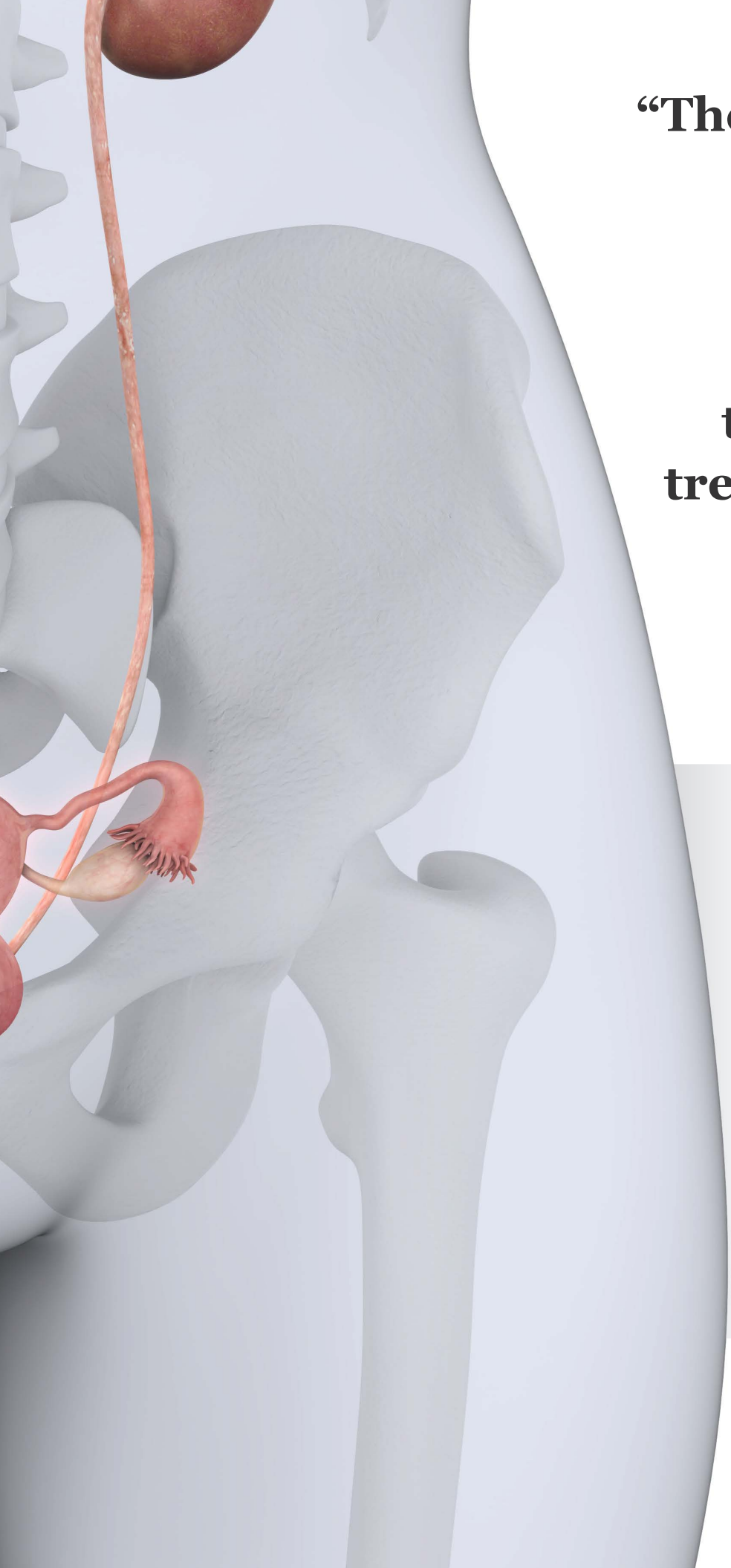
Dr. Peters points out that while these problems may impact many women, that doesn't make them normal, and they certainly are treatable.

- **25-45 percent** of women have some form of urinary incontinence in their lifetime (NIH)
- **7-20 percent** of the population suffer from constipation or fecal incontinence
- **1 in 9 women** suffer from pelvic pain
- **3 million women** in the U.S. may have interstitial cystitis (ICA)
- **43 percent** of women experience sexual dysfunction (JAMA)

Health care professionals have a responsibility to make sure women feel comfortable talking about these issues, so they can properly diagnose and treat their conditions, Dr. Peters says.

Beaumont's Women's Urology and Pelvic Health Center brings care for all of these services – bladder control, non-menstrual pelvic pain, bowel issues, and sexual dysfunction – under one roof. A nurse practitioner coordinates care between the Beaumont team and the woman's primary care physician.





“The most important part of what we do is collaborate on each patient’s care and help them through the treatment process.”

Kenneth Peters, M.D.

The Beaumont Women’s Urology and Pelvic Health Center presents this guide about women’s “unmentionables” to help women like you start these conversations with your health care practitioners.

- Section 1: Bladder control
- Section 2: Bowel control
- Section 3: Chronic pelvic pain and interstitial cystitis
- Section 4: Sexual dysfunction
- Section 5: Beaumont Women’s Urology and Pelvic Health Center

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Unmentionable 1: Bladder Control Problems

Urinary incontinence (UI) simply means the loss of bladder control that leads to urinary leakage. It occurs in both men and women primarily in two forms: stress incontinence and urge incontinence. Both forms are treatable.

"It's crucial to understand the difference (between stress and urge incontinence), not only for women but for their treating clinicians," Dr. Peters says. He adds that when providers don't understand the difference between stress and urge incontinence, they may mistakenly prescribe treatment for one form of incontinence that is intended for another. For instance, medications for overactive bladder will not work for women who suffer from stress incontinence.

Stress Urinary Incontinence

Stress urinary incontinence (SUI) affects 10 million people in the U.S., with the prevalence being higher in women, according to the National Institutes of Health. With this form of UI, women experience leakage with anything that puts downward pressure on the bladder:

- coughing
- sneezing
- laughing
- straining

Stress incontinence can be embarrassing, and it limits many women's ability to enjoy simple things in life, such as exercising or going to a comedy show.

This bladder control problem has been linked to anatomical changes in women's bodies after vaginal childbirth and menopause, resulting in weakened urethral support or weakened pelvic floor muscles.

Health care professionals diagnose stress incontinence through a thorough medical history and review of symptoms, physical exam and diagnostic tests such as urinalysis and other specialized testing. If incontinence is not adequately managed, a patient may be at increased risk for urinary tract infections, and chronic irritation of the genital skin from frequent and persistent urine exposure.

Treatments for SUI include:

Bladder training – For both stress and urge incontinence (see next section), doctors might recommend behavioral methods of treatment that allow women to hold their urine longer:

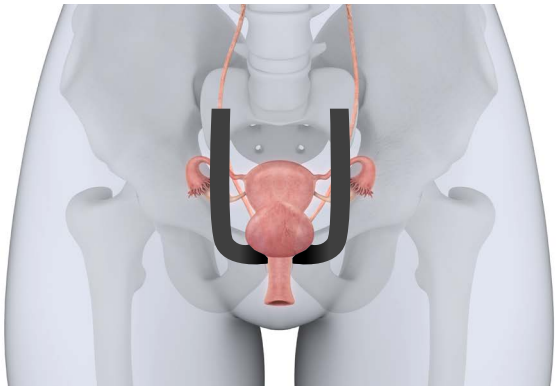
- taking scheduled bathroom breaks
- urination before physical activity
- weight loss
- kegel exercises (squeezing pelvic floor muscles for a few seconds)

Physical therapy – Specially trained physical therapists can help women learn how to control their bladder through muscle retraining and reeducation.

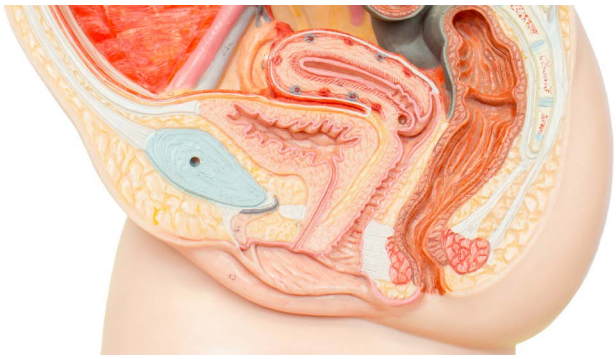
Incontinence pessary and Poise Impressa® – Bladder support-devices that support the urethra can be inserted in the vagina to reduce stress incontinence. A pessary can be fitted by a health care provider and Impressa® purchased over the counter.

Minimally Invasive Surgery

Suburethral or pubovaginal sling – A small strip of synthetic or natural tissue is surgically implanted to lift and support the urethra, helping to prevent urinary leakage.



Periurethral injection therapy – A small amount of a surgical bulking agent is injected near the urinary sphincter to help the muscles around the urethra to close and stay closed during periods of coughing, sneezing, or lifting.



Holistic therapy – Herbs and remedies, like saw palmetto and gosha-jinki-gan, are often used for bladder control by naturopathic doctors. Always consult with a medical doctor before relying on a holistic approach, as many remedies can conflict with other medications.

Urgency Urinary Incontinence/Overactive Bladder

Urge incontinence or overactive bladder (OAB) affects about 33 million Americans, with a higher prevalence in women (**40 percent vs. 30 percent in men**), according to the American Urological Association. With this form of UI, women experience a sudden urge to urinate that they can't control, and they subsequently leak urine. There is a strong sense of urgency associated with urge incontinence. Often, the sounds of running water, moving from a hot room to a cold room, or approaching a bathroom can trigger an overwhelming urge to urinate, which can or can't be controlled. Urinary urgency is defined as the strong, abnormal urge to urinate. Urge incontinence occurs when that strong sudden urgency sensation causes a patient to leak urine.

If left untreated, OAB can interfere with normal activities such as work, exercise and sleep, and it increases the risk of falls and fractures because of the rush to get to the bathroom. It can also lead to depression, because it can be a significant lifestyle inconvenience.

Treatments for UUI/OAB are quite different than the treatments for stress incontinence as described above, which is why accurate understanding of your symptoms is so important. Treatments for urge incontinence may include:

Diet modification – Simple changes to a woman's diet can help reduce sudden urges to urinate:

- limit water intake to what's necessary to keep hydrated
- cut back on or completely avoid alcohol, caffeine, acidic foods, spicy foods and carbonated drinks
- limit evening fluids to reduce nighttime wakening

Behavioral changes – To prevent the bladder from reaching a critical volume that causes leaking, clinicians might recommend timed voiding. For example, if a woman leaks every three hours, she should go to the bathroom every two. Lower leg swelling and sleep apnea can cause increased urine production at night. Identifying and treating these risk factors can reduce nighttime wakening and leakage.

Pelvic floor physical therapy – the aim of pelvic floor physical therapy for urgency and urge incontinence is to retrain the nerves and muscles in your bladder and pelvic floor. Urgency and urge incontinence can be described simply as a bladder muscle spasm. Retraining of those muscles can lessen the frequency and severity of those spasms.

Medications – Oral medications are the most common treatments used for overactive bladder. Their goal is to relax the bladder to decrease urinary urgency, frequency and urge incontinence Unfortunately, more than 70 percent of patients quit using medications within one year due to a combination of side effects, cost, and efficacy.

Third-line therapy treatments – If medications or conservative therapies such as diet, physical therapy and behavioral modifications fail to adequately control symptoms, a urologist may consider other FDA approved therapies to control your symptoms.

- botox can be injected into the bladder wall as a simple office treatment to relax the bladder and reduce overactive bladder symptoms
- tibial nerve stimulation involves placing an acupuncture-type needle at the nerve in your ankle for a weekly 30-minute treatment. This has been shown to significantly reduce overactive bladder symptoms
- sacral nerve stimulation via an implanted pacemaker-type device to control the abnormal nerve signals sent to your bladder. This is highly effective in reducing overactive bladder and improving bowel leakage

Unmentionable 2: Bowel Control

Bowel Issues

Chronic constipation occurs in approximately 20 percent of the general population, and due to the close proximity of organs and shared nerve function, this condition can worsen bladder issues. Treatment options for chronic constipation include stool softeners, fiber supplements, laxatives and pelvic floor physical therapy.

Fecal incontinence (stool leakage) is one of the most psychologically and socially debilitating conditions, and it can lead to social isolation, loss of self-esteem and self-confidence, and depression. Patients often are too embarrassed to speak to their healthcare provider about this condition. Risk factors include previous vaginal delivery, hemorroidectomy, diabetes, stroke and spine disorders. Up to 7 percent of the population has this condition. A thorough history and physical exam is important to assess risk factors and structural issues that may lead to incontinence. Specialized tesing with anal sphincter ultrasound, anal pressure studies and colon transit studies may be necessary. Avoiding bowel irritants and medications to prevent constipation and diarrhea are first-line treatments. Pelvic floor physical therapy to strengthen the anal sphincter can improve symptoms. Surgical repair of structural abnormalities such as rectal prolapse and sphincter tears may help. Sacral nerve stimulation (see overactive bladder) is FDA approved for fecal incontinence as well as urinary incontinence.

Unmentionable 3: Chronic Pelvic Pain and Interstitial Cystitis

The pelvis is like a bowl made up of bones and muscles (the pelvic floor). The edge of the bowl is made up of the bones of the pelvis and the floor of the bowl is made of muscles. It is vital for core strength and posture and protects the organs that sit within the bowl, including the uterus and ovaries, bladder, and colon. When a woman experiences pelvic pain, it may be caused by the organs that are sitting in the bowl, or the bowl itself.

"Pelvic pain is difficult to pinpoint, because there are many different drivers for it," Dr. Peters says. "All of that area in the pelvis — the vagina, rectum, uterus and urethra — are innervated by similar areas of the nervous system. So, anything that affects one thing can affect another."

Chronic Pelvic Pain

Chronic pelvic pain (CPP) is defined as non-menstrual, persistent pain in the pelvic region that lasts six months or longer. It is a common complaint among women of all ages. Up to 27 percent of women have reported prevalence of CPP, according to American Family Physician.

Of those women, more than three million have been affected by interstitial cystitis (IC), also called painful bladder syndrome, which consists of pain with bladder filling, urinary frequency and urgency. IC is sometimes challenging to diagnose as symptoms overlap with other urinary issues like overactive bladder, urinary tract infections, and other conditions such as endometriosis. In addition, many women with interstitial cystitis have other problems such as fibromyalgia, irritable bowel syndrome, painful intercourse, pelvic floor muscle spasm and other chronic conditions.

To identify potential pain triggers and provide relief of symptoms, it is important to evaluate the entire patient and not just focus on a single area that may be contributing to the pain. That is why Beaumont's Women's Urology and Pelvic Health Center employs a multidisciplinary team approach to diagnose and treat CPP and IC.

Causes of pelvic pain can include the following:

- Pelvic floor dysfunction – "About 85 percent of patients we see with CPP are diagnosed with pelvic floor dysfunction," Dr. Peters says. The muscles lining the pelvis are crucial in normal bladder, bowel and sexual function. Often, for various reasons, these muscle will go into spasm and become tense and tight. This spasm can be noted on physical exam and pressure on these muscles often reproduces the pain. If the pelvic floor muscles become spastic, this can lead to chronic pelvic pain, urinary and bowel dysfunction and painful intercourse. Identifying the pelvic floor as the trigger to CPP can open the door to proper treatment and overall pain relief.
- Interstitial cystitis – The exact causes of IC are still unknown to doctors. Diagnosis is a collective ruling-out of other conditions with similar symptoms, which include urge and frequent urinations, pressure, pain with bladder filling, tenderness near bladder, pelvis and perineum, and pain with sexual intercourse.

- Pelvic inflammatory disease (PID) – An infection in the reproductive organs caused by bacteria, PID can lead to pelvic adhesions, scar tissues, infertility and/or ongoing pelvic pain. Sexually active women with multiple sex partners are at risk for contracting sexually transmitted infections and have an increased risk of PID.
- Endometriosis – With this disorder, endometrial tissue grows outside of the uterus and implants at other sites such as the pelvis, bowel and bladder. These implants can lead to inflammation, causing painful periods, infertility, painful intercourse and chronic pelvic pain.
- Pudendal Neuropathy – The pudendal nerve forms from nerves that arise from the tailbone. This nerve controls many areas that are associated with chronic pelvic pain, including the bladder, vagina, rectum, clitoris and pelvic floor muscles. Irritation to this nerve can lead to significant pain in these areas.
- Bowel disorders – Gastrointestinal causes can include irritable bowel syndrome (IBS), inflammatory bowel disease and chronic constipation.

Pelvic Pain Diagnosis

Diagnosis for CPP starts with a review of the patient's full medical history, including onset, location, characteristics, aggravating and relieving factors, patterns or radiation; other associated symptoms such as vaginal symptoms, bowel changes, and urinary symptoms; as well as a review of current medical conditions and history of trauma. A thorough physical exam including a pelvic exam is necessary to indentify abnormlities and pain triggers.

In addition to a thorough medical history and physical exam, diagnostic testing may be ordered based on initial findings, these may include:

- blood tests
- urinalysis
- vaginal cultures
- ultrasound
- CT scan
- MRI

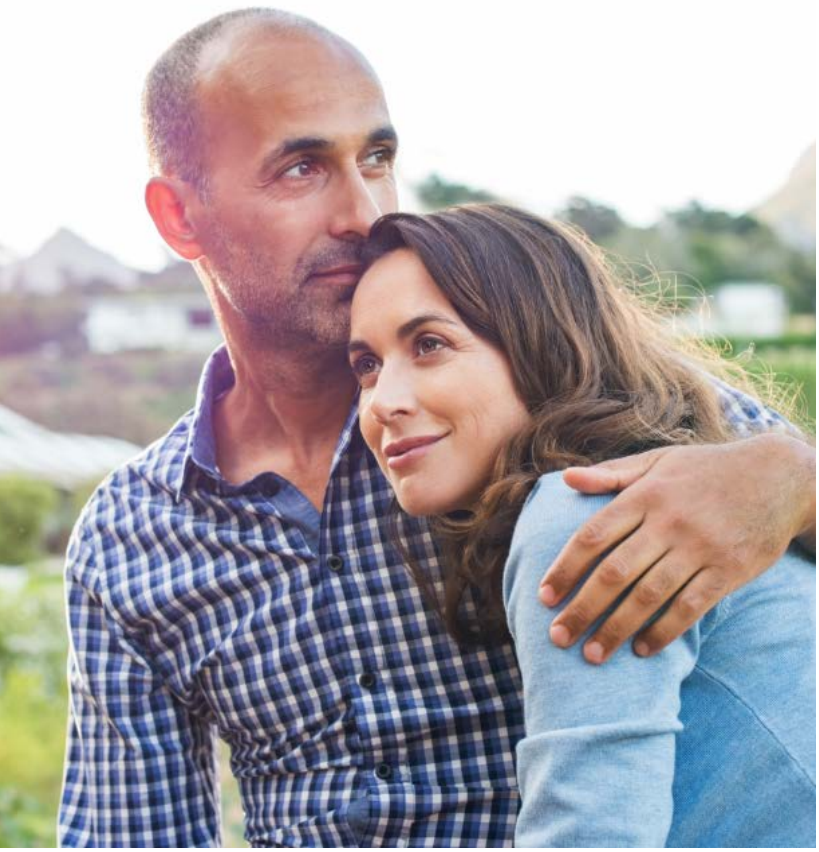
Pelvic Pain Treatments

The Beaumont Women's Urology and Pelvic Health Center is a multidisciplinary clinic designed to provide a comprehensive evaluation and treatment plan for patients suffering from complex pelvic pain issues. Based on the initial history, physical exam and test results, the patient may see other providers in the center to address specific pain triggers that were identified. The comprehensive evaluation and treatment is tailored to each patient, but one or more therapies may include:

- Pain psychology – Aims to improve the quality of life for patients suffering from chronic pain. Depression, anxiety, loss of hope and social interaction/relationship issues can result from chronic pelvic pain. Working with highly skilled pain psychologists focusing on these issues can provide patients with tools to improve the emotional impact associated with chronic pain and enhance their quality of life.
- Pelvic floor physical therapy – Is the cornerstone of treatment for pelvic pain associated with pelvic floor muscle spasm. This therapy aims to relax and reeducate pelvic floor muscles that are spastic, painful, or weak, as well as correct any asymmetry, postural, or mechanical abnormalities that may be contributing to the pain. It is imperative to have a physical therapist specially trained in the management of pelvic floor muscle spasm.
- Transvaginal trigger-point injections – A trained health care provider uses a small needle to inject a local anesthetic and a steroid into the hypertonic muscles to help facilitate muscle relaxation and decrease pain. Trigger point injections may be combined with a pudendal nerve block and pelvic floor physical therapy.
- Pudendal nerve block – Using a small needle, a local anesthetic and steroid is injected into the space next to the pudendal nerve. The pudendal nerve enervates many of the pelvic floor muscles as well as the area between the clitoris and anus. A block serves both therapeutic and diagnostic purpose. It aims to relieve pain in the distribution of the pudendal nerve, but also provides the healthcare team with valuable information about what may be the driving force behind a patient's pain.
- Pudendal neuromodulation – A procedure pioneered by Dr. Peters and Beaumont's Urology Research Department, where a tiny electrode is placed on the pudendal nerve and a low-level electrical pulse stimulates this nerve, sending signals to the brain to override pain and urinary urgency and frequency, particularly in patients in whom traditional sacral neuromodulation has not been effective.
- Bladder instillation – Delivers a combination of medications directly to the walls of the bladder via a small catheter — often an anesthetic and a steroid combined with other medications meant to relieve pain, calm inflammation, and rebuild the lining of the bladder so it is less painful, irritable, and inflamed. This treatment is often used in patients with interstitial cystitis.

- Medications – Based on a comprehensive evaluation, prescription medications may be recommended to treat infections, symptoms of overactive bladder, decrease histamine response in the bladder, relax muscles, regulate hormone imbalances and menstrual cycles, calm inflammation, and regulate hypersensitive nerves.
- Integrative medicine therapies – Can complement traditional medical treatments. These therapies include medical massage, acupuncture, reiki therapy and guided imagery. Patients looking for more non-traditional approach to the management of their symptoms can be referred to a certified naturopathic physician.

Women with chronic pelvic pain should be encouraged to engage in a healthy lifestyle, including regular exercise, healthy diet, appropriate management of other health conditions, and avoiding tobacco.



Unmentionable 4: Sexual Dysfunction

Sexual dysfunction occurs in both men and women; however it affects more women (43 percent) than men (31 percent), according to the National Institutes of Health. It happens when the sexual response cycle (excitement, plateau, orgasm and resolution) is altered or impeded by physical or psychological causes. If you feel as though you are experiencing sexual dysfunction and would like to better manage the symptoms you are experiencing, it's important to discuss this often-ignored condition with a health care professional to find a solution.

Female sexual dysfunction (FSD) is a complex issue that must be treated sensitively and is best managed using a multidisciplinary approach. Causes can range anywhere from hormonal imbalance to depression.

Physical Causes of Female Sexual Dysfunction

- alcohol and drug abuse
- cancer
- cardiovascular disease
- diabetes
- high blood pressure
- high cholesterol
- hormone imbalance
- kidney failure
- muscles issues
- nerve damage
- neurological disorders
- pelvic floor issues
- urological conditions
- gynecological conditions

Psychological Causes of Female Sexual Dysfunction

- anxiety
- concerns about sexual performance
- depression
- guilt
- negative sexual experiences
- past sexual trauma
- relationship problems
- self-esteem/body image issues
- stress

Beaumont utilizes a team approach to addressing and treating female sexual dysfunction. Sometimes psychological causes stem from physical causes and treating only one portion of the problem alone is unlikely to yield the best results.

Treatments for FSD

In most cases, sexual dysfunction is a treatable condition once the underlying problems are identified. Because sexual dysfunction is influenced by multiple factors, Beaumont's team recommends a combination of treatments, which may include:

- Regular exams and screenings – Patients should see a healthcare provider regularly for routine exams, screenings, and preventive care. They should talk to their healthcare providers about anything out of the ordinary.
- Sex therapy – Sexual issues are based on a positive approach. Both emotional and physical intimacy are desirable goals. Sex therapy also addresses problem issues such as pain with intercourse, differences between partners in sexual expectations, arousal and orgasm. Most treatment plans for couples include effective communication and intimacy building. Sexual inhibitions, past sexual abuse and sexual orientations may also be addressed.
- Hormones – Estrogen, both vaginal and systemic formulations, can help with some types of sexual dysfunction, including dryness and pain. Testosterone is sometimes used short-term to increase sex drive in women if indicated based on laboratory findings.
- Pelvic floor physical therapy – Sexual pain disorders can be caused by spastic pelvic floor muscles. Working with a pelvic floor physical therapist to break this spasm can reduce pain associated with intercourse.
- Vaginal laser treatment – This is an office procedure that involves inserting a small probe in the vagina and delivering painless, low power laser energy. This leads to reduction of vaginal atrophy symptoms that can cause sexual pain and vaginal dryness.
- Medications – Filbanserin (brand name Addyi) is the first FDA approved medication for the treatment of low sexual desire disorder. It has been shown, in premenopausal women, to increase the number of sexually satisfying encounters per month. There is a need for additional drug development to help manage female sexual dysfunction.
- Lifestyle changes – Overall wellness and health is known to impact sexual function. Engaging in regular physical activity, maintaining a healthy weight and well-balanced diet, and avoiding drugs and excessive alcohol intake may improve sexual function.

If you have sexual concerns, it's important to find a doctor or health care provider you feel comfortable talking to about these sensitive issues.

ABOUT BEAUMONT WOMEN'S UROLOGY AND PELVIC HEALTH CENTER

Beaumont's Women's Urology and Pelvic Health Center located at Beaumont Hospital, Royal Oak, is a true multidisciplinary center dedicated to treating the full scope of pelvic health and sexual issues. The team works together to provide women with the most advanced care and treatment options, including:

- urology
- gynecology
- urogynecology
- colorectal specialist/surgeon
- pelvic floor physical therapy
- pain psychology
- sex therapy
- integrative medicine
- naturopathic medicine
- anesthesia pain specialist

What to Expect from Beaumont Women's Urology and Pelvic Health Center

Step 1 Call: Your experience begins with a phone call. No referral is necessary unless your insurance company requires this. To provide you with the best care possible, we may ask you to have previous medical records sent to us for review. Our goal is to provide you with outstanding care in a comfortable and safe environment.

Step 2 Initial visit: At your first visit, a specially trained nurse practitioner or physician will thoroughly review your medical history and a detailed account of your symptoms, perform a physical exam, and formulate a treatment plan which may include additional testing, medications, interventions, and referral to any necessary specialists. Your nurse practitioner coordinates your care among your team of doctors and providers. She'll help you schedule diagnostic tests and follow-up visits, and make sure your primary care doctor is informed about your diagnosis and treatments by the Beaumont team.

Step 3 Integrated treatment: There is no one-size-fits-all prescription for treating women's urologic, pelvic and sexual issues. Beaumont Women's Urology and Pelvic Health Center believes in a customized approach to managing complex urologic and pelvic health conditions and feels strongly that a multi-disciplinary team is essential for success. The center combines conventional medicine with alternative approaches to treat not only the symptoms, but to also discover root causes of discomfort with the goal of alleviating symptoms and improving quality of life.

Improving Urologic Care

Beaumont Women's Urology and Pelvic Health Center has seen patients from around the world thanks to its reputation as a compassionate, multidisciplinary center of care offering leading edge treatments for patients suffering from complicated pelvic health issues. Patients often travel long distances to be evaluated at the center. For out-of-town patients we offer week-long mini-retreats. Our nurse practitioner conducts a complimentary telephone consultation, reviews medical records and arranges a week-long intensive evaluation and treatment. At the end of the week a long-term treatment plan is recommended and we try to work with local providers to continue your care.

Call 248-898-0898 today to schedule your appointment.

Visit beaumont.org/services/urology/womens-urology-center