A Woman’s Guide to Pelvic Health Conditions
Did you know?

- **One quarter of U.S. women are affected by one or more pelvic floor disorders**
- **Prevalence of pelvic health conditions increase with a woman’s age, affecting more than 40% of women ages 60 to 79 years and close to 50% of women 80 and older**

What is a pelvic floor disorder and why are pelvic floor muscles so important?

Pelvic floor disorders are health conditions that cause physical discomfort and often limit activities women once enjoyed, from exercise to sexual activity. These conditions occur when the muscles within the pelvic cavity weaken or become injured. The pelvic floor muscles form a “hammock” across the opening of a woman’s pelvis, holding the uterus, bladder and rectum in place. When these muscles are not functioning properly, women may experience problems such as pelvic organ prolapse, urinary incontinence, constipation or bowel incontinence and sexual dysfunction. Interstitial cystitis (painful bladder) and uterine fibroids are other types of pelvic conditions women experience.

**Pelvic health conditions can have a major impact on a woman’s life.**

The discomfort and even the inconvenience of a pelvic condition can get in the way of your quality of life. Rest assured, Chesapeake Urology’s pelvic health specialists understand your unique and personal health issues and can help find the right solution to get you back to living the life you love.
The leading pelvic health team in the Mid-Atlantic region is here to help you.

We’ve assembled a multidisciplinary team of leading female urology and pelvic health specialists to provide specialized, patient-centered care for such conditions as:

- Pelvic organ prolapse
- Interstitial cystitis (painful bladder syndrome)
- Uterine fibroids
- Recurrent UTIs
- Chronic pelvic pain
- Female sexual dysfunction

Our comprehensive pelvic health team includes:

- Urologists and a leading urogynecologist specializing in women’s urologic and pelvic health conditions
- Fellowship-trained doctors who specialize in female urology, neuro-urology, complex neurogenic bladder cases and urinary tract reconstruction
- Physical therapists dedicated to women’s pelvic health conditions
- Pessary specialists experienced in providing relief to women experiencing pelvic organ prolapse
- A women’s health nurse practitioner who specializes in women’s pelvic health issues
- Urodynamacists focused on comprehensive diagnostic testing
pelvic organ prolapse occurs when pelvic structures such as the bladder, uterus or rectum bulge or protrude into the vaginal wall. This often results in pressure, discomfort, vaginal pain, urinary tract infections, urinary incontinence symptoms and even painful intercourse.

An estimated 34 million women worldwide are affected by pelvic organ prolapse, yet so many women are often too embarrassed to discuss the problem with their own doctor. You don’t have to suffer in silence. The female urology and pelvic health specialists at Chesapeake Urology understand your condition, and can help.

physical therapy

The muscles of the pelvic floor are vital to keeping your pelvic organs in place. When women experience pelvic floor muscle weakness, prolapse and urinary incontinence often become an issue. Your physical therapist will teach you how to perform pelvic floor exercises that will help tighten these important muscles. These exercises are often used to treat mild cases of prolapse or in conjunction with other prolapse treatments.

vaginal pessary

A vaginal pessary is a small device made of medical grade silicon that is placed inside of the vagina to support the vagina and reinforce the pelvic floor muscles and surrounding pelvic organs. Pessaries provide support to the vagina and help reinforce the muscles and tissues of the pelvic floor area. A pessary is a safe, minimally-invasive option for women and typically will relieve most, if not all, symptoms of prolapse.

Chesapeake Urology’s experienced pessary specialists work with women to create a custom fit pessary for optimal comfort and effectiveness.
Medical Therapy for Pelvic Organ Prolapse

For certain women, estrogen replacement therapy using a transvaginal estrogen cream can help strengthen the muscles and tissues in and around the vagina. Talk to your doctor to see if this option is right for you.

Surgical Treatments for Prolapse

Minimally invasive surgery to correct pelvic organ prolapse has provided many women with relief from the discomfort and pain associated with this condition.

- **Hysterectomy** – Performed minimally invasively, this procedure to remove the uterus is used to treat uterine prolapse and is commonly performed on postmenopausal women or women who do not want more children.

- **Vaginal vault suspension** – This surgery is performed for women who suffer from vaginal vault prolapse. The vagina is attached to strong tissue in the pelvis or to the sacral bone located at the base of the spine to provide the necessary support.

- **Cystocele and rectocele repair** – Through an incision in the vaginal wall, prolapsed organs are re-positioned into proper place and secured, closing the vaginal wall to keep the organs in their normal position.

- **Robotic sacral colpopexy** – Through small abdominal incisions, mesh is inserted and used to hold the pelvic organs in their correct, natural position. This minimally invasive surgery for total vaginal prolapse is sometimes performed after a hysterectomy to hold the pelvic organs in place and provide support for the vagina.

*Between 4% and 10% of women will have prolapse with some noticeable symptoms, and an estimated 7% of women will have prolapse surgery by the age of 80 years.*
Interstitial Cystitis (painful bladder syndrome)

Interstitial cystitis (IC), also known as painful bladder syndrome, is another type of pelvic condition that affects approximately eight million young and middle-aged women in the U.S. Interstitial cystitis is a chronic inflammatory condition of the bladder lining that causes pain and pressure in the pelvic area around the bladder and may cause pain during sexual intercourse.

Women with IC often feel the need to urinate frequently in addition to experiencing painful urination even though bladder infection is not the cause. For many women, IC interrupts their normal daily activities because of the need to stay close to a bathroom and a constant feeling of discomfort.

Did you know? Approximately eight million young and middle-aged women in the U.S. suffer from interstitial cystitis.

Treatment Options for IC

While there is no cure for IC, treatments can provide relief from painful symptoms. Your doctor may provide several different therapies that have been shown to alleviate and/or diminish many of the symptoms of IC.

- **Physical therapy** – Physical therapy as a treatment for underlying pelvic floor dysfunction has been shown to greatly improve painful bladder symptoms associated with IC for many women. A physical therapist specifically trained in IC treatment will provide a variety of specialized techniques aimed at relaxing as well as lengthening tight muscles in the pelvic area.

- **Bladder instillation** – Your doctor will insert a catheter into the bladder and instill special medication designed to provide relief from pain. The solution may also relieve inflammation.

- **Bladder distention** – Your doctor stretches the bladder by filling it with liquid or gas for a short period of time while you are under general anesthesia. Some women find short-term relief from distention.

- **Oral medication** – Elmiron® is an FDA-approved drug for the treatment of IC. This drug has been shown to improve symptoms including frequency, urgency, burning and pain.

- **Neuromodulation and Botox** – Implanted neuromodulation devices such as InterStim® send mild electrical impulses to the nerves in and around the bladder to stimulate blood flow and produce chemicals that block pain. The impulses may also decrease urinary urgency in some patients. Botox injections can help with frequency and urgency symptoms.

- **Surgery** – Typically reserved for the most severe cases, if at all, surgery may only be considered when all other treatments have failed to provide symptom relief.
Uterine Fibroids

Uterine fibroids are benign growths or tumors in or just outside of a woman’s uterus. They are very common in women over 30. Because most fibroids are small, many women never develop symptoms or even know they have them. A fibroid’s growth is typically dependent on estrogen, which is why women in their 30s and 40s are more commonly affected. Fibroids usually resolve after a woman goes through menopause due to lower estrogen levels.

Some women with uterine fibroids experience symptoms including:

- Pelvic pain
- Heavy menstrual bleeding
- Infertility

Treatment options for uterine fibroids

- **Laparoscopic or robotic myomectomy** – In this minimally invasive procedure, fibroids are accessed and removed through several small incisions in the abdomen. This minimally invasive surgery results in less pain, less blood loss and a quicker recovery than typical open surgery.

- **Hysteroscopic fibroid resection** – Fibroids are removed from the uterine lining through the vagina using an instrument called a hysteroscope.

- **Laparoscopic supracervical hysterectomy** – In this minimally invasive procedure, the uterus is removed through four small abdominal incisions while keeping the cervix in place.

- **Endometrial ablation** – This procedure destroys the uterine lining with heat and is often performed to reduce heavy or abnormal uterine bleeding sometimes caused by uterine fibroids.

- **Uterine fibroid embolization (UFE)** – A non-invasive procedure where small particles are injected into the uterine arteries that supply blood to the fibroids, effectively cutting off the blood supply to promote shrinkage of the tumor.
Recurrent Urinary Tract Infections (UTIs)

Women who experience frequent urinary tract infections (UTIs), an infection in any part of the urinary system but most often in the bladder and urethra, know the discomfort of the painful burning and urge to urinate associated with them.

While occasional UTIs are not uncommon in women and can be treated with a dose of antibiotics, frequent infections should be discussed with your doctor.

Treating Recurring UTIs

Your doctor will start with a medical work up to ensure nothing in the bladder is causing infection, and may also order diagnostic tests such as an ultrasound, CT scan, cystoscopy or a urine culture.

- UTIs in younger women are typically associated with sexual intercourse. Your doctor may prescribe antibiotics to take before and after intercourse to prevent recurring infection.
- For post-menopausal women, estrogen-based vaginal creams can help alleviate hormonal changes and vaginal dryness that can lead to frequent UTIs.
- Natural remedies such as vitamin C can be taken to acidify urine and help kill bacteria that cause UTIs.
Chronic Pelvic Pain

Many women experience chronic pelvic pain but have no known cause, leading to frustration and even depression. The specialists at Chesapeake Urology understand that although the cause of your pelvic pain may not be easily pinpointed, your pain is real. Pelvic pain is an integrated problem and your doctor will perform a comprehensive work-up and extensive testing to rule out other pelvic conditions that may be causing your pain.

Chronic pelvic pain may be associated with other pelvic conditions including:

- Interstitial cystitis (IC)
- Endometriosis
- Chronic bladder infections
- Pelvic adhesions or scar tissue from a prior abdominal surgery
- Dysmenorrhea, or painful menstrual cramps
- Levator Ani Syndrome, which causes increased tension of the pelvic floor
- Vaginismus, or excessive tightness of the pelvic floor muscles around the opening of the vagina in anticipation of pain, especially during sexual intercourse

Treating Chronic Pelvic Pain

While finding an exact cause of your pelvic pain may prove difficult, your doctor can either treat a known medical condition that is causing your pain or treat the pain on its own.

- Physical therapy – Working with your urologist, a specially trained physical therapist can perform soft tissue mobilization of pelvic floor muscles as well as relaxation techniques, pelvic floor muscle exercises and suggest exercises to improve poor posture.
- If a diagnosis has been made, such as interstitial cystitis, endometriosis, a bladder condition or other cause of pain, your doctor will prescribe the appropriate treatment for your diagnosed condition, which can include physical therapy.
- If no known cause of pain has been diagnosed, your physician may begin treatment with pain medication including:
  - NSAIDs – Nonsteroidal anti-inflammatory drugs such as ibuprofen can relieve pain caused by inflammation or menstruation
  - Tri-cyclic antidepressants are occasionally used to help relieve pain
  - Oral contraceptives can help reduce menstrual pain as well as pain associated with endometriosis
- Depending on the cause or origin of the pain, your doctor may recommend hysterectomy to relieve chronic pain.

Did you know? Some 5% to 14% of women in the U.S. are affected by chronic pelvic pain.

Sometimes, a woman’s chronic pelvic pain remains a mystery and treatment can be a trial and error process. Your doctor may try several treatments before finding one, or a combination, that provides relief.
Decreased Sexual Sensation and Your Pelvic Floor Muscles

In many women, decreased sexual sensation is often a sign of weak pelvic floor muscles. The pelvic floor muscles play a major role in sexual function and satisfaction. The weaker these muscles, the less satisfactory a woman’s sexual response will be; the stronger the pelvic floor muscles, the more pleasurable sexual sensation will be.

Weak pelvic floor muscles are caused by several factors including:

- Pregnancy and vaginal childbirth
- Menopause
- Obesity
- Smoking
- Diabetes
- Sports injuries

Treating decreased sexual sensation

Physical therapy is the number one treatment option for decreased sexual sensation caused by weak pelvic floor muscles. The goal of physical therapy is to strengthen these muscles through pelvic floor retraining and targeted pelvic floor exercises to improve sexual response.

Talk to a Chesapeake Urology pelvic health specialist if you are experiencing decreased sexual sensation to be evaluated for pelvic floor muscle problems.
Frequently Asked Questions About Female Pelvic Health

Q: What are pelvic floor muscles and why are they so important?
A: The pelvic floor muscles form a “hammock” across the opening of a woman’s pelvis, holding the uterus, bladder and rectum in place. When these muscles are weak, damaged and not functioning properly, women may experience problems such as pelvic organ prolapse, urinary incontinence, interstitial cystitis, chronic pelvic pain and sexual dysfunction.

Q: Why should I choose a Chesapeake Urology female pelvic health specialist?
A: Chesapeake Urology offers the leading female urology and pelvic health team in the Mid-Atlantic region. We provide women with a multidisciplinary care team who understands women’s unique health needs and specializes in female urologic and pelvic health conditions. Our care providers know that pelvic health conditions can interfere with a woman’s life and cause physical and emotional stress. From expert female urologists and fellowship-trained physicians, a urogynecologist and pelvic health specialists that include physical therapists, pessary specialists, a women’s health nurse practitioner and urodynamacists, Chesapeake Urology’s women’s personal health program provides women with specialized, patient-centered care.

Q: Why should I turn to a female urologist or urogynecologist when it comes to dealing with my pelvic condition?
A: Physicians who specialize in female urology and urogynecology understand the complexities of the most common, and not so common, pelvic health conditions. Our specially trained care team has the expertise needed to effectively treat these female urologic health conditions. But, beyond the science of medicine, our experts know that sometimes, female pelvic conditions can not only cause a disruption in lifestyle but can also be embarrassing to talk about. You can rest assured that our team knows what you’re going through and how to treat you, medically and emotionally.

Q: What types of pelvic conditions do the specialists at Chesapeake Urology treat?
A: Because we have a comprehensive and integrated care team, our specialists treat the gamut of pelvic conditions including:
- Pelvic organ prolapse
- Interstitial cystitis (painful bladder syndrome)
- Urinary incontinence
- Chronic UTIs
- Uterine fibroids
- Chronic pelvic pain
- Diminished sexual sensation
Q: Is surgery my only treatment option for pelvic health conditions?

A: Surgery is most often NOT the answer. Physical therapy plays an integral role in our treatment plan for most pelvic conditions with the goal of strengthening and rehabilitating the pelvic floor muscles. When these important muscles are weak or damaged, conditions such as pelvic organ prolapse, interstitial cystitis, urinary incontinence, chronic pelvic pain and even loss of sexual sensation can result. Specially-trained physical therapists work with women, in coordination with their urologist, to perform soft tissue mobilization of pelvic floor muscles as well as teach proper muscle relaxation techniques and pelvic floor muscle exercises to strengthen these muscles. Physical therapists may also use biofeedback to ensure exercises are being performed correctly and effectively. Other non-surgical treatments include pessaries for pelvic prolapse and medication therapy.

Q: I have pelvic pain that no one seems to understand. What can this be?

A: You may have what is known as chronic pelvic pain, a real problem for many women. Sometimes, the cause of your pelvic pain can be a mystery and treatment is a trial and error process. Often pelvic pain is associated with another pelvic health condition such as interstitial cystitis (painful bladder syndrome), endometriosis or pelvic adhesions caused from prior abdominal surgery. Your doctor will perform a comprehensive work up to find the root cause of your pain and may try several treatments before finding one, or a combination that provide relief.