Information for Physicians and Practitioners

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Conditions treated:

1. Pelvic organ prolapse
2. Stress urinary incontinence
3. Overactive bladder
4. Fistulas between pelvic organs
5. Mesh complications
6. Anal incontinence
7. Urethral diverticulum
8. Vaginal/Vulvar mass
9. Vaginal/Vulvar pain
10. Bladder pain syndrome
11. Voiding dysfunction
12. Uterine fibroids and other benign gynecologic conditions

Other resources:
www.AUGS.org (website for American Urogynecologic Society)
https://www.voicesforpfd.org
UpToDate (patient education handouts, including Spanish versions, for urinary incontinence, Kegel exercises, pelvic organ prolapse, UTI, atrophic vaginitis, etc.)

Urinary Incontinence: Evaluation, Management, and Referral

Patient complains of urinary incontinence (UI)

1. History: Is leaking associated with cough, sneeze, physical exertion? Associated with urgency? Difficulty voiding or feeling of incomplete bladder emptying?
2. Assess impact on quality of life; assess desire for treatment
3. Medications, e.g. diuretics
4. Physical exam: abdomen; pelvis (cough test, pelvic organ prolapse, periurethral mass)
5. Check post void residual volume (PVR) if prior pelvic surgery, diabetes, or neurologic disorder; use bladder scanner or catheter
6. Urinalysis to rule out UTI

Diagnosis: Stress, Urgency, or Mixed UI

1. Address modifiable factors: medical problems, medications, smoking, obesity.
2. Give education handouts:
   - Urinary incontinence
   - Pelvic floor exercises
   - Diet and fluid management
   - Bladder training (for Urgency or Mixed)
3. Bladder diary
4. Consider referral to Physical Therapy for instruction on pelvic floor exercises, biofeedback, etc.

Office visit in 4-8 weeks to review bladder diary and assess progress. For Urgency or Mixed, consider trial of oxybutynin.

If no improvement

Refer to Urogynecology (FPMRS)

Diagnosis: UI with complex history

History of surgery for prolapse / incontinence
Fistula
Vaginal mass
Prolapse ≥ Stage II
Neurologic disease

Diagnosis: UI with functional impairment
(e.g., dementia, immobility, severe neurologic deficit)

Supportive care and consider referral to:
Geriatrics
Physical Therapy
Continence Nurse Specialist

Contraindications to use of antimuscarinics: 1. Closed angle glaucoma; 2. Urinary retention (PVR > 150 mL); 3. Gastric retention
Common side effects of antimuscarinics: 1. dry mouth; 2. constipation. Rare side-effect: blurred vision
Oxybutynin dose: 5 mg b.i.d. or t.i.d. Consider oxybutynin ER 10 mg once daily if patient cannot tolerate dry mouth

Terminology

Stress urinary incontinence: complaint of involuntary loss of urine on effort or physical exertion (e.g., sporting activities), or on sneezing or coughing.
Urgency urinary incontinence: complaint of involuntary loss of urine associated with urgency.
Mixed urinary incontinence: complaint of involuntary loss of urine associated with urgency and also with effort or physical exertion or on sneezing or coughing.
Insensible incontinence: complaint of urinary incontinence where the woman has been unaware of how it occurred.
Overactive bladder: urinary urgency, usually accompanied by frequency and nocturia, with or without urgency urinary incontinence, in the absence of urinary tract infection or other obvious pathology.
Urgency: complaint of a sudden, compelling desire to pass urine which is difficult to defer.
Nocturia: complaint of interruption of sleep one or more times because of the need to micturate. Each void is preceded and followed by sleep.
Feeling of incomplete (bladder) emptying: complaint that the bladder does not feel empty after micturition.

Haylen BT, et al. An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. Int Urogynecol J 2010;21:5-26.

Bladder Diary

Median values in asymptomatic females:

24-hour volume: 1576 mL
24-hour frequency: 7
Maximum volume per void: 480 mL
Average volume per void: 237 mL

Amundsen CL, Parsons M, Tissot B, Cardozo L, Diokno A, Coats AC. Bladder diary measurements in asymptomatic females: functional bladder capacity, frequency, and 24-hr volume. Neurourol Urodyn 2007;26:341-349.

What is a Urogynecologist?

A urogynecologist is a surgeon who has specialized in the care of women with pelvic floor disorders.

The pelvic floor is a set of muscles, ligaments and connective tissue in the lowest part of the pelvis that provides support for a woman's internal organs, including the bowel, bladder, uterus, vagina and rectum.

A pelvic floor disorder occurs when women have weakened pelvic muscles or tears in the connective tissue due to excessive strain on the pelvis due to childbirth, repeated strenuous activity, menopause, chronic disease, or pelvic surgery. Other factors that can weaken the pelvic floor include repetitive heavy lifting, tobacco use, and genetics.

The following are some problems that arise from damage to the pelvic floor:

1. Incontinence: loss of bladder or bowel control, leakage of urine or feces.
2. Prolapse: descent of pelvic organs; a bulge and/or pressure; 'dropped uterus, bladder, vagina or rectum.'
3. Emptying Disorders: difficulty urinating or moving bowels.
4. Pain: discomfort to the lower back, pelvis or bladder and/or urethra.
5. Overactive Bladder: frequent need to void, bladder pressure, urgency, urge incontinence (difficulty holding back urine when having the urge to urinate)
6. Fistulas: abnormal hole between the vagina and rectum (rectovaginal), vagina and urethra (urethrovaginal), or vagina and the bladder (vesicovaginal)

What Kind of Training Does a Urogynecologist Have?
Urogynecologists are physicians who have completed medical school and a residency in Obstetrics and Gynecology or Urology. These physicians become specialists with additional years of fellowship training and certification in Female Pelvic Medicine and Reconstructive Surgery. The training consists of providing expertise in the evaluation, diagnosis, and treatment of conditions that affect the muscles and connective tissue of the female pelvic organs. These physicians are also knowledgeable on the latest research in the field pertaining to these conditions.

What Does Board Certified Mean?
Board certification in Female Pelvic Medicine and Reconstructive Surgery means that the physician has passed an exam from the American Board of Obstetrics & Gynecology and American Board of Urology attesting that a physician has exceptional expertise in this particular specialty. The first board certification exam was in 2013. For physicians completing training after 2012, they must have participated in an accredited fellowship in order to be eligible for board certification.

When Should I See a Urogynecologist?

Advancing Female Pelvic Medicine and Reconstructive Surgery

Although your primary care physician, OB/GYN, or urologist may have knowledge about these problems, a urogynecologist can offer additional expertise. You should see (or be referred to) a urogynecologist when you have problems of prolapse, and/or troublesome urinary or fecal incontinence or when your primary doctor recommends consultation. Other problems for which you or your doctor might think about consulting a urogynecologist include: problems with emptying the bladder or rectum, pelvic pain or bladder pain, fistulas, and the need for special expertise in vaginal surgery.

What Treatment Options are Available from a Urogynecologist?
A urogynecologist can recommend a variety of therapies to cure or relieve symptoms of pelvic floor disorders. You should choose the one that works best for your lifestyle and meets your goals.

Sometimes simple changes and interventions can have a significant impact on daily quality of life. He or she may advise conservative (non-surgical) or surgical therapy depending on your wishes, the severity of your condition and your general health. Conservative options include medications, pelvic exercises, behavioral and/or dietary modifications and vaginal devices (also called pessaries). Pelvic Floor Therapy with Biofeedback and Electric Stimulation are also treatments that your urogynecologist may recommend. Safe and effective surgical procedures are also utilized by the urogynecologist to treat incontinence and prolapse.

How Do I Find a Urogynecologist?
Talk to your Primary Care Physician and ask them to refer you to a Urogynecologist, if necessary. Anyone experiencing symptoms should have a thorough evaluation so that she can be given appropriate treatment options and referred to the right specialist. To find a specialist near you, go to www.voicesforpfd.org.

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PFDs are not something you need to live with. Be prepared to move forward and embrace your new health and freedom. Effective help is available through the services of a urogynecologist. Visit www.voicesforpfd.org for more information.