

FREQUENTLY ASKED QUESTIONS

Pelvic Floor Dysfunction

WHAT IS PELVIC DYSFUNCTION?

Pelvic floor dysfunction (PFD) includes pelvic organ prolapse and voiding dysfunction. These can result in pain, pelvic pressure, urinary frequency and urgency, as well as urinary and fecal incontinence. PFD is common but often goes undiagnosed and untreated. Under diagnosis makes it difficult to calculate the prevalence of PFD, but it is estimated that anywhere from one third to almost three fourths of American women suffer PFD at some point in their lifetime.

Pelvic floor disorders involve a prolapse of the bladder, rectum, bowel or uterus, meaning that these organs fall down or slip out of place.

- Cystocele: a protrusion of the front vaginal wall due to herniation of the bladder
- Rectocele: a protrusion of the back wall of the vagina due to herniation of the rectum
- Enterocele: a protrusion of bowel through the upper portion of the vagina
- Uterine prolapse: the protrusion of the uterus through the vagina

WHAT CAUSES PFD?

PFD causes vary but are often attributed to aging and vaginal childbirth, which weakens or tears the pelvic floor muscles. Complications from diabetes and obesity can also cause PFD. PFD risk factors include:

- Aging
- Vaginal childbirth
- Diabetes
- Obesity
- Pelvic tumors
- Pelvic injury
- Low estrogen levels, post-menopause
- Chronic cough

WHAT ARE THE SYMPTOMS OF PFD?

Symptoms of PFD are inconvenient, embarrassing, and diminish quality of life for those who suffer:

- Incontinence (daily or weekly)
- Stress urinary incontinence: urine loss due to activity (e.g., coughing)

- Urge urinary incontinence: urine loss due to urge to void before bladder is full
- Mixed: combination of stress and urge
- Pain
- Sexual dysfunction
- The impact of these symptoms is significant:
 - Loss of self-esteem
 - Decreased ability to travel away from home
 - Reduced social interaction
 - Depression
 - Decreased sexual interest and activity
 - Increased dependence on caregivers (elderly)

WHAT ARE THE TREATMENT OPTIONS?

Early treatment may involve nonsurgical management of your symptoms and can include:

- Behavioral therapies (fluid management, bladder training, avoidance of diuretics, weight control)
- Pelvic floor exercises (Kegel Exercises)
- Biofeedback
- Medications
- Pelvic Floor Rehabilitation (Physical Therapy)

If symptoms persist, more invasive procedures are available that address the underlying disorder. Pelvic floor reconstruction surgery for prolapse, and slings for stress incontinence, as well as various other surgical options are commonly used with high rates of success.

WHAT SHOULD I DO NEXT?

If you are experiencing symptoms of PFD, schedule an exam with your primary care physician or contact us at the telephone number listed below.

For any questions about our *Pelvic Medicine & Continence Program* at Concord Hospital Center for Urologic Care please call (603) 224-3388.