PELVIC FLOOR DISORDERS:

A Range of Solutions for a Common Problem

A devoted traveler, René Foreman had enjoyed yearly jaunts to Europe, biennial trips to her native South Africa and frequent local sightseeing bus tours—until issues with urinary frequency and urgency caused her to become more housebound.

"I was always looking out for the bathroom," she says. "There was always a distress level and a feeling of discomfort." Although she hadn't experienced leakage, she feared that possibility. "It was somewhat psychological. I was unsure of myself."

But today, Foreman, 74, is back on the road again, thanks to Lauren Cadish, MD, a urogynecologist and obstetrician-gynecologist at Providence Saint John's Health Center and a specialist in women's pelvic floor disorders. Dr. Cadish treated Foreman with an InterStim sacral neuromodulator device, which she likens to a pacemaker for the bladder.

First she surgically placed a thin wire alongside Foreman's sacral nerves that control bladder function, feeding it through a needle to get it into the body and confirming the right placement with an X-ray. This "lead" was connected to an external neurostimulator that Foreman wore like a pager. The device gently stimulated her sacral nerves, reducing signals to the nervous system that caused her frequency and urgency. Two weeks later, after a test period that determined the therapy was working, a small battery was implanted under her skin in the upper buttocks.

"I used to go to the bathroom 10 to 12 times a day and twice during the night," Foreman says. "After the surgery, I went seven or eight times and only once during the night. I was more than happy with the results."

According to Dr. Cadish, about one-third of all women in the U.S. will have a pelvic floor disorder at some point in their lives, and 1 in 8 will undergo surgery for treatment. This group of interrelated conditions includes overactive bladder (frequency or urgency issues), urgency incontinence (when the sudden urge to urinate is accompanied by leakage when women cannot get to the bathroom quickly enough), stress incontinence (leakage when coughing, exercising, sneezing or laughing), fecal incontinence (bowel control problems) and pelvic organ prolapse (a dropping of the bladder, uterus, rectum and/or top of the vagina, causing one or more organs to press into the vagina or even protrude outside the vagina).

These disorders can affect a woman's quality of life, impacting the ability to work, exercise, have an active sex life, care for a family, and enjoy favorite hobbies and activities. Overactive bladder and incontinence issues can also cause psychological stress.

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Photographed by REMY HAYNES

Pelvic organ prolapse can cause women to feel a constant, uncomfortable pressure and sometimes even pain.

And although pelvic floor problems are generally associated with age, even younger women can have issues. Nicole Johnson, 41, an office manager living in Fullerton, began having urinary frequency and urgency problems in her early 20s, after the birth of her daughter.

"I could hardly get any work done because I was running to the bathroom 35 times a day," says Johnson, now 41. However, after she had an InterStim implanted, her daily bathroom trips dropped down to seven. "I could finally sit through an entire movie or church service without getting up."

Sometimes neither age nor childbirth are to blame. "Genetically, some women have weakened connective tissue, which then cannot support their organs or urethra," says Dr. Cadish. In addition, previous bladder surgery, diabetes and smoking can contribute to pelvic floor disorders.

> "Women feel that these problems are part of the deal, but they need to know there's help out there for them."

Lauren Cadish, MD

"Smoking can lead to coughing," says Dr. Cadish. "And that pressure can cause leakage and worsen prolapse."

Regardless, according to Dr. Cadish, some women will suffer five, 10 or even 20 years before seeking treatment. "Women have a habit of prioritizing many things before their own comfort and health," she says.

Another reason for their hesitation may be a stigma that's attached to these disorders. "Women will talk to each other about pregnancies, menopause, periods and fertility but are hesitant to talk about prolapse and urinary and bowel problems, even with their sisters, mothers and close female friends," says Dr. Cadish.

CONSERVATIVE TREATMENT OPTIONS

Dr. Cadish thoroughly evaluates all her patients to diagnose the pelvic floor disorder properly and rule out other causes of discomfort or pain. She then counsels patients regarding their full range of treatment options, including risks and benefits. Most of her patients try conservative treatments first.

For overactive bladder, lifestyle changes and medications are commonly used conservative options. When they don't work or a patient cannot tolerate side effects, Dr. Cadish discusses more aggressive options with patients. Botox injections, which work by relaxing overactive bladder muscles, is one such option, as is Posterior Tibial Nerve Stimulation, in which an acupuncture needle is placed in the patient's ankle and stimulated once a week.

For prolapse and/or stress incontinence (not overactive bladder) one conservative option is a pessary—a flexible device made of medical-grade silicone that fits inside the vagina. Women can have their physician remove and clean the pessary once every three months, although most can remove it and reinsert it themselves.

Some women who experience stress incontinence only wear the pessary during exercise. Dr. Cadish recommends that women remove it before sexual intercourse.

As a conservative treatment for fecal incontinence, Dr. Cadish recommends her patients get enough fiber in their diets by taking a fiber supplement such as Metamucil or BeneFiber. "Adequate fiber can prevent both constipation and fecal incontinence," she says.

SURGICAL OPTIONS

Dr. Cadish performs the majority of her surgical procedures using minimally invasive techniques such as vaginal, laparoscopic and robotic surgery, which leave no or only small scars. "There are many different combinations and permutations, depending on patient preference and how advanced the prolapse is," she says. "And only rarely would I give a patient a C-section-type scar."

Some of Dr. Cadish's procedures involve the placement of a polypropylene mesh. While a "transvaginal mesh controversy" has been reported in the news, the problems relate only to the vaginal placement of mesh for prolapse—not the mesh itself, she explains. Surgical placement of mesh through the vagina for the treatment of prolapse can result in an increased risk of complications, including eventual exposure of the mesh outside the vaginal walls. While in rare cases vaginal placement of mesh is acceptable, she only implants mesh through the abdomen, either robotically or laparoscopically.

For stress incontinence, one common surgery that Dr. Cadish performs is the

mid-urethral sling. In this 45-minute procedure, a thin strip of polypropylene mesh is placed behind the urethra. For patients not finished with childbearing or not interested in mesh, a procedure called urethra bulking—a filler that takes up space to narrow the urethra—is another option.

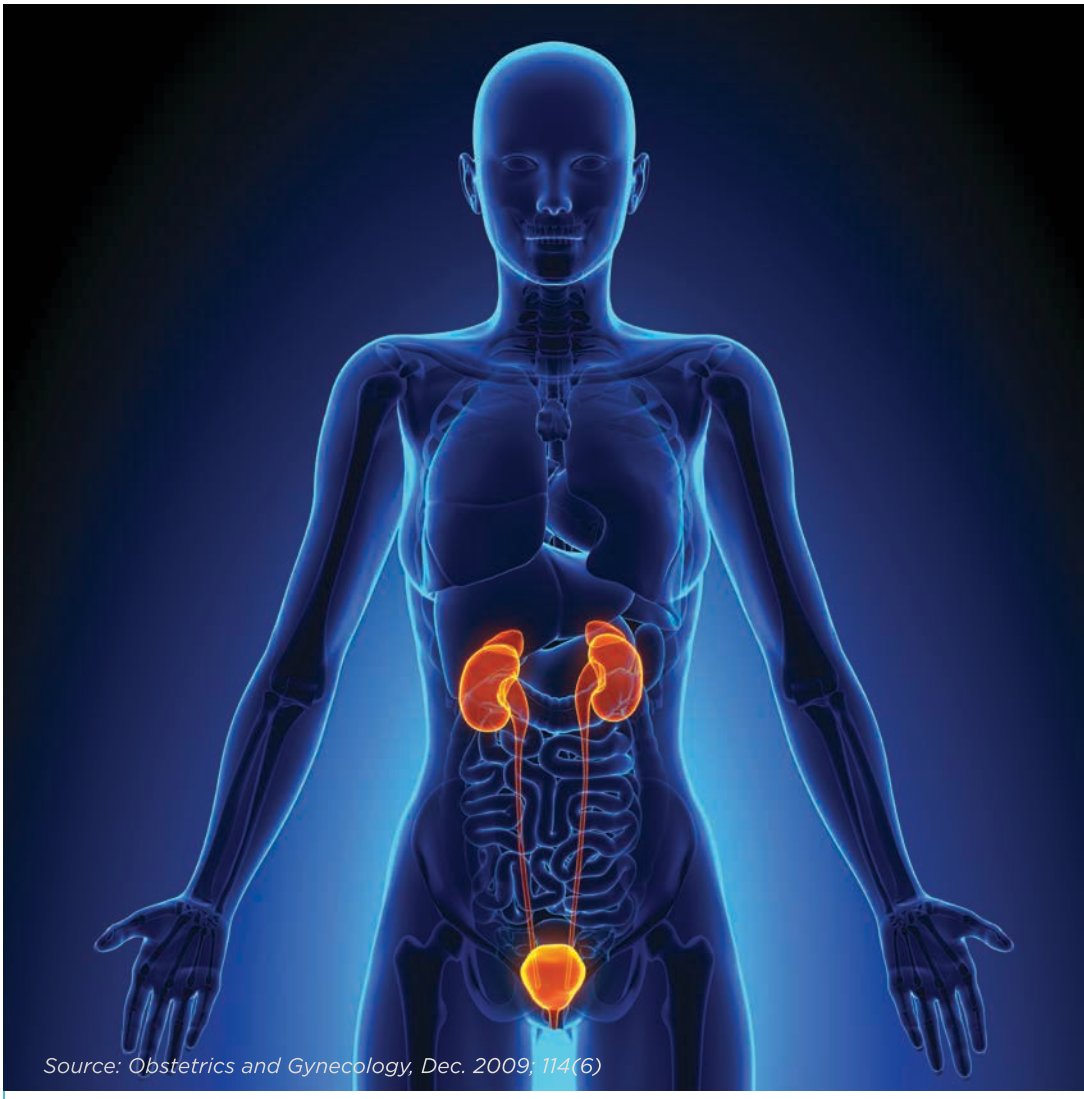
Dr. Cadish's interest in how to best care for those with the most severe symptoms led her to undertake a research project that explored the "latency period" of the InterStim device, or the amount of time the device would need to be on a particular setting before one could attribute symptoms to that setting. The study also explored various battery cycling regimens to determine which one would best save battery power. Dr. Cadish was awarded the Thomas Benson Award in Neuromodulation by the American Urogynecologic Society, which funded her research for two years.

VALUING THE PATIENT/PHYSICIAN RELATIONSHIP

Dr. Cadish, who is also fluent in Spanish, feels that Providence Saint John's is the perfect place to provide her patients with the care they deserve. "The hospital allows me to give good attention to each patient rather than rushing people through or not valuing the patient-physician relationship," she says.

Perhaps that's why Foreman and Johnson are so willing to speak out about their experiences. "Women feel that these problems are part of the deal," says Foreman, "but they need to know there's help out there for them. I strongly recommend they seek the advice of a urogynecologist."

Johnson agrees. "There's ways to fix these problems instead of suffering through them," she says, "and Dr. Cadish is a great physician who genuinely cares about her patients."



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PELVIC FLOOR DISORDERS ON THE RISE

As the U.S. population ages, more women are expected to develop pelvic floor disorders. The number of women with at least one symptomatic pelvic floor disorder is projected to increase from 28.1 million in 2010 to 43.8 million by 2050. Here's a look at the estimated trends.