Choose to Be Informed About Pelvic Floor Disorders

ORLANDO HEALTH®

WINNIE PALMER HOSPITAL
For Women & Babies

Your one-stop guide to understanding pelvic floor disorders — from preventive screenings to treatment options.

GUIDE CONTENTS

Gynecological issues involving the pelvic floor *affect many women during their lifetime. For women, there can be many different causes and symptoms of pelvic floor disorders. This guide explains the most common types of female pelvic floor disorders and what can be done to treat them.*

While many women don't feel comfortable talking about such personal issues as pelvic floor disorders, these medical problems are actually quite common and can be treated successfully.

What Are Pelvic Floor Disorders?

In women, the pelvic floor consists of the muscles, ligaments, connective tissues and nerves that physically support and aid in the function of the pelvic organs, which include the bladder, uterus, vagina and rectum.

Pelvic floor disorders occur when that support system becomes weakened or damaged. The symptoms of pelvic floor disorders depend on the type of the disorder and the muscles or nerves affected. The three main types of pelvic floor disorders are:

- Urinary incontinence
- Anal incontinence
- Pelvic organ prolapse

Pelvic floor disorders result from damage to the pelvic floor. Vaginal childbirth is one of the main causes of pelvic floor disorders, and even pregnancy itself can be a factor. Having pelvic surgery or radiation treatments can damage nerves and other tissues in the pelvic floor, and women who are overweight or obese are also at greater risk. Aging and even genetics are other possible causes. In some cases, the exact source of the disorder remains unknown.

Urinary Incontinence

Urinary incontinence, or loss of bladder control, is a frustrating problem for millions of women. In fact, studies show that at least half of women over 40 may deal with some form of incontinence. Not knowing when or where your urinary incontinence may strike can have a major impact on your life — personally, professionally and socially. But it doesn't have to be that way; treatment is available, and urinary incontinence can be managed or even reversed.

Symptoms and Causes of Urinary Incontinence

Urinary incontinence is the most common pelvic floor disorder and can be caused by a number of conditions, often characterized by a weakening of the muscles that control the bladder valve. While the main symptom is unexpectedly leaking urine, there are different types of incontinence with different symptoms. Other symptoms include the frequent urge to urinate, a feeling of pressure on the bladder and a sensing that the bladder has not completely emptied.

Stress Incontinence

If you leak urine when you cough, sneeze, laugh, exercise or lift something heavy, you may have stress incontinence. Stress incontinence, which is the most common bladder control problem in younger women, is a result of the weakening of the muscles and tissues around the opening of the bladder. When there is pressure on the bladder, the opening does not stay closed, and leakage occurs. Pressure from just coughing or laughing may be enough of a trigger. This muscle weakening is often caused by conditions that stretch the pelvic floor muscles, such as pregnancy, vaginal childbirth, weight gain or just aging. Other causes include sports injury, chronic cough (such as from smoking) and some medications.

Overactive Bladder / Urge Incontinence

If you have a sudden, frequent need to urinate, you may have an overactive bladder. An overactive bladder may not lead to incontinence; some women are able to "hold it" until they get to the bathroom. But if you can't get to the bathroom in time, you may also have urge incontinence. Symptoms of urge incontinence include leaking large amounts of urine and possibly feeling like you have to go even when your bladder is almost empty. Sometimes, the sound of running water or taking a sip of a drink can bring on a sudden urge. This sudden, overpowering need to urinate is the result of involuntary bladder muscle contractions caused from nerve or muscle damage. Damage may be caused by infection or inflammation of the bladder as well as more serious brain conditions such as Parkinson's disease or stroke.

Mixed Incontinence

It is very common for women to experience symptoms of both stress and urge incontinence, such as having urine leakage during exercise as well as when you feel a strong urge.

Voiding Dysfunction

Voiding dysfunction refers to the inability to empty the bladder completely as well as urinary hesitancy, and a slow or weak urine stream. This can be caused by nerve damage, non-relaxing pelvic floor muscles or both.

Diagnosing Urinary Incontinence

If you are suffering from urinary incontinence, it's important to discuss it with your doctor. You may need to see a urogynecologist – a specialist in diagnosing and treating disorders of the pelvic floor and bladder.

Your doctor may order a series of tests, such as urinalysis to check the appearance, concentration and content of your urine; ultrasound to provide sound-wave images of the bladder, kidneys and urethra; cystoscopy to view the lining of the bladder and urethra; and a series of urodynamic studies that test how the bladder, sphincters and urethra hold and release urine and can show how well the bladder is working and why there may be leaks or blockages.

Based on your medical history, physical exam and test results, your doctor usually can determine the cause of urinary incontinence.

Treatment of Urinary Incontinence

Urinary incontinence can be treated successfully, allowing you to enjoy life with peace of mind again. Your treatment plan may include several approaches, depending on the cause and severity of the problem, including:

Managing Mild Incontinence

For mild incontinence, many women can stop leakage by drinking less, especially caffeine drinks like coffee, tea and soda. Caffeine can cause your body to produce more urine, resulting in having to go more often. (Although be sure to drink enough water so you don't get dehydrated.) Another strategy is to empty your bladder regularly, every 2 to 4 hours, whether you need to go or not.

Bladder Training

By keeping a diary of how often and what times you go to the bathroom or experience leakage, you may be able to determine a pattern and avoid accidents. You can also gradually increase the amount of time between scheduled bathroom breaks to train your bladder to hold out for longer periods of time.

Kegel Exercises

Kegel exercises help to strengthen the muscles used to start and stop the flow of urine. The exercise involves squeezing the muscles you normally use to stop the flow of urine — holding the contraction for five seconds and then relaxing for five seconds. Your doctor may have you gradually increase duration and repetition.

Biofeedback

Biofeedback is a method that gives you real-time information about activity in your bladder and pelvic muscles. During biofeedback, your doctor will use probes or electrodes to video-monitor your pelvic floor muscle contractions. As you learn more about how they function, you may be better able to control them.

Medication

For urge incontinence, anticholinergic pills or patches can be used to block some of the nerves in the bladder muscle. Botox injections into the bladder muscle can relax the bladder, allowing it to hold more.

Devices

A pessary is a device that is placed into the vagina to help cut down on the leakage. You can wear it continuously or only as needed, such as during a hard workout.

Surgery

Surgical options include the implantation of a device resembling a pacemaker to stimulate the nerves involved in bladder control, and a surgical procedure to support the urethra or bladder, depending on individual needs.

Anal Incontinence

Anal incontinence refers to the inability to control bowel movements, including fecal incontinence and defecatory dysfunction. These conditions can cause a great deal of emotional distress, as it can feel embarrassing and frustrating to lose control of your bodily functions. Many are reluctant to discuss the problem with their doctor. If you suffer from anal incontinence, know that you are not alone. It is estimated that in the U.S. alone, more than 5.5 million men and women of all ages are affected, although it tends to be more common in older adults and slightly more common in women. And know that it can be treated successfully, bringing relief of symptoms and significant improvement in quality of life.

Symptoms and Causes of Anal Incontinence

Fecal Incontinence

Fecal incontinence, or lack of bowel control, is the second most common pelvic floor disorder. With urge fecal incontinence, you may be aware of the need to pass stools but are unable to control their passage. Once you feel the urge, you may not be able to hold it until you reach the bathroom. Passive incontinence refers to the passing of stools without being aware of it; you may leak stool.

Sometimes, there can be more than one cause of fecal incontinence. Damage or injury to the rings of muscle at the end of the rectum or to the nerves in the rectum or anal sphincter can lead to fecal incontinence. Muscle damage may be caused by childbirth, past radiation treatment or surgery, or inflammatory bowel disease. Nerve damage may be the result of childbirth, spinal cord injury, stroke, diabetes, multiple sclerosis or even constant straining during bowel movements. The connection with childbirth is unclear because most women with fecal incontinence develop it after age 40, but it may be that the injury doesn't present with symptoms for many years.

Defecatory Dysfunction

With defecatory dysfunction, you have trouble emptying your bowels completely. This condition can also present as chronic constipation, or dyssynergic defecation, which is caused when the muscles and nerves of the pelvic floor do not function properly, resulting in the inability to pass stools. Other symptoms include feeling bloated or like you have not completely evacuated, having hard stools, experiencing excessive straining, and being unable to have regular bowel movements.

In order to have a normal bowel movement, the pelvic floor muscles and anal opening muscles must all relax in a coordinated way. This lack of coordination of the pelvic floor muscles that are involved in passing stools may be caused by pregnancy, injury, rectal prolapse or too much straining when trying to pass stool.

Diagnosing Anal Incontinence

Diagnosis of anal incontinence may include testing to see how well the rectum and anal sphincter muscles are working, and a procedure that shows how much stool the rectum can hold along with how well it can hold it and empty it. Other tests may be ordered to look inside the rectum or colon for signs of disease or damage that could cause fecal incontinence.

Treating Anal Incontinence

Treatment can improve or restore bowel control for most women with fecal incontinence. Often, a treatment plan includes several approaches, depending on the cause of the problem, including:

Dietary Modifications

Diet changes, such as eating smaller meals and avoiding caffeine — which relaxes the sphincter muscles and can make worsen incontinence — may prove helpful. Your doctor may also recommend eating fiber-rich foods and drinking plenty of fluids.

Biofeedback

With the help of specially trained therapists, biofeedback can teach you to strengthen your pelvic and anal muscles to help you control bowel movements.

Bowel Training

To help you gain more control, your doctor may recommend making a conscious effort to have a bowel movement at a specific time of day, such as after eating.

Medication

Medication to help slow down the bowel may be appropriate for some.

Surgery

For fecal incontinence caused by damage to the pelvic floor or anal sphincter, surgery may be helpful. Surgeons can repair a damaged or weakened anal sphincter using advanced techniques that restore bowel function. Surgical correction of rectal prolapse, a rectocele or hemorrhoids problems can reduce or eliminate anal incontinence. Surgeons also can improve bowel control by injecting bulking agents into the anus or stimulating the nerves in the lower pelvis.

Pelvic Organ Prolapse

Pelvic organ prolapse occurs when the pelvic muscles and other supporting tissues become weakened, causing the organs in the pelvis to fall out of place. The uterus, bladder or bowel may "drop" onto the vagina and cause a bulge through the vaginal canal.

Symptoms and Causes of Pelvic Organ Prolapse

There are several types of pelvic organ prolapse, all of which can cause major discomfort with symptoms that include lower back pain, pelvic heaviness, a feeling that something is "falling out" of the vagina, a pulling or bulge in the lower abdomen or pelvis, pain during intercourse, urinary incontinence, frequent urinary infections, and vaginal bleeding and discharge.

Uterine Prolapse – This condition occurs when the pelvic floor muscles and ligaments that support the uterus weaken, and the uterus falls into the vaginal canal or protrudes outside the vagina. While this can occur in women of any age, it often affects postmenopausal women who have had one or more vaginal deliveries. Weakening of the pelvic muscles can be caused by damage to supportive tissues during pregnancy and childbirth as well as the from effects of gravity, loss of estrogen and repeated straining over time.

Cystocele (Anterior Prolapse) – This occurs when the supportive tissue between the bladder and vaginal wall weakens and stretches, causing the bladder to fall into the vagina. This tissue damage may be caused by the straining that happens with vaginal childbirth or chronic constipation, violent coughing or heavy lifting. It is more common after menopause, when estrogen levels decrease.

Rectocele (Posterior Prolapse) – This condition occurs when the thin wall of tissue that separates the vagina and rectum loses support, causing the rectum to bulge upward into the vaginal wall. It can be caused by childbirth and other processes that put pressure on the wall.

Enterocele (Small Bowel Prolapse) – This occurs when the muscles and tissues that hold the intestines in place weaken, causing the small intestines to fall and bulge into the vagina. Childbirth, aging and other processes that put pressure on your pelvic floor may weaken the muscles and ligaments that support pelvic organs.

Vaginal Vault Prolapse – This occurs when the upper portion of the vagina loses its normal shape and drops down into the vaginal canal or outside of the vagina. This condition usually happens in women who have had a hysterectomy.

Diagnosing Pelvic Organ Prolapse

One commonly used tool to aid in the diagnosis of pelvic organ prolapse is a defecating proctogram. This X-ray study can help identify the exact location of the dysfunction through a video image of the muscle movement in the pelvic floor region. Your doctor is able to see whether or not the pelvic floor muscles are functioning properly. It can especially help identify cases of rectal prolapse and rectocele.

Treatment of Pelvic Organ Prolapse

Treatment of pelvic organ prolapse depends on the type and severity of your symptoms. There are several treatment options for pelvic organ prolapse. These include:

Kegel Exercises

Kegel exercises and other pelvic floor exercises can help strengthen the muscles that support the pelvic organs.

Medication

Many women with prolapse are also in menopause, resulting in lower estrogen levels that can lead to vaginal dryness. If vaginal dryness is a problem, estrogen therapy may be helpful. Some women might be treated with estrogen before a surgical procedure. However, some women should not use estrogen, so be sure to discuss the risks and benefits with your doctor.

Devices

A pessary, which is a ring-like device placed in the vagina, can help support the organs in the pelvis.

Surgery

Surgery may be the best option for some women. Often, these procedures can be done using minimally invasive techniques. At Orlando Health Winnie Palmer Hospital for Women & Babies, our surgeons regularly use minimally invasive surgery, including robotic technology, allowing for smaller incisions, reduced scarring and complications, and faster recovery time. Robotic-assisted surgery gives surgeons a 3-D view of the surgical field and the ability to use robotic arms to mimic their hand movements, allowing for high precision. We offer robotic-assisted surgery to our patients for the following pelvic organ prolapse procedures:

- Vaginal prolapse repair
- Uterine resuspension
- Cystocele repair
- Rectocele repair

Women's Services at Every Age and Stage of Life

At Orlando Health Winnie Palmer, *we are your partner in maintaining optimal health. We offer a comprehensive network of gynecologic services for women at every age and stage of life, from preventive screenings and wellness programs to minimally invasive procedures and rehabilitation services. Here's a look at just some of our services specifically designed for your unique needs.*

Gynecology

We understand that each woman we serve is unique, with specific gynecological needs. That's why we partner with you to address the health concerns that matter to you most. We'll adapt and alter your care over time to ensure you have the information and leading-edge treatments needed at every stage of life.

Along with providing you with the most personalized, compassionate care, the doctors associated with Orlando Health Winnie Palmer are committed to offering the latest, evidence-based treatment options to treat a full range of conditions, including pelvic pain disorders, to get you feeling better as soon as possible.

Urogynecology

Urogynecologists specialize in the treatment of pelvic floor disorders, which include urinary and rectal incontinence and pelvic prolapse (bulging or falling of the vagina, bladder or uterus). At Orlando Health Winnie Palmer, our urogynecologists offer the latest noninvasive and surgical options, routinely treating even the most complex conditions.

Minimally Invasive and Robotic-Assisted Surgery

Today, the vast majority of gynecological conditions can be treated effectively through minimally invasive surgery, offering you less risk for complications, a quicker recovery and a faster return to your daily life. Orlando Health Winnie Palmer has been designated as a Center of Excellence in Minimally Invasive Gynecology by the Surgical Review Corporation, an internationally recognized healthcare leader committed to advancing the safety, efficacy and efficiency of surgical care worldwide. At Orlando Health Winnie Palmer, 75 percent of all gynecologic surgeries are minimally invasive, which is considerably more advanced than the national average of 30 percent. Our team will provide you with the individualized, caring and technologically advanced medical and surgical care you need.

Gynecologic Oncology

As you grow older, your risk for certain gynecologic cancers increases. That's why it's important to see your physician regularly for screenings and report any unusual symptoms, such as postmenopausal bleeding, to your provider. If cancer is diagnosed, you can rely on our gynecologic oncologists to provide the latest treatment options at Orlando Health UF Health Cancer Center.

Orlando Health Winnie Palmer provides care designed for my unique needs as a woman.

Screenings You Need

Preventive health screenings *are the best way to detect health problems in their earliest stages — when they're most treatable. Immunizations also help protect you from various diseases. The following are general guidelines for healthy women. Your doctor may recommend other tests or vaccines based on your health and risk factors.*

Screening	Starting Age or Range	Frequency
Please note that these are just guidelines; individual recommendations may vary based on health risks, family history or if clinically indicated.		
General Health		
Annual checkup	All ages	Yearly
Thyroid-stimulating hormone (TSH) test	Any age if clinically applicable	Discuss with your doctor or nurse
Bone Health		
Bone density test	18-59	Dependent on risk factors
	65	Yearly
Breast Health		
Breast self-exam	18	Monthly or as advised by your doctor (optional)
Clinical breast exam	20	Every 3 years
	40	Every year
Mammogram	40-75	Every year
Colorectal Health		
Flexible sigmoidoscopy	50	Every 5 years (if not having a colonoscopy)
Colonoscopy	50	Every 10 years
Double-contrast barium enema	50	Every 5-10 years (if not having a colonoscopy or signoidoscopy)
CT colonography (virtual colonoscopy)	50	Every 5 years
Fecal occult blood test	50	Yearly
Rectal exam	Discuss with your doctor or nurse	
Diabetes		
Blood sugar test	45	Every 3 years
Eye and Ear Health		
Eye exam	20-29	At least once
	30-39	At least twice
	40	Baseline eye disease screening; follow-ups as recommended
	65	Every 1-2 years, plus glaucoma testing
Hearing test	18	Yearly

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Screening	Starting Age or Range	Frequency
Heart Health		
Blood pressure test	18	At least every 2 years
	40	Every year
Cholesterol test	20	At least every 5 years
Mental Health		
Mental health screening	Any age	If you have felt "down," sad or hopeless, and have little interest or pleasure in doing things for two weeks straight, talk to your doctor about screening for depression.
Reproductive Health		
Pap test and pelvic exam	21-29	Every three years
	30-65	Pap test with HPV test every 5 years or Pap test alone every 3 years
	At age 65, women who've had three normal tests in a row and no abnormal results in the past 10 years can stop.	
Sexually transmitted disease (STD) tests	When sexually active with history of high-risk behavior	One-time screening
Skin Health		
Mole exam	20-39	Monthly mole self-exam, by a doctor every 3 years
	40	Monthly mole self-exam, by a doctor every year
Immunizations		
Flu vaccine	6 months	Every year
Human papillomavirus (HPV) vaccine	Between the ages of 11 and 26	One time
Tetanus-diphtheria booster vaccine		Every 10 years
Pneumonia vaccine	65	At least once

My Medical History

Use this form to keep track of your personal health. *Make copies to bring with you to your doctor appointments, and keep it handy in case of emergencies.*

Name: _____

Address: _____

Date of Birth: _____ Height: _____ Weight: _____ Blood Type: _____

☐ Eyeglasses ☐ Dentures ☐ Smoker

Current Medical Conditions

Condition	Date of Onset

Previous Surgeries and Procedures

Type of Surgery	Date Performed

My Medical History (continued)

Current Medications (Prescription and Over the Counter), Vitamins and Supplements

Name	Dose	Why You Take It

Allergies

Drug Allergies	Food Allergies	Insect Allergies	Seasonal Allergies	Other Allergies

My Medical History (continued)

Recent Screenings

Test	Date	Results
Blood pressure		
Blood sugar		
Cholesterol		
Mammogram		
Pap test		
Other:		

Immunization Dates

Vaccine	Date
Flu	
Tetanus, diphtheria, pertussis	
Other:	

Family History

	Self	Mother	Father	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Heart disease							
Stroke							
Diabetes							
High blood pressure							
High cholesterol							
Colon cancer							
Breast cancer							
Ovarian cancer							
Endometrial cancer							
Thyroid cancer							
Colon polyps							
Arthritis							
Osteoporosis							
Allergies							
Asthma							
Alzheimer's disease							
Depression							
Bipolar disorder							
Alcoholism							
Other:							

Family History (continued)

	Sister	Brother	Aunt	Uncle	Daughter	Son	Cousin
Heart disease							
Stroke							
Diabetes							
High blood pressure							
High cholesterol							
Colon cancer							
Breast cancer							
Ovarian cancer							
Endometrial cancer							
Thyroid cancer							
Colon polyps							
Arthritis							
Osteoporosis							
Allergies							
Asthma							
Alzheimer's disease							
Depression							
Bipolar disorder							
Alcoholism							
Other:							

My Physicians

Keep track of your healthcare team, *all in one place!*

Physician's Name	Specialty	Address/Phone Number	Next Appointment Date

ORLANDO HEALTH®

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