Maritime Centre for Pelvic Floor Health

Booklet

IWK Health

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About the program:

The Maritime Centre for Pelvic Floor Health

Maritime Centre for Pelvic Floor Health at the IWK was designed to help patients to get the *right* care, understand their bodies, and to better manage pelvic floor health. After being referred to the program, you will participate in a virtual education session. It is led by health care providers in the health centre. You will learn about pelvic floor issues like incontinence and pelvic organ prolapse, and the treatment options available to you.

The Care Team

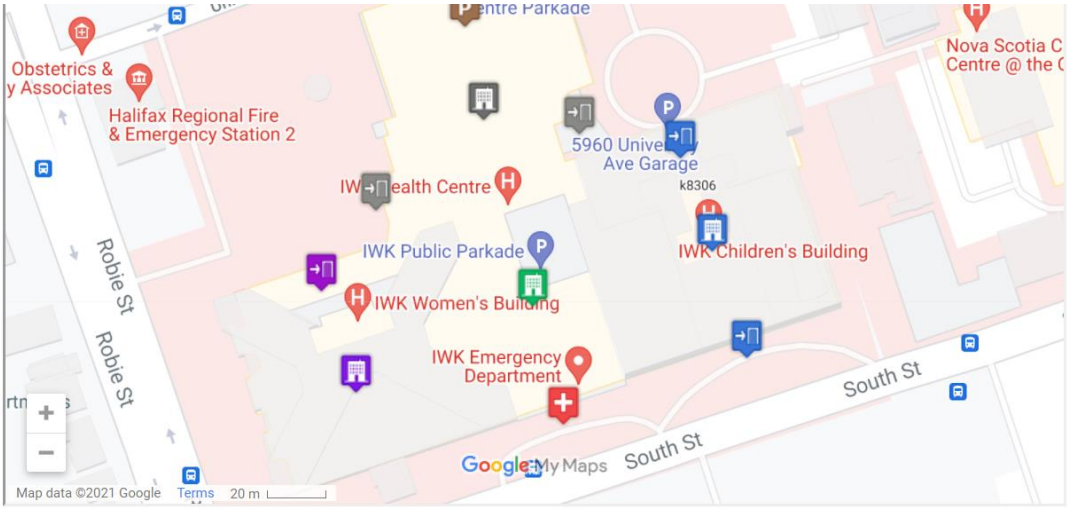
The Health Care Team consists of:

- Nurse Continence Advisor
- Pelvic Floor Physiotherapist
- Urogynecologists
- Registered Nurses
- Licensed Practical Nurses
- Nurse Practitioner
- CTAs and support staff

You will be directed to the most appropriate health care provider based on your individual needs. To supplement your virtual education and treatment, this booklet also provides resources and information. They may help you try some self-management strategies for supporting pelvic floor health.

Location

We are located on the 6th floor of the Women's Site building (see map below).

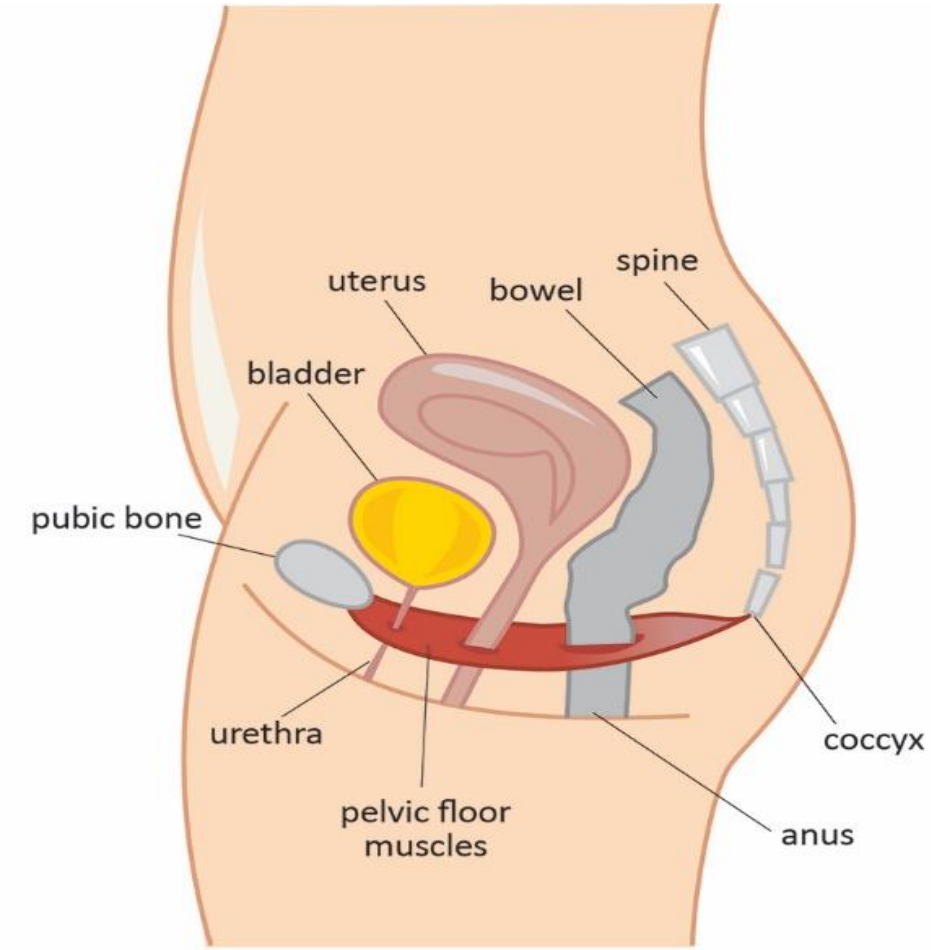


Main IWK Site (H)

IWK Health Centre
5850/5980 University Avenue
P.O. Box 9700
Halifax, Nova Scotia

The Pelvic Floor

The pelvic floor is made up of muscles and connective tissue that support the bowel, bladder, urethra and uterus. It is hammock-shaped. It runs from the pubic bone to the tail bone. The pelvic floor fills up the base of your pelvis. These muscles allow you to control the release of urine and gas from the bladder and bowel. Pelvic floor muscles are also key to sexual function. The contraction of muscles in the pelvic floor play a role in sexual arousal (Continence Foundation of Australia, 2021).



Urinary Incontinence

Urinary Incontinence, also called *urinary leakage*, is a common problem. It is not "normal" to have urinary leakage after childbirth, or as a part of the aging process: however, 50% of women experience it by the age of 50. Only 1 in 12 people seek treatment. Urinary incontinence is a significant burden. It may cause poor self-esteem, depression, isolation, and sexual dysfunction.

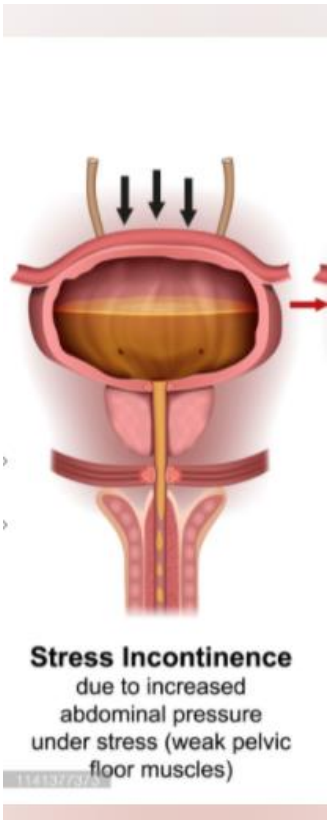
There are a number of risk factors for urinary incontinence:

- Obesity
- Post-menopausal hormone changes
- Being female and over 40 yrs of age
- Previous gynecological or urinary surgery
- Chronic illness or connective tissue disorders
- Certain medications
- Smoking
- Chronic coughing and straining
- Pregnancy and childbirth (*risk factor for incontinence increases with multiple births)
- Pelvic floor trauma in childbirth

There are several types of urinary incontinence. The most common types (reviewed below) include: stress incontinence, urge incontinence, mixed incontinence, functional incontinence, and overflow incontinence.

It is important that you are assessed to find out which type(s) of incontinence you are experiencing. Treatment options will depend on your diagnosis. To help you determine your treatment goals/plan, we'll discuss the more common types of incontinence. We'll outline each one's available treatment options:

<u>Stress Urinary Incontinence</u> involves leakage of urine due to increased abdominal pressure (i.e. when you cough, sneeze, laugh, jump, run, strain). It can also occur with heavy lifting and bending, and when the pelvic floor muscles become weak or damaged. Urine escapes from the bladder. It may escape in small or large amounts depending on how much urine is in the bladder. It also depends on the degree of muscle weakness.



There are several treatments available for stress urinary incontinence. They include:

- Pelvic floor muscle exercises (Kegels)
- Weight loss
- Pelvic floor muscle assessment – followed by treatment by a pelvic floor physiotherapist
- Prevention of constipation and straining
- Incontinence **pessary** (a removable device that is placed in the vagina to support the urethra and bladder)
- Surgery

Urge Urinary Incontinence (UUI)/Overactive Bladder (OA) occurs when you get a sudden strong urge to urinate (void/pee), and may not be able to hold your urine until you get to the bathroom. As well as having a sudden, strong feeling of needing to void, you may experience:

- urinary frequency (voiding more than every 2 to 3 hours)
- nocturia (waking up at night to void more than twice)
- leaking urine when the urge comes (often large amounts)

It can be hard to stop or hold urine once it starts. Some triggers for people include running water, cold temperature, and a strong urgency when arriving home (also called the “key in the door syndrome” or “latch-key” phenomenon). UUI/OA can be worsened with mobility limitations (functional incontinence).

For people who have UUI/OA, treatment options include:

- reducing/eliminating bladder irritants (such as coffee, tea, pop/soda or any carbonated beverages, cocoa, acidic or spicy foods, alcohol, smoking)
- drinking adequate non-irritating fluid intake (around 6 cups/day)
- urge suppression/bladder training techniques
- evaluation of current medications
- prevention of constipation/straining
- trial of bladder relaxing medication (and in some cases a pessary)
- pelvic floor physiotherapy assessment and treatment.

Mixed Urinary Incontinence (MUI) is a combination of both Stress (SUI) and Urge (UUI) incontinence. In this case, where there are multiple issues, it is important to determine which symptoms are most bothersome. Those should be addressed first.

Fecal incontinence or leakage is the involuntary leakage of stool (solid or liquid) or flatulence (gas). This can be distressing. Many people become reluctant to leave home for fear of not making it to a toilet. Management is aimed at improving and managing symptoms but also overcoming fear of incontinence and improving quality of life. Some of the management strategies involve lifestyle/dietary changes. These may help people to gain better control of bowel movements. Avoiding foods or activities that can worsen symptoms such as caffeine, greasy foods, dairy or spicy foods may also be important. Treatment for fecal incontinence depends on the cause of fecal incontinence. Treatment options may include:

- Kegel exercises (before starting these, a pelvic floor physiotherapy assessment is recommended)
- Biofeedback (physiotherapists use exercises and sometimes devices such as rectal balloon/anal manometry)
- Bowel training (i.e. making a conscious effort to have a bowel movement at a specific time, such as after eating)
- Medications (i.e. anti-diarrheal or bulk laxatives)
- Surgery (i.e. sphincter repair; or treating rectal prolapse, a rectocele, or hemorrhoids)

Pelvic Organ Prolapse

Pelvic Organ Prolapse (POP) is when pelvic organs fall from their original position down towards the vagina. The fall causes bulging or sagging of the vaginal walls (can involve bladder, uterus or rectum). Vaginal walls and how they fall, or Pelvic Organ Prolapse (POP), may also be known by other names (depending on the area of the body most involved), such as:

- Cystocele: front wall of vagina or bladder
- Rectocele: back wall of vagina or rectum
- Uterine prolapse: cervix and top of the vagina
- Vault prolapse: after hysterectomy, top of the vagina
- Complete prolapse or procidentia involves all areas

POP is a distressing condition. Based on physical exams, it's been found that around 50% of females have prolapse. Six percent have symptomatic pelvic organ prolapse. Some of the risk factors include:

- Age
- Number of childbirths
- Giving birth to larger infants
- Traumatic childbirth deliveries
- Being overweight
- Constipation
- Smoking
- Family history of POP
- Connective tissue disease
- Work involving heavy lifting
- Previous hysterectomy

People who have POP report symptoms such as: a sensation of lower pressure, vaginal heaviness and dragging, visible bulging in vaginal opening (especially after an active day), awareness of a protrusion from the vagina, backache, or difficulty with starting void or bowel movement (may require support from fingers). Symptoms may also include urinary urgency, frequency, and nocturia (getting up at night to go to the bathroom).

There are many treatment options. They may include lifestyle changes to *avoid* or *limit*: heavy lifting and high impact activities; constipation; straining while voiding or having a bowel movement; or straining while coughing. They may also include doing the following: losing some weight; pelvic floor muscle rehabilitation; pelvic floor and core muscles strengthening; pelvic floor physiotherapy; getting a pessary to support prolapse; or surgical intervention.

Genitourinary Syndrome of Menopause

Genitourinary Syndrome of Menopause (GSM) can occur when your level of estrogen (a hormone) starts to decline in the perimenopausal period, or after menopause, or with certain cancer treatments. It can lead to cell layers in the vagina and vulva becoming reduced. They then make less moisture (leading to decreased lubrication and less protection against bacteria). It can also cause symptoms such as urinary leakage, painful intercourse, vulvar irritation, frequent or recurrent bladder infections, and frequent or urgent voiding.

There are non-hormonal and hormonal strategies for managing GSM:

Non-hormonal products

- Lubricants
    - Helpful for symptoms of dryness with sex
    - Provides short-lived but immediate relief

- Moisturizers
    - Contain agents that bind water to create a protective layer of moisture
    - Applied inside the vagina several times per week

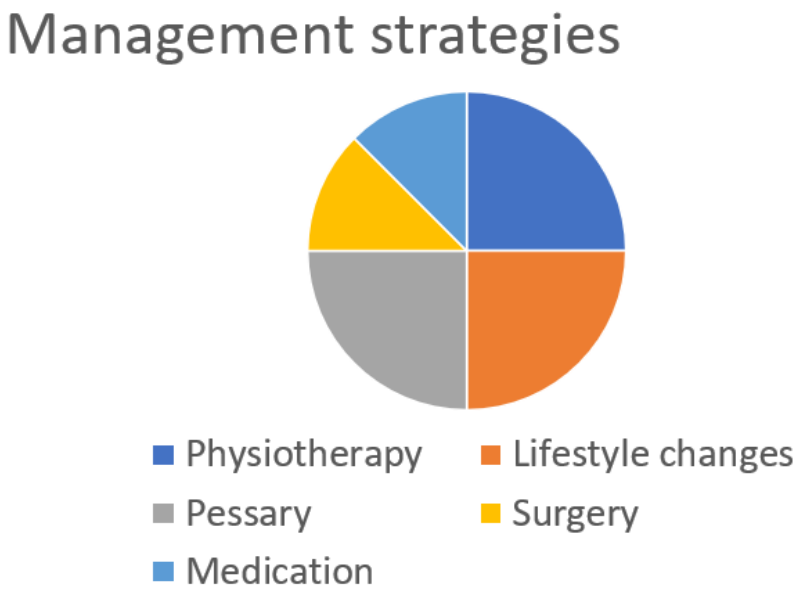
- Vaginal laser
    - A specific laser has Health Canada approval for the treatment of GSM
    - Requires three consecutive treatments, 4 to 6 weeks apart followed by a single annual treatment
    - Conducted by trained gynaecologists
    - Not MSI covered

Hormonal or prescription products

- Vaginal estrogen (also known as local estrogen therapy)
    - Involves applying a measured amount of estrogen to the vagina (first daily for 14 days, then twice weekly)
    - May be applied as an intravaginal cream, pill or slow-release ring
    - You will need to speak to your health care provider to find out if this treatment is right for you.

Pelvic Floor Health

It is common for women to have more than one pelvic floor issue. Because of this, managing symptoms usually involves several treatment options. The options complement each other to achieve the best outcome. We use a pie analogy below. It shows how the more strategies you can combine, the better the results.



Treatment options for Pelvic Floor Health

There are many self-management strategies that promote pelvic floor health. They include:

- Lifestyle changes
- Exercise and Physiotherapy (see list of pelvic physiotherapists in resources)
- Pessary
- Medication
- Surgery

Many people decide to manage their pelvic floor health themselves, at least to start. They do this with lifestyle changes such as:

- Achieving a healthy weight
- Eating well
- Regular, low impact exercise

- Drinking enough fluids daily
- Preventing constipation
- Avoiding bladder irritants
- Strengthening their pelvic floor

Another important strategy for self-management is *pelvic floor exercises* (also called Kegels). Good strength and proper coordination of these muscles can improve bladder and bowel control, reduce or stop the leakage of urine, gas, and stool, and assist in supporting pelvic organs. It is important to incorporate pelvic floor exercises into your activities of daily living. Strengthening the pelvic floor can improve satisfaction during sexual intercourse. Strengthening the pelvic floor, or the group of muscles that relax and contract, can be easy-to-do. However, proper technique is the key to success. Here are some tips for getting started.

1.) Aim to tighten and lift muscles around the vagina and rectum. Imagine you are trying to stop from passing gas, or trying to pick up a bean with your vagina and anal opening.
   - ➢ It is important *not* to squeeze other muscles as you contract (especially your buttock and inner thigh muscles).

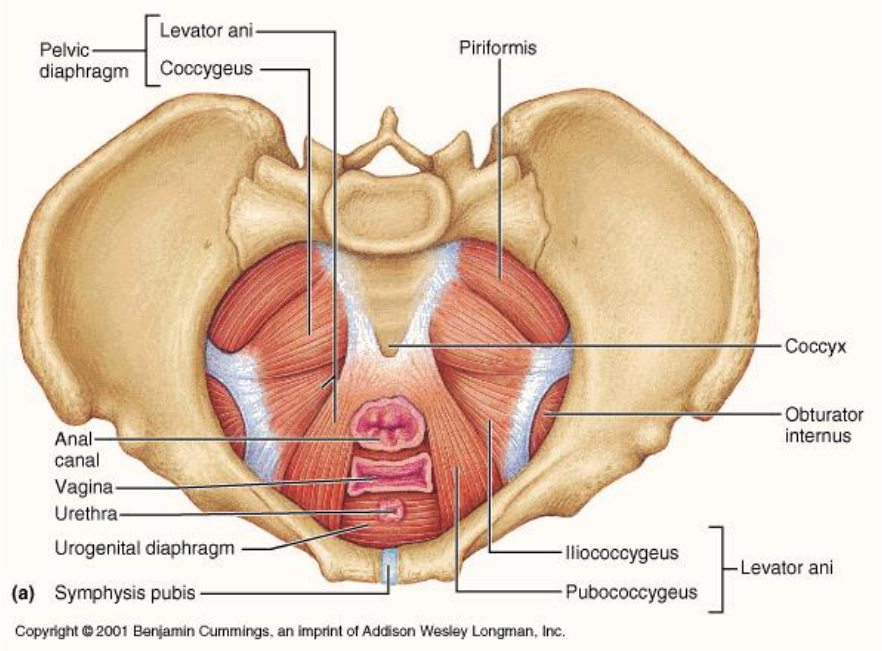
2.) Next, stop tightening these muscles. Imagine letting go of the bean to relax them.
   - ➢ It is important to *completely* relax these muscles after contracting them.

Strengthening your pelvic floor muscles involves two types of muscle fibers:

- Slow-twitch muscles fibers to provide all-day support to your pelvic floor
- Fast-twitch muscles fibers to prevent leaking when you cough, sneeze, and lift

Example of a pelvic floor exercises program:

- 10 contractions holding for up to 10 seconds each. Do 3 times per day.
  In between each contraction, it is important to rest for 20 to 30 seconds.
- 10 quick contractions. Do 3 times per day.



These exercises can be done in any position. If your muscles are weak or you are experiencing prolapse symptoms, start doing them while lying down. Then, when you are ready, move on to trying the exercises while you are standing or sitting. Include the exercises in your daily activities – tighten and lift as you pick up your laundry, move from lying down to sitting, or do them while working at a desk. Try contracting these muscles before you sneeze or cough (for added support). You can also work to strengthen other core muscles to help support your pelvic floor.

<u>Nervous system-bladder connection</u>

We'll now review the connection between the nervous system and the bladder. Normally when the bladder is about halfway full, it sends messages to your brain to let you know you will need to go to the bathroom soon. In overactive bladder the signals happen more often due to irritation and habit. Bladder re-training to manage urge incontinence or overactive bladder is an important and effective self-management strategy. Unlike medications, there are *no side effects* to bladder re-training (and it can work well when combined with medication therapies). You can re-train your bladder to hold urine better and longer. You can re-train it to decrease your urge to urinate and trips to the bathroom at night. Bladder re-training can reduce or eliminate urinary "accidents" and anxiety. It can increase confidence about bladder habits.

Keeping a bladder diary allows you to review bladder habits. You will note patterns or problematic times of day. Remember, you should only be urinating every 2 to 3 hours during the day. Consider starting bladder re-training at night if nocturia is an issue for you. Some people prefer to start in the afternoon. The following instructions may be helpful as you begin bladder re-training:

1. Start by recording a 48-hour bladder diary.
2. Pass urine at regular times (every 2 to 3 hours).
3. After a few days, increase the time by 15 to 30 minutes. (Try this increased time for 4 days.)
4. If you are tolerating the increased time, increase it again by 15 to 30 minutes more. Increase your time 15 to 30 minutes more every 4 days. Do this until you can hold your urine for 3 to 3 ½ hours.
5. Stick to the schedule - try not to go to the bathroom between times.

Suppressing the urge

If you get an urge to go before the scheduled time, do not run to the bathroom. Try to suppress the urge by:

- Do 5 to 10 quick pelvic floor contractions
- Do a mental activity to take your attention away (i.e. count backwards from 100)
- Stop and sit down on a hard surface or cross your legs
- Change your position
- Take a couple of deep breaths to calm the urge sensation
- Once the urge passes, try to wait until the next scheduled time
- If urge returns, try to suppress it again. Then when urge passes, go to the bathroom

Bladder control tips

- Use the mantra, “I will pee when I am sitting on the toilet”
- Do not severely restrict fluids, however cut back on fluids after 6 pm if you wake up in the night to urinate
- Empty your bladder before going to sleep
- Always be sure to fully empty your bladder
- Empty bladder before and after intercourse
- Avoid going to the bathroom “just in case”, which may reduce your ability to tolerate bladder filling

A pelvic physiotherapist can help you with your pelvic floor health by:

- Assessing your posture and mobility; strength of your back, abdominals, hips and pelvis
- Assessing your pelvic floor function, and designing a program tailored to your needs
- Instructing you on strategies for the best bladder and bowel health
- Giving you guidance on your daily living activities and physical exercise

Medications

Medication is not for every person or every pelvic floor condition. In addition to self-management strategies, lifestyle changes, and a pelvic physiotherapist, there are some medications that may offer some help for urinary urge incontinence/overactive bladder. You may need to try more than one medication to find the right one. Some are fast-acting (8 hours) and most last 24 hours. Side effects vary by medication type. They may include dry mouth and eyes, constipation, nausea, and blurred vision.

Hormonal changes can cause or aggravate pelvic floor issues. For example, this can happen with Genitourinary Syndrome of Menopause (GSM). Vaginal estrogen may be a safe an effective option for treating pelvic floor conditions when combined with lifestyle changes.

Medication may or may not be helpful, depending on your condition. In either case, you will need to speak to a healthcare provider about your options.

Surgery

As with medication, surgery is not an option for every pelvic floor issue. It may be an appropriate choice for certain women who have stress incontinence and vaginal prolapse, though not an initial option.

Surgeries do not correct all pelvic floor disorders. Surgeries carry the risk of complications. They not always be successful. If you do have surgery, you'll also need non-surgical treatments to keep your bladder/bowel healthy. These will include lifestyle changes. Lifestyle changes can even improve your post-operative outcomes.

Creating your personal plan

Wait times to see the surgeons can be lengthy. They will often recommend trying lifestyle changes. They may also recommend less invasive treatment options like pelvic physiotherapy. It can be great to get a head start on some of these strategies.

Table 1: Treatment Options Chart		
Stress/fecal incontinence *Stress: Leakage of urine when you cough, sneeze, laugh* *Fecal: Leakage of gas or stool*	**Urge Incontinence** *Sudden strong urge to urinate and may not be able to hold your urine until you get to the bathroom.*	**Pelvic Organ Prolapse** *Pelvic organs fall from their original position down towards the vagina, causing bulging or sagging of the vaginal walls (can involve bladder, uterus or rectum).*
Treatment options: Self-care Pelvic floor physiotherapy Pessary Surgery	**Treatment options:** Self-care Pelvic floor physiotherapy Medications	**Treatment options:** Pelvic floor physiotherapy Pessary Surgery

What Type of Treatment is right for me?

Treatments are available for incontinence and pelvic organ prolapse. What options are best for you? This worksheet will help you make decisions that are right for you. (Remember that your referral and intake assessment information also will be considered in the triage process. This process helps health care providers and you decide on the treatment best suited to you).

Questions:

1. What is the main problem you wish to treat?

   □ stress incontinence - urine leaks when you cough, sneeze, laugh, jump

   □ urge incontinence - sudden intense urge, sometimes with loss of bladder control

   □ pelvic organ prolapse - **muscles and tissues supporting pelvic organs become weak. This allows** one or more of the pelvic organs to drop or press into or out of the vagina.

2. What is the reason for your decision? _____
   _____

3. How much do your symptoms affect your quality of life?
   □ not at all □ slightly □ moderately □ a great deal

4. Are you clear about the pros and cons of each treatment? They are outlined in the education session (see Table 1: Treatment Options Chart above for your reference)?

   □ yes □ no

5. Do you understand the treatment options for your condition(s)?
   □ yes □ no

6. Are you clear about which factors matter to you most? Circle the number that best reflects how much each reason matters to you: **0 (zero) meaning *not* important at all** and **5 meaning *very* important**.

How important is it to you	Not Important			Very Important			If this reason is important to you
To avoid surgery (for stress incontinence and prolapse)	0	1	2	3	4	5	Consider self-care, physiotherapy, or a pessary
To avoid taking pills (for urge incontinence)	0	1	2	3	4	5	Consider physiotherapy
To avoid extra costs	0	1	2	3	4	5	Find out if you have health insurance coverage for medications and pessaries
To relieve symptoms	0	1	2	3	4	5	Look for options that have the greatest chance of relieving the problem
To avoid invasive or higher risk treatments	0	1	2	3	4	5	Consider self-care or medications (for urge incontinence)
To avoid side effects of treatment	0	1	2	3	4	5	Consider self-care, physiotherapy, or a pessary
Other	0	1	2	3	4	5	

7.

	No	**Probably not**	**Unsure**	**Probably yes**	**Yes**
Do you know the benefits and side effects of each treatment option?	□	□	□	□	□

8.

	No	**Probably not**	**Unsure**	**Probably yes**	**Yes**
Are you confident that you can make the best decision for yourself?	□	□	□	□	□

9. Which treatment option are you currently leaning towards?

□ self-care/lifestyle changes □ physiotherapy □ medications □ pessary □ surgery

On a **scale of 0 (zero) to 10** please indicate how confident you are with your choice, where **0 is *not* confident at all** and **10 is *very* confident.**

Not confident											
	0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

In this space, list questions, concerns, and next steps for you to discuss with your health care provider:

_____

_____

_____

_____

_____

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