

Bothered By Your Bladder?

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The muscles of the female pelvis, the levator ani, serve an important role in maintaining proper health and function of the organs that rest on them in a woman's body - namely, the bladder, vagina, uterus and rectum. Like any group of muscles in the body, they may weaken over time and after certain life events such as childbirth, hysterectomy, or menopause, can lead to issues in how they function. This, in turn, progresses into disorders such as urinary incontinence, urinary tract infections, pain, dropped pelvic organs (prolapse), and vaginal looseness. These conditions often interfere with a woman's social and work activities, as well as intimacy, leading to embarrassment and avoidance of social and sexual contact. Collectively these conditions are known as pelvic floor dysfunction.

Stress Urinary Incontinence (SUI) describes urine leakage occurring involuntarily when exercising, coughing, laughing, sneezing and even during sex. It represents a weakness of the bladder sphincter (urethra), like a leaky faucet that never seals tight enough and drips under pressure. Conversely, Overactive Bladder (OAB) is the constant sense of urgency, frequency, and urine dripping out "on the way", even after you've just gone to the bathroom. OAB represents either overstimulation of the bladder with fluids, caffeine and food stimulants, or age-related changes. Sometimes, bad bladder habits of "holding it" too long and too frequently condition the pelvic floor muscles to not relax like they should at the appropriate time. Eventually this leads to pain with urination and incomplete emptying of the bladder. Sometimes these sensations mimic a urinary tract infection (UTI).

UTIs are relatively common in women; however, these infections can be avoided or minimized. Prompt treatment averts a bladder infection from spreading to the kidneys; nevertheless, women should know how to minimize the occurrences of such infections. Good pelvic health and hygiene involves emptying the bladder all the way and "not rushing it". Proper cleanliness after urinating, bowel movements and sex, treating constipation and diarrhea, and addressing

vaginal dryness during sex or after menopause to avoid skin tearing and micro-trauma to the vaginal opening all diminish UTIs. Recurrent UTIs produce chronic pain and burning with urination - even after antibiotic use - as bladder and urethra inflammation can persist. Sexual intimacy is a frequent cause of UTIs in women that can arise regardless of which contraceptive is used, and sometimes even if pelvic hygiene is perfect. In addition, UTIs can transpire from sex - whether or not urine is lost during sex. Unremitting UTIs and urine loss from sex often both lead to intimacy avoidance and relationship pressure.

Pelvic floor muscle weakness can result in poor support of the pelvic organs, allowing them to push through the vaginal opening. This most commonly occurs with the bladder, but can happen with the uterus and rectum. A single vaginal birth can stretch and weaken levator muscles. Women will note a heaviness or pressure in the vagina, or sense they're sitting on a bar or ball. Chronic cough, heavy lifting or exercise can instigate worsening descent, or prolapse, of these pelvic organs. In addition, it can initiate pain with intercourse; urgency, frequency, and the sense of incompletely emptying the bladder can arise. Constipation and back pain can occur with rectum or uterus descent.

Vaginal looseness, also from childbirth, may be perceived by a woman or her partner, and as a consequence, feel diminished sensation or satisfaction during intimacy. This issue can crop up on its own, or in conjunction with descent of pelvic organs. A complicated vaginal delivery or an episiotomy that was not repaired well or left to heal on its own often contributes to vaginal looseness. As a consequence, air may become trapped in the

vagina during sex, or even exercise, leading to embarrassment.

A myriad of treatment options exist for pelvic floor weakness, ranging from conservative (non-invasive) to surgery. Many of these issues co-exist and can be addressed simultaneously. Often pelvic floor retraining, Kegel exercises, in addition to diet, fluid and caffeine management, and even weight loss can lessen the degree of urinary incontinence. Bladder retraining, with or without OAB medication, can triumph poor bladder habits and bladder over-activity.

Constipation, diarrhea, tampon use and menopause are other common causes of UTIs and simply good routine hygiene practices lessen UTIs. Cranberry juice or pills have a beneficial effect against UTIs. When exposed to cranberry, bacteria become less "sticky" and cannot grasp the bladder lining, causing them to be flushed out more easily.

When the bladder or other organs descend and can be felt by the woman either in the vagina, during sex, or are seen at the opening, it's usually time for surgical repair. Even if the uterus is descending, a hysterectomy may not be necessary. Vaginal looseness can be corrected simultaneously or by itself if desired as well.

If you experience frequent UTIs or the other issues discussed above, know that you do NOT have to suffer. You can live without embarrassment and disabling bladder symptoms. Seek treatment today!

Dr. Matthew Karlovsky is a urologist who is fellowship-trained and specializes in female pelvic health issues such urinary incontinence, pelvic organ prolapse and recurrent urinary tract infections. He has appeared in M.D. News Magazine and on various television, radio and internet broadcasts. He has published numerous peer-reviewed articles and book chapters on pelvic floor repair, as well as articles in the lay press. He is a health writer for various websites including EmpowHer.com and Sun Times Online, and gives talks to physician and public groups on matters of female pelvic health. He practices in the Ahwatukee Foothills part of Phoenix. For more information or an appointment please visit: www.urodoc.net or his blog at www.femaleurologyaz.blogspot.com.



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