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Chair UGSA, Chair CU Committee RANZCOG

Urogynaecology

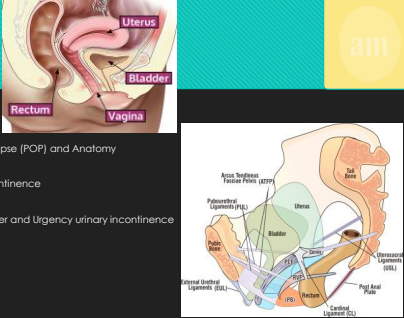
Pelvic Organ Prolapse and Urinary Incontinence

I am very anti-pelvic floor imaging

No COI

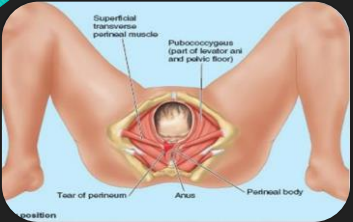
Outline

1. Pelvic organ prolapse (POP) and Anatomy
2. Stress Urinary Incontinence
3. Overactive bladder and Urgency urinary incontinence
4. Uterectomy



Pelvic organ Prolapse

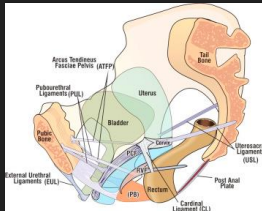
Pelvic Organ Prolapse: what causes it?



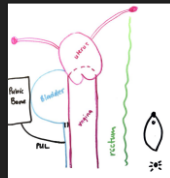
Pelvic Organ Prolapse- what is it?

:deterioration/damage to vaginal supports

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50% of women
10-20% surgical intervention



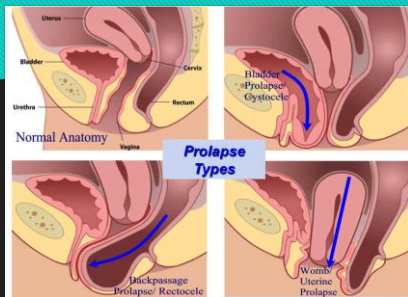
Support structures

1. APEX
2. PASCIA
3. PERINEAL BODY

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Three level of Supports of Uterus

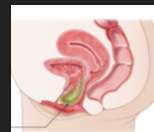
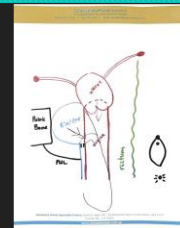
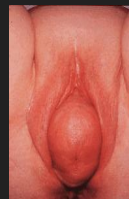
- Level I: The cardinal uterosacral ligament complex
- Level II: The pubo-cervical and recto-vaginal fascia
- Level III: The pubo-urethral ligaments anteriorly & the perineal body posteriorly



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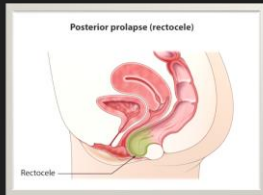
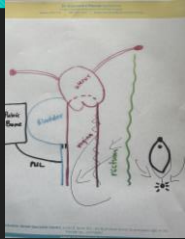
Anterior wall prolapse

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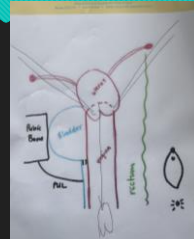
Posterior wall: widened gh and deficient pb

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Apical Prolapse

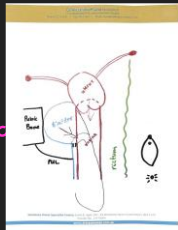
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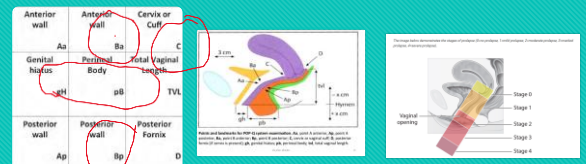
Symptoms

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- Lump/Bulge
- Heaviness
- Obstructed voiding
- Obstructed defecation
- Sexual discomfort
- Embarrassment



Does NOT cause incontinence

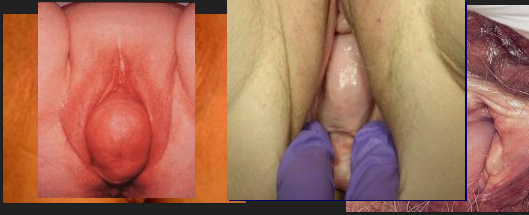


Assessment- POP-Q

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Describe what you see **and feel**

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Management

What are we trying fix? symptoms

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- Lump/Bulge
- Heaviness
- Obstructed voiding
- Obstructed defecation
- ?
- Urinary frequency
- Back pain
- Sexual discomfort
- Embarrassment



Approaches

- Conservative
- Surgical



Conservative options

- Lifestyle modifications
 - swimming
- PFMT?????
 - Mild prolapse only
- Pessaries
 - benefits
 - limitations

○ IMAGING IS RARELY HELPFUL: PELVIC FLOOR IMAGING CAN BE DAMAGING



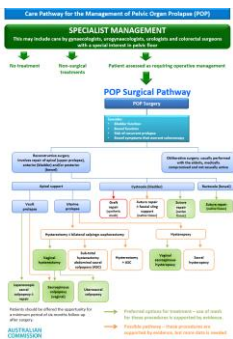
Why

- People scan
- What is norm
- What is signifi
- What causes
- What can we

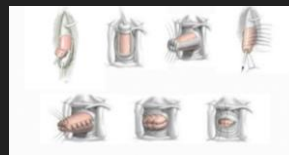


an prolapse

Levator avulsion??? 70% repair over 2 years



Obliterative: Colpocleisis



Surgical Principles- reconstructive

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- Three levels
- Three compartments
- Primary vs recurrent
- Native tissue or Synthetic mesh (fasica lata)
- Native tissue first
 - VU or uterine preservation
- Recurrent prolapse- gold stand is sacral colpopexy



Urinary Incontinence

Urinary Incontinence

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- **Stress**
 - laugh, cough, exercise
- **Urgency**
 - Frequency
 - Urgency
 - Nocturia

History

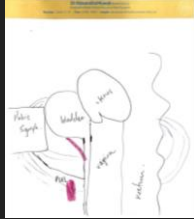
1. When do you leak?
 - When trying to make it to toilet?
 - When laughing, exercising?
2. Do you get up at night?

Stress Urinary Incontinence

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Mechanism

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Management

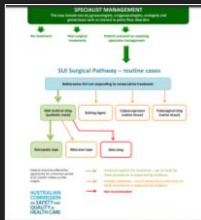
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- Conservative
 - PFMT
 - Pessaries: Coniform
- Surgery



Stress Urinary Incontinence

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Urethral Bulking

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Synthetic Midurethral sling

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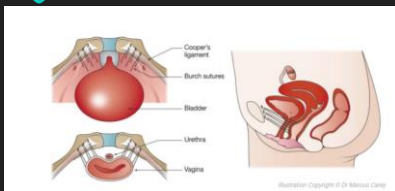
Rectus Sheath Sling

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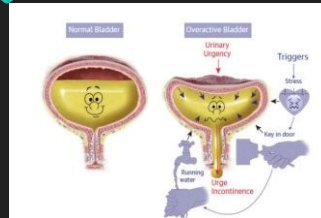
Laparoscopic Burch Colposuspension

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Overactive bladder

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First line managements

○ Lifestyle modifications

- WEIGHT
- INTAKE
- Addressing sleep apnoea/ other causes of nocturia like insomnia
- Patal oedema, timing of diuretics

○ Conservative

- Bladder retraining with specialised pelvic floor physiotherapist/ TEN
- Vaginal oestrogen
- Medications: CONTRAINDICATIONS?
 - Anticholinergics- dementia
 - Beta-3 adrenoreceptor agonists- blood pressure

Medications I use

- Solifenacin 5
- Amitriptyline 10
- Oxytrol Patches 2 x wk
- Tofranil 10
- Mirebregon 50

Percutaneous nerve stimulation

- Minimally invasive
- Can be used for OAB, voiding issues, chronic pain
- Ancient Chinese acupuncture spot "energetic harmony" of urogenital tract
- Likely nerve stimulation is responsible for clinical effect
- Mechanism of action is still unclear
- Weekly for 12 weeks, then tapering then 4-6 weekly
- Success is considered > 50% improvement
- 60% of patients have subjective improvement

Surgical managements

- Botox
 - Paralyzes detrusor muscle
- Sacro neuromodulation
 - Restores function



Summary: before you refer

- Urgency or Stress?
 - Consider
 - Specialised pelvic floor muscle physio- bladder retraining and PFMT
 - Bladder diary (especially for FUN symptoms)
 - Vaginal oestrogen
- **IMAGING IS RARELY HELPFUL: PELVIC FLOOR IMAGING CAN BE DAMAGING**

Uterectomy



Etymology



Remember also: *Causing hysteresis again today?*

- **Origin and historical development of words**
- Vasectomy:
 - Latin: vas deferens
- "Period"
 - Latin "periodus" meaning "recurring cycle."
- Hysterectomy?

Uterus

- Greek: μήτρα (mítra)
- Latin: uterus



Hysteria 5th century



1. The term 'hysteria' was first coined by Hippocrates in the 5th century BC, and used by other ancient Greek and Roman physicians and philosophers such as Plato.
2. It was believed that the woman's womb travelled around the body causing all sorts of ailments, both psychological and physical
3. Hysteria meant symptoms attributable to the womb.

A Cultural History of Outrageous Beliefs About Women by Lana Thompson (1999)

Hysteria 15 -19 th century

- mental disorder only affecting **women** characterized by **emotional excess**
- Caused by dysfunction of the uterus
- any behaviour that was negative, and not fitting a particular, narrow version of femininity

Hysteria

- Women who were discontented with their lives, women who didn't want to be contained as wives and mothers, women who wanted to work, to be independent
- Consequently, doctors 'cured' the disease by removing the source which was believed to be the uterus.
- the word ***hysterectomy*** came about around **1879**, with 'hyster' referring to the womb.

History of hysterectomy

- 1843 first abdominal hysterectomy was performed by Charles Clay, England
 - ***diagnosis wrong*** and the patient died in the immediate post-operative period.
- 1853 Ellis Burnham, USA successful abdominal hysterectomy
 - although again the ***diagnosis was wrong***.

Hysterical → hysterectomy

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- So the word hysteria came first
- Described negative, emotional and psychiatric symptoms in women
- Centuries later a cure for hysteria was proposed
- It was called a hysterectomy

Today

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- Uterus often blamed for hormone effects and prolapse
- "I just want everything out"
- "just give me a hysterectomy"
- "I want it out"

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INFORMATION SHEET AND CONSENT FORM

Laparoscopic assisted vaginal uterectomy and Cystoscopy

- ☐ Salpingo-oophorectomy: both, right or left
- ☐ Salpingectomy: both, right or left
- ☐ Anterior and posterior vaginal wall repair
- ☐ Sacrospinous colpopexy

• uteropexy, uteroscopy

Thank you for listening

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