
## Dr Nevine te West

MD MRCOG FRANZCOG

**Gynaecology, Urogynaecology & Public Obstetrics**

**To arrange an appointment with Dr Nevine te West, please contact:**

Northern Beaches Hospital
Suite 4, Level 6
105 Frenchs Forest Road West
Frenchs Forest NSW 2086

**P** 02 9999 2977
**F** 02 9475 5003
**E** info@drnevinetewest.com
drnevinetewest.com

**Northern Beaches Hospital**
105 Frenchs Forest Road (West),
Frenchs Forest NSW 2086
**P** 02 9105 5000
northernbeacheshospital.com.au


# Let's Talk Prolapse and Incontinence

## By Dr Nevine Te West, Gynaecologist

**Did you know that 65% of women in a GP waiting room have urinary incontinence, yet only 30% will seek help?**

Approximately 1 in 3 women experience urinary incontinence with half being under 50 years of age. Prolapse is experienced in more than half of all women who have had a child.

Both conditions can significantly impact daily activities and enjoyment of life and sadly are often incorrectly considered an acceptable part of motherhood or ageing. Women suffer in silence, not knowing that treatment is available, with many too embarrassed to seek help.

On average women wait 7 years before seeking assistance, which is unfortunate as a variety of treatment options are available. GPs play an important role in initiating the discussion about pelvic floor symptoms; for example when women attend for UTI complaints, cervical screening tests, post-natal checks, menopause or flu like symptoms / chronic cough. GP's can use these opportunities to identify signs, assess and offer treatment – let's have the conversation.

### Prolapse

Women with prolapse complain about a heaviness, dragging sensation or they may notice a bulge. They can have issues voiding, or emptying their bladder completely, leading to urinary tract infections.

Prolapse should be confirmed on examination and other pathology excluded.

Topical estrogen often helps with the discomfort and can improve the tissue quality for ring pessaries or surgery.

### Treatment options - lifestyle modification - physiotherapy – vaginal pessaries – surgery

#### Lifestyle

Losing weight, addressing constipation and chronic coughing and avoiding heavy lifting can help with prolapse symptoms. A pelvic ultrasound is helpful to exclude pathology, ie, ovarian cysts, and assess a post void residual of the bladder.

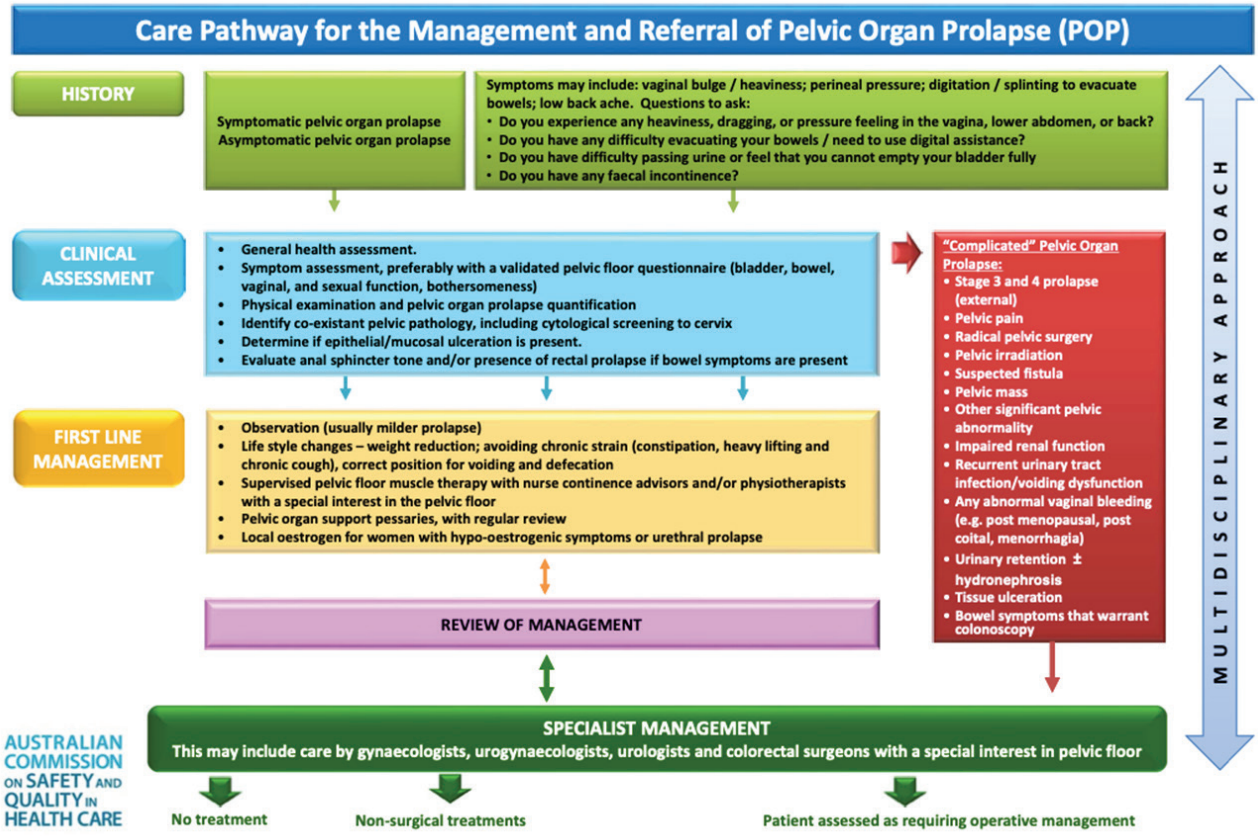
#### Conservative management

Pelvic floor physiotherapy has been proven to improve symptoms of mild to moderate prolapse. If the prolapse is moderate to severe and the patient is not wanting, or is not suitable for surgery, vaginal pessaries may be a good option. Urogynaecologists stock many different types of pessaries in addition to the simple ring pessary. It is important for women to know that more options are available if the simple ring pessary fails, as they may not ask for assistance if they think surgery is the only alternative.

### Surgical treatment

Depending on the type of prolapse, a range of different surgical options may be available including: native tissue repair for bladder prolapse (cystocele) and bowel prolapse (rectocele); uterine sparing techniques versus hysterectomy for uterine prolapse, sacrospinous fixation (vaginal surgery) or sacrocolpopexy (laparoscopic or open abdominal surgery) for the vault post hysterectomy.

The process for the decision to proceed with surgery is often made after non-surgical treatment options have been fully explored without success.




## Urinary incontinence

**There are 2 main types of incontinence:**

1. Urge Incontinence (UUI): common symptoms are frequency, often with a strong urge, leakage before reaching the bathroom and getting up more than once a night to pass urine. Symptoms increase with age and they can be related to caffeine, fizzy drinks, alcohol, smoking and constipation.
2. Stress Incontinence (SUI): leakage occurs with sneezing, coughing, jumping, laughing or exercising. It is often caused by stretching or weakening of the pelvic floor or nerves during pregnancy and childbirth. It can also be related to obesity, chronic cough and constipation.

Women may complain of both types of incontinence.

A physical examination should be performed to rule out other pathology.

Urinary tract infection should be excluded and a renal ultrasound is helpful in determining the post void residual. Haematuria warrants further investigation. Vaginal estrogen cream may be beneficial for postmenopausal women.

## Treatment

Pelvic floor muscle training for SUI and bladder training for UUI can improve or cure symptoms by up to 50%. Losing weight (ie 10%), addressing constipation and chronic coughing as well as avoiding heavy lifting may also make a difference. Patients should be advised to avoid caffeinated and carbonated drinks and aim to drink approximately 1.5L a day of which the majority should be water. If inadequate improvement is made, a continence dish (similar to a vaginal pessary) may be offered for SUI or surgery.

Surgical options include a midurethral sling, colposuspension or abdovaginal sling. The surgery chosen will depend on the patient's history and preference.

Anticholinergic drugs or beta-adrenergic agonists can be offered if overactive bladder symptoms persist after bladder training. If these fail, pre-tibial nerve stimulation, intra-vesical botox injections or sacral nerve stimulation are alternative treatment options.