

---

# Urogynaecology

“Continence is never understood until you’re incontinent. It destroys people’s lives” – Dr Mark Slack.

**We treat conditions including:**

## Stress incontinence

Leaking urine on activity such as coughing, sneezing, laughing or lifting. This may be caused by being overweight, or can appear after menopause, pregnancy or childbirth. You may be able to improve symptoms through weight loss, diet, stopping smoking and regular pelvic floor exercises.

## Treatments and management

If you are referred to the continence clinic, we will discuss your symptoms and lifestyle, then you will be examined and may be referred for physiotherapy. If after three months symptoms have not improved you will be referred for urodynamic or bladder testing. We will investigate your bladder's ability to hold urine and empty it in a normal fashion and helps us decide which treatment will be most appropriate for you. If lifestyle changes, pelvic floor exercises and physiotherapy have not worked, we may recommend surgery to stabilise the urethra and reduce leakage.

## Urgency/overactive bladder

The feeling of needing to empty your bladder too many times a day, for example, every hour or having to rush to empty your bladder.

The bladder holds 400 - 500mls of urine. An urge to pass urine is often felt when the bladder is half full in order to give you time to reach the toilet. Sometimes this message or urge may become blurred and your bladder will contract, wanting to empty without warning, leaving little time to reach the toilet.

## Treatments and management

- Deferment techniques – helping your bladder to hang on. You can contract your pelvic floor muscles to help calm your bladder when the feeling of urgency develops.

- Bladder retraining - this is the process whereby you retrain your bladder to hold a greater quantity of urine and should result in decreasing the frequency of urination. Try and avoid 'just in case' visits to the toilet.
- Fluid management – you are encouraged to drink 8-10 mugs a day to maintain tissue health and to keep your kidneys filtering. If you are tempted to cut down on your fluids to reduce frequency, then your urine will become more concentrated which will also irritate the bladder. Caffeine may be an irritant to your bladder, so it is a good idea to gradually reduce your intake of tea, coffee, high-energy drinks, and fizzy drinks.

Your GP may prescribe medication. If you are referred to the continence clinic, we will discuss your symptoms and lifestyle, then you will be examined and medications may be changed. If this doesn't work, you may be referred for urodynamic testing and injections of Botulinum toxin (Botox).

## **Pelvic organ prolapse**

A bulge coming into the vagina. It can occur when there is a weakness in the muscles, ligaments or tissues of the pelvic floor which are supporting the uterus (womb) or vaginal walls. As a result the uterus or vaginal walls are not supported adequately, and may drop down causing a bulge to be felt or seen in the vagina.

### **Treatments and management**

When you are referred to the gynaecology clinic, we will discuss your symptoms and lifestyle, and offer you a pessary and/or physiotherapy for up to four months.

If necessary, you will also be encouraged to lose weight and stop smoking.

Depending on your prolapse, you may be considered for surgery. Surgery can take many forms and these will be discussed with you in clinic.

## **Recurrent urinary tract infections (UTI)**

A UTI occurs when germs from outside the body enter the bladder, multiply and cause an infection. This includes the kidneys (which make urine), ureters (which take urine from the kidney to the bladder), the bladder (which stores urine) and urethra (the tube which carries urine from the bladder to outside of the body). A UTI occurs when germs from outside the body enter the bladder, multiply and cause an infection. In some cases the germs will move up, out of the bladder and towards, or into, one or both of the kidneys.

### **Treatments and management**

When you are referred to the gynaecology clinic, we will discuss your symptoms and history, you will be examined and do a urine test. You may then be referred for a cystoscopy, where

the lining of the bladder is examined using a special sort of telescope, and an ultrasound scan.

## **Bladder Pain Syndrome**

A feeling of discomfort or pain when the bladder is full and a frequent desire to empty the bladder.