

Recognizing and Managing Common Urogynecologic Disorders



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KEYWORDS

- Urogynecologic disorders • Urinary incontinence • Pelvic organ prolapse
- Management • Treatment • Surgery

KEY POINTS

- Many women experience urogynecologic or pelvic floor disorders, especially urinary incontinence and pelvic organ prolapse.
- The obstetrician/gynecologist is often the first health care professional who will have an opportunity to listen, and then evaluate and treat these disorders.
- A wide variety of treatments are available to treat incontinence, including pelvic floor muscle training, behavioral therapies, oral medications, neuromodulation, intradetrusor medications, and surgery.
- When approaching the woman with symptomatic prolapse, familiarity with pessaries and various surgical procedures will aid in appropriately counseling the patient.
- Referral to a pelvic floor physical therapist or to a female pelvic medicine and reconstructive surgeon should be considered. Increasing attention to data on cost-effectiveness is a necessity.

INTRODUCTION

For most women in the United States, the obstetrician/gynecologist (OB/GYN) is the one health care professional with whom they would ever dream of sharing their concerns related to urinary incontinence (UI) or pelvic organ prolapse (POP). For many women, incontinence or prolapse may be the issue that drives them back into the care of a physician after several years of feeling healthy and without perceived need of a medical professional.

The most common pelvic floor disorders addressed by the OB/GYN are UI and POP. Prevalence of incontinence is estimated at up to 55% of older women and 12% to 42% for younger and middle-aged women.¹ Although men also suffer from UI, women experience the condition disproportionately at up to 4.5 times higher rates. Prolapse is also highly prevalent, especially after menopause. Analysis of participants

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in the Women’s Health Initiative Study found that at a mean age of 68.7 years, the baseline rate of stage 2 or higher prolapse was 70%.²

URINARY INCONTINENCE
Types of Urinary Incontinence

Generally, UI is categorized as stress, urge, or mixed incontinence. Less common causes are due to fistula, overflow, or ectopic ureter. We can refer to type of incontinence by symptoms: stress UI in which a woman complains of leakage with physical stress on the bladder, such as coughing, sneezing, jumping or lifting; urge incontinence, which is described as a strong urge to urinate with leakage before becoming fully seated on the toilet; or mixed incontinence for women with both stress UI and urge incontinence complaints. In the most recent International Urogynecology Association/International Continence Society consensus document on terminology, several other categories of incontinence symptoms have been awarded official terminology³ (Table 1). The actual conditions may be referred to as urodynamics stress incontinence, in which cases that incontinence with cough or a Valsalva maneuver has been diagnosed by urodynamics testing; detrusor overactivity for cases in which uninhibited detrusor contractions have been identified during bladder filling; or urodynamic mixed incontinence, which refers to cases when both conditions are diagnosed by urodynamics.

Evaluation of Urinary Incontinence

Initially, patient history is used to determine if symptoms are stress, urge, or mixed. If mixed, it is pertinent to notate which component occurs more frequently or is more bothersome to the patient.

Assessment of the severity of UI may simply involve asking the patient how often she leaks and whether she leaks a small or large volume with each episode. Use of pads, the number of pads used, and the type of pad required provide a rough estimate

Table 1 Categories of urinary incontinence symptoms	
Term	Definition
Urinary incontinence	The involuntary loss of urine
Stress urinary incontinence	Urine leakage that occurs with physical stress such as laugh, cough, sneeze, lifting, etc
Urgency incontinence	Leakage that occurs with preceding urge to void
Postural incontinence	Urinary leakage that occurs with a change in position (such as sitting to standing)
Nocturnal enuresis	Urine leakage occurs during sleep
Mixed urinary incontinence	Leakage that occurs with physical stress and also with preceding urge to void
Continuous incontinence	Leakage occurs continuously
Insensible incontinence	Occurs without awareness of when or how leakage occurred
Coital incontinence	Complaint of loss of urine with sexual intercourse (penetration or orgasm)

Adapted from Haylen BT, De Ridder D, Freeman RM, et al. An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. *Neurourol Urodyn* 2010;29(1):5; with permission.

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