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Urogynecologic/Pelvic Floor Dysfunction

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Disclosures

Nicole Martinez de Andino, NP-C

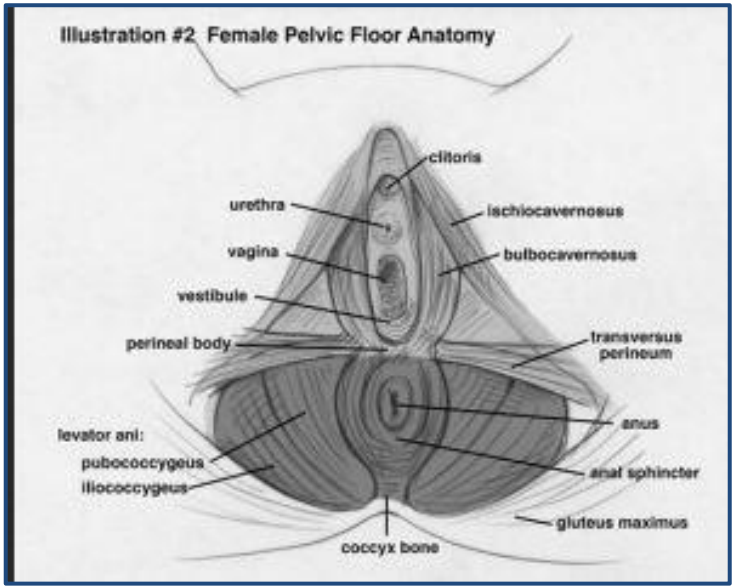
Steering Committee: Salix, Clinical Area- IBS

Objectives

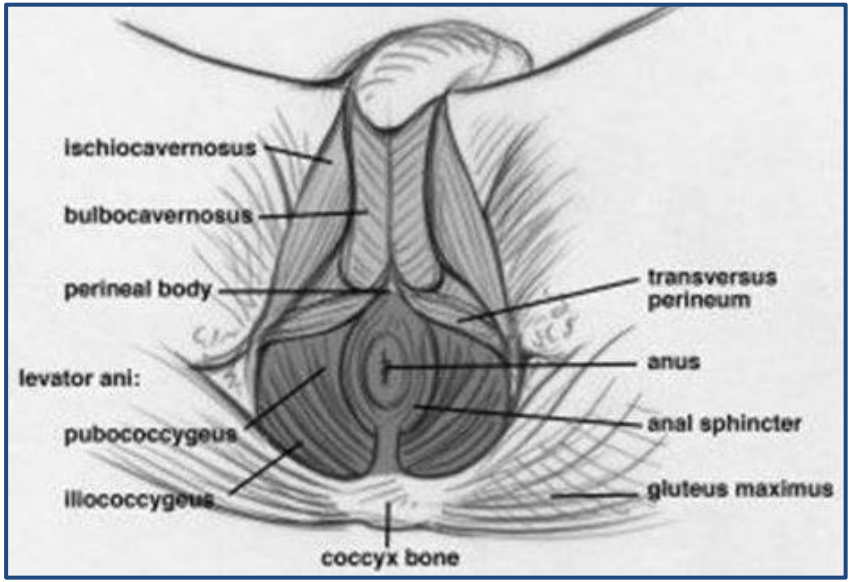
- Review basic anatomy of pelvic floor
- Discuss prevalence of pelvic floor disorders
- Identify issues in screening for pelvic floor disorders and barriers in seeking care
- Define main types of pelvic floor disorders, risk factors, management options for each
- Discuss functional anorectal pain

Pelvic Floor Anatomy

Female



Male



https://beyondbasicsphysicaltherapy.com/pages/our-services.

Main Types of Pelvic Floor Dysfunction

- Urinary incontinence
- Fecal incontinence
- Pelvic organ prolapse

Prevalence of Pelvic Floor Dysfunction

- By 2050: Estimated 43.8 million women with at least 1 pelvic floor disorder[1]
- 25% of women based on NHANES[2]
  - #1 urinary incontinence 17%
  - #2 fecal incontinence 9%
  - #3 pelvic organ prolapse 3%

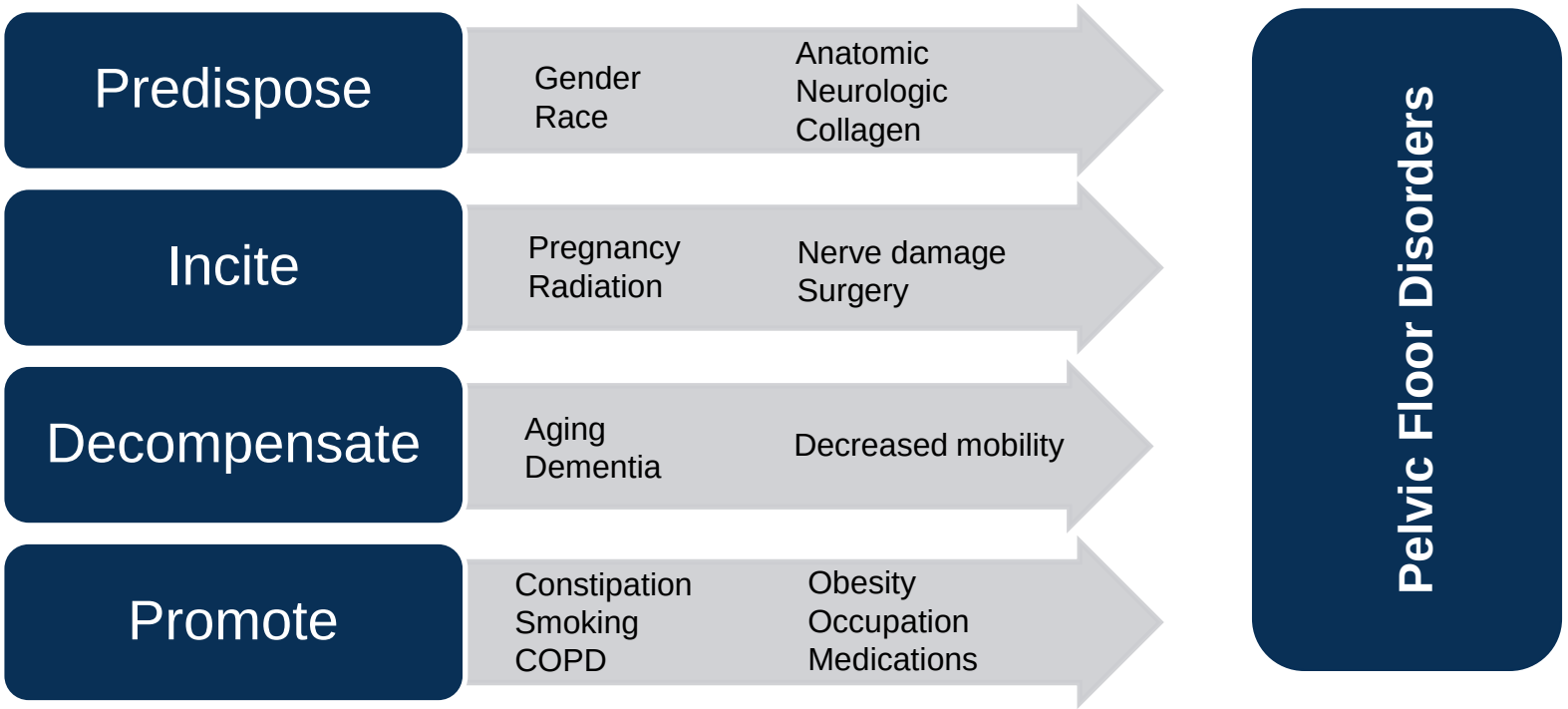
1. Wu et al. *Obstet Gynecol*. 2009;114(6): 1278-83; 2. Wu et al. *Obstet Gynecol*. 2014;123(1):141-148.

PFD Prevalence

- Urinary Incontinence[1]
  - More common in women than men
  - Approximately 10% of all adult women affected
  - More than 40% of women 70 years of age and older affected
- Fecal Incontinence[2]
  - 1 in 7 in large population-based study
  - Higher prevalence in IBD, celiac, IBS, diabetes

1. Irwin DE et al. *BJU Int.* 2011;108:1132–8; 2. Menees SB et al. *Gastroenterology.* 2018;154(6):1672–1681.

Development of Pelvic Floor Disorders



Adapted from Bump RC, Norton PA. *Obstet Gynecol Clin North Am.* 1998 Dec; 25(4):723-46.

Screening

- Survey of 154 PCPs
  - Screening rates UI vs. FI: 75% vs 35%
  - Those screening for UI and feeling informed to treat FI were more likely to screen for FI
- UI is included in Merit-based Incentive Payment System

Brown HW et al. *Int J Clin Pract.* 2012; 66:1101-8.

Screening Tips

Use preferred terms:

- “Accidental bowel leakage” (73%)
- “Bowel incontinence” (23%)
- “Fecal incontinence” (6%)

Bring it up:

- Majority of patients want providers to mention the topic

Use multiple phrases:

- “Any bowel control issues? Accidental bowel leakage? Incontinence of stool? Not making it to the toilet when you need to?”

Brown HW et al. *Int J Clin Pract.* 2012; 66:1101-8.

Seeking Care

- Most people do not seek care
  - Less than 50% of women with UI seek care
  - Only 10-30% with FI seek care
    - 2 years after symptom onset for women
    - 3 years after symptom onset for men

Brown HW et al. *Int Urogynecol J.* 2017; 28:543-51.

Barriers to Seeking Care

- Lack of knowledge
- Fear about treatment
- Normative thinking
- Avoidance/Denial
- Life Impact
- Embarrassment/Shame
- Provider barriers
- Access limitations

Brown HW et al. *Int Urogynecol J.* 2017; 28:543-51.

Urinary Incontinence & Impact on Health

- Involuntary leakage of urine
- Not associated with increased mortality
- Impacts
  - Quality of life
  - Sexual dysfunction
  - Morbidity
  - Increased caregiver burden

Types of Urinary Incontinence

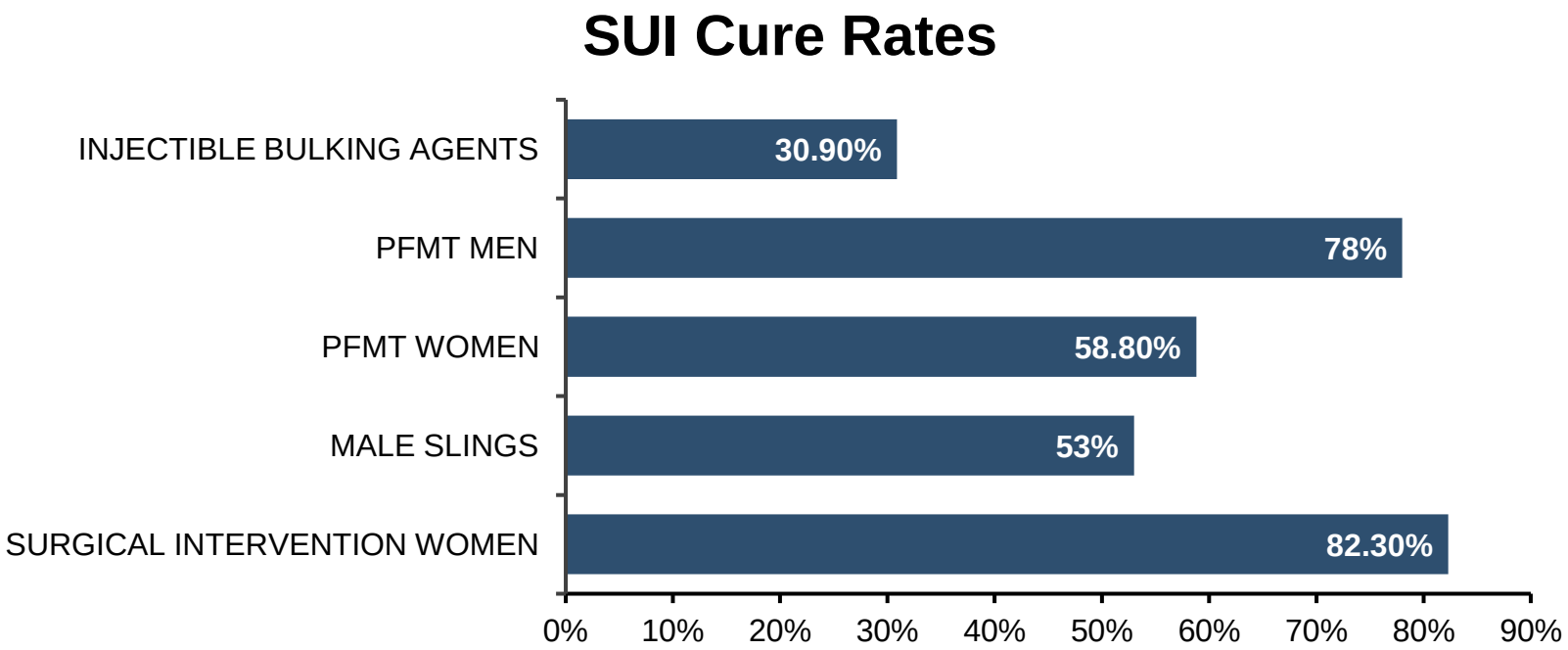
- Stress
  - Most common type for women
- Urge and Overactive Bladder
  - More common in older women
- Overflow
- Functional
- Many have features of more than one type

Stress Urinary Incontinence Management Options

- Weight loss interventions
- Topical estrogen
- Pelvic floor muscle training
- Anti-incontinence surgery

Hong MK, Ding DC. *Gynecol Minim Invasive Therap.* 2019;8:143-8.

Stress Urinary Incontinence Cure Rates



Riemsma B et al. *BMC Medicine.* 2017; 15:63.

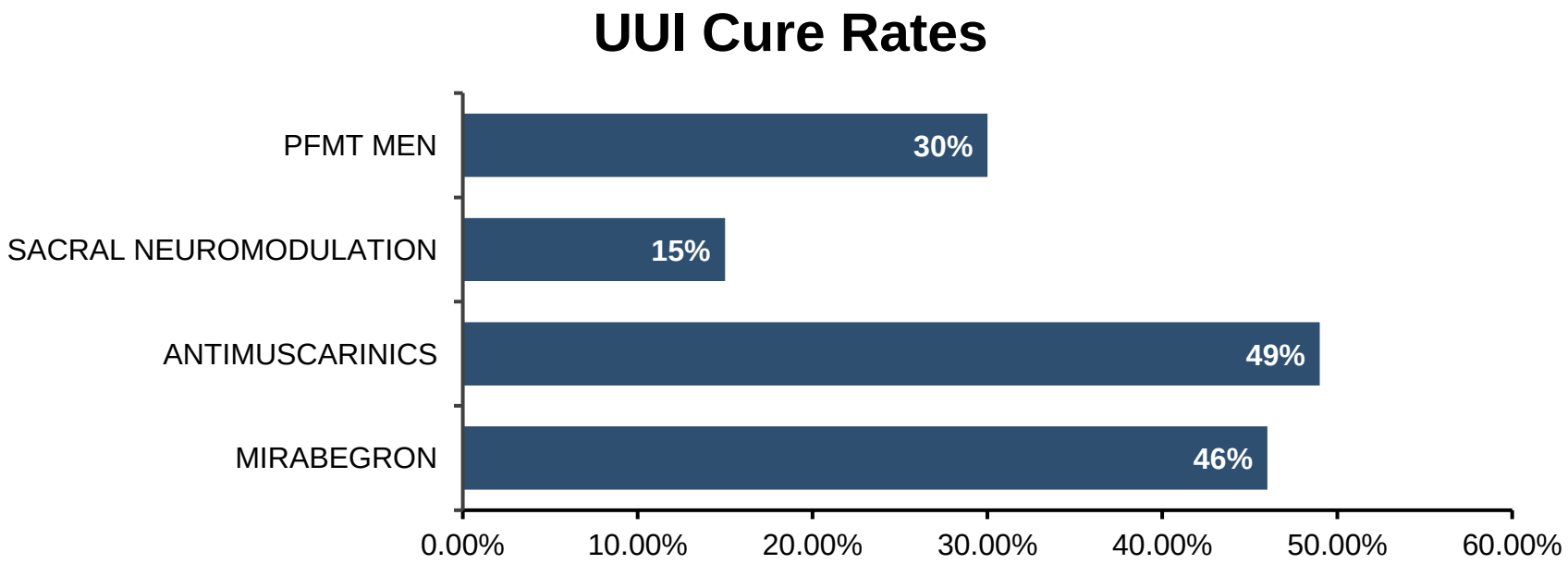
Urge Incontinence Management

- Urinary diary
- Modifying contributing factors
- Topical estrogen
- Kegel’s
- Bladder training

- Pharmacologic therapy
  - Anti-muscarinic
  - Beta 3 agonist
- Invasive treatments

Hong MK, Ding DC. *Gynecol Minim Invasive Therap.* 2019; 8:143-8.

Urge Urinary Incontinence Cure Rates



Riemsma B et al. *BMC Medicine.* 2017;15:63.

Fecal Incontinence and Impact on Health

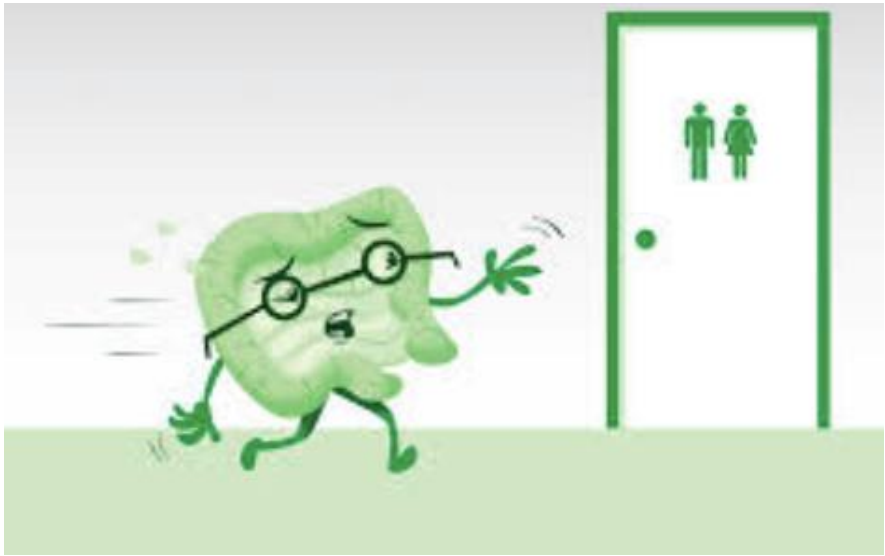
- Inability to control bowel movements
- Stool leaking unexpectedly from rectum
- Results from many different causes
- Impacts:
  - Self-esteem
  - Quality of life
  - Morbidity, disability, cost

Risk Factors for Fecal Incontinence

#1 Diarrhea

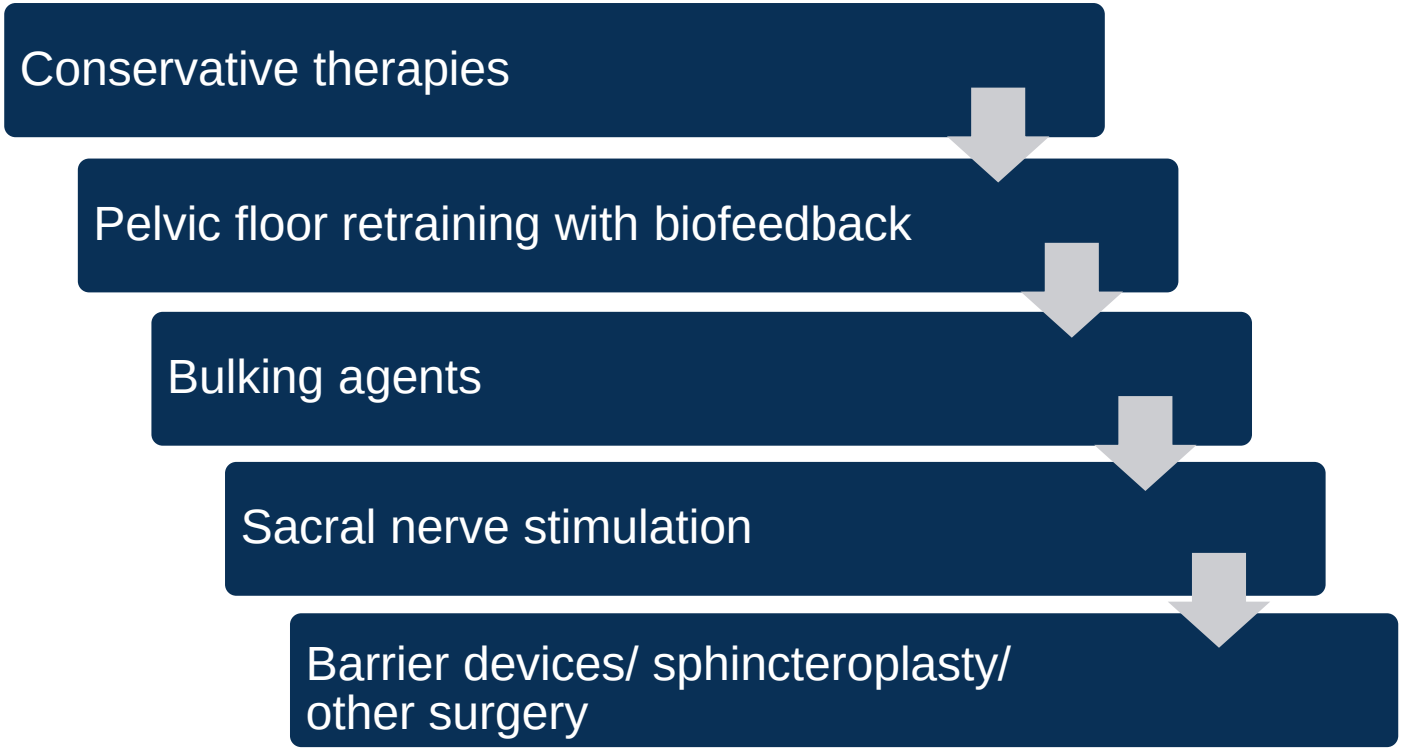
#2 Strong urge before bowel movements

#3 Chronic illness, especially if associated with diarrhea



Whitehead WE et al. *NC Med J.* 2016;77(3):211-215.

Best Practice Advice for Fecal Incontinence



Conservative Treatment

- Conservative treatment
  - Patient education
  - Normalizing stool consistency with diet and medications
  - Keep rectum empty
  - Pelvic floor exercises
- Improves fecal incontinence by about 60%
- Eliminates the problem 1 in 5

Whitehead WE et al. *N C Med J.* 2016;77(3):211-215.

Biofeedback

Goals of Biofeedback

- Strengthen anal sphincter muscle
- Increase puborectalis tone
- Improve rectal sensation
- Eliminate sensory delay
- Improve recto-anal coordination

Patient Selection

- Those that have not responded to conservative treatment
  - eg, antidiarrheals, fiber supplements
- Patients with adequate motivation and cognitive ability
- Contraindicated in neurological disorders, <8 years of age, visual impairment

Rao, SCC et al. *Neurogastroenterol Motil*. 2015; 27(5): 594-609.

Injectable Bulking Agents

Dextranomer-hyaluronic acid

- Four 1mL injections into deep submucosa
- Approximately 5mm above dentate line
- May be repeated if inadequate response

Outcomes

- RCT 206 patients
- 52% of active treatment vs. 32% of sham reported improvement in incontinence episodes of >50%

Graf W et al. *Lancet.* 2011; 377:997.

Sacral Nerve Stimulation

- Mechanism of action is not known
- Particularly effective in neurological disorders
- Objective changes include:
  - Increase in resting and squeeze pressure
  - Increase in squeeze duration
  - Improved perception of rectal sensation

Tjandra JJ et al. *Dis Colon Rectum.* 2008;51:494.

Other Options

Artificial anal sphincter

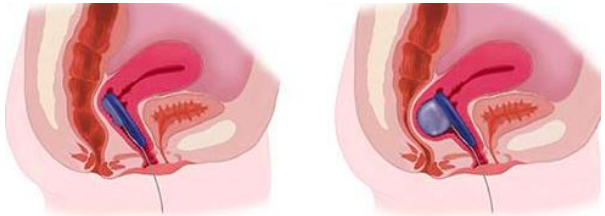
- Vaginal insert
- Anal plug

Barrier devices

- Significant improvement in symptoms
- Often need repeat operations

Sphincteroplasty

- For patients who do not respond to initial management and have evidence of sphincter injury
- Short term improvement, but deterioration in continence over time



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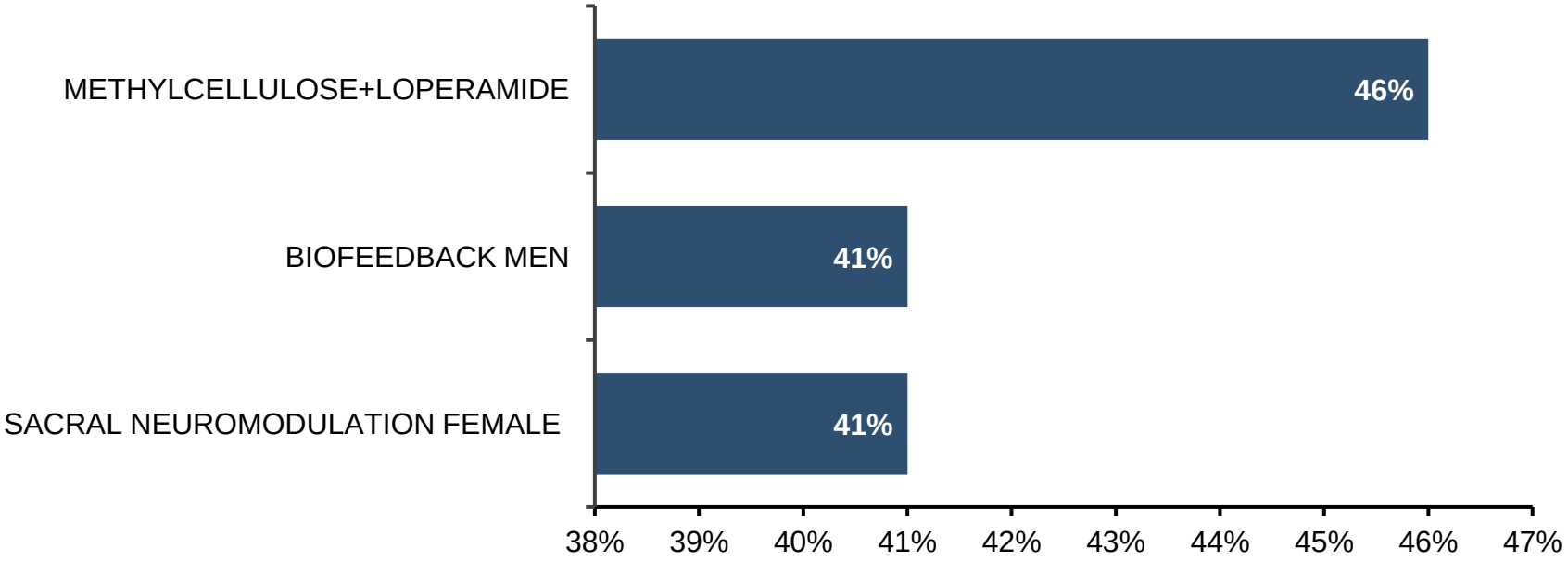
Fecal Incontinence Cure Rates



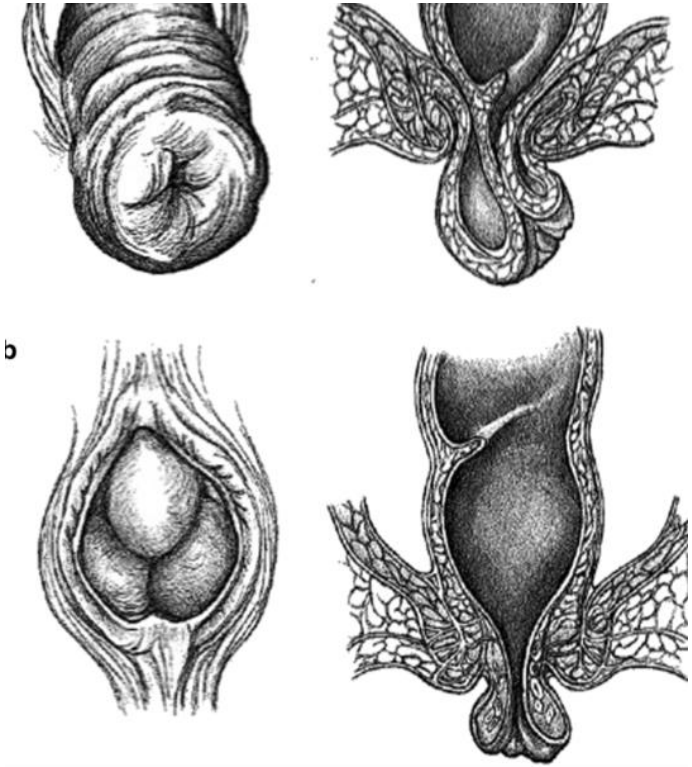
Riemsma B et al. *BMC Medicine.* 2017; 15:63.

Rectal Prolapse

- “Full-thickness intussusception of the rectal wall, which protrudes externally through the anus”[1]
- Not common – about 0.5% of population overall[2]
- Women 6x more likely than men to prolapse[2]
- Peak incidence[2]
  - 60’s for women
  - <40 years of age for men

1. Bordeianou L et al. *Diseases of the Colon & Rectum*. 2017;60(11): 1121-1131; 2. Gourgiotis S, Baratsis S. *Int J Colorectal Dis.* 2007;22:231-243.

Rectal Prolapse vs. Hemorrhoids



Soare C. et al. *Indian J Surg.* 2020. https://doi.org/10.1007/s12262-019-02058-0.

Prolapse Is Associated With:

Fecal Incontinence	• Mucus, blood, stool • 50-75% of patients with prolapse
Constipation	• 25-50% of patients with prolapse • Blockage worsened by straining
Discomfort	• May or may not be associated with bowel movements

Soare, C. et al. *Indian J Surg.* 2020. https://doi.org/10.1007/s12262-019-02058-0.

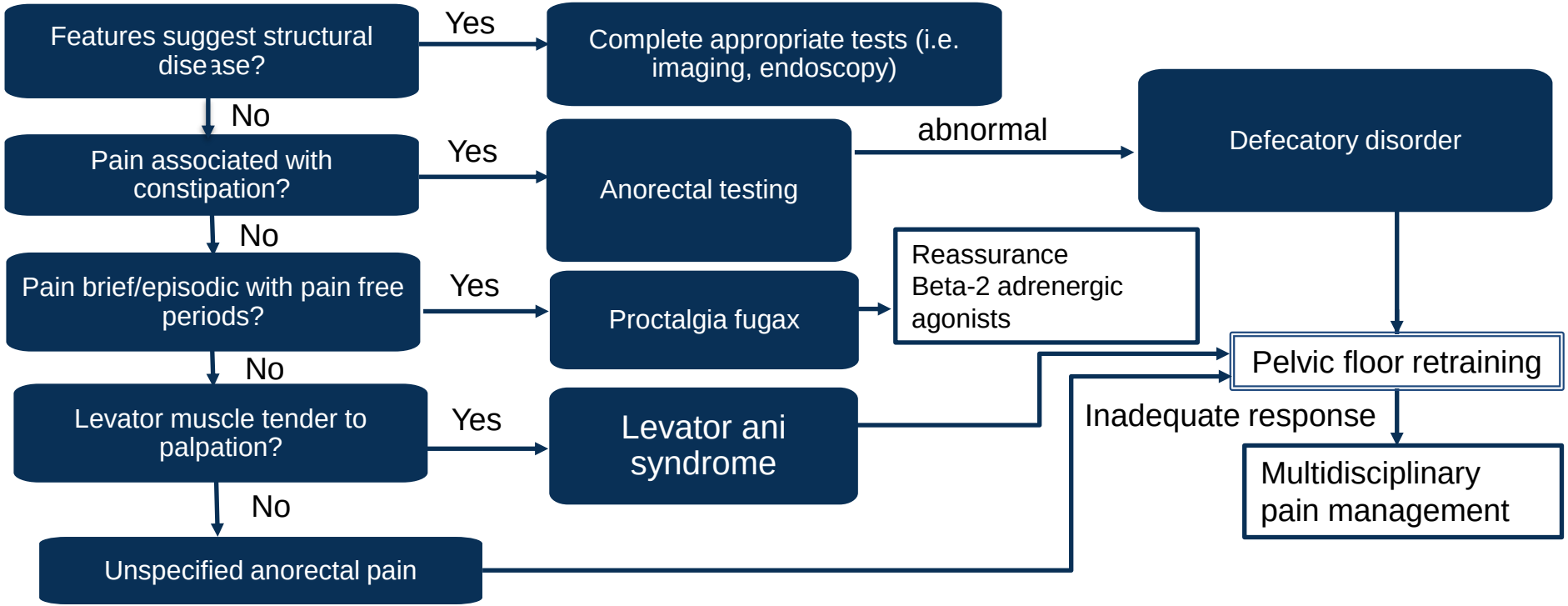
Functional Anorectal Pain

- Levator ani syndrome
- Unspecified anorectal pain
- Proctalgia fugax

	Levator Ani Syndrome	Proctalgia Fugax
Average Age	30-60	Any age (rare before puberty)
Sex difference	M<W	M=W
Pain quality	Vague, dull ache, or pressure	Cramping, gnawing, aching, or stabbing
Pain duration	>30 minutes	Seconds to several minutes
Precipitating factors	Sitting for long periods, stress, sex, defecation, childbirth, surgery	Stress, anxiety
Associated symptoms	Possibly psychosocial	Possibly psychosocial

Bharucha AE, Lee TH. *Mayo Clin Proc.* 2016; 91(10):1471-1486.

Algorithm for Managing Anorectal Pain



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Questions