

Hospital: Avista Adventist Hospital
Project: Pelvic Health Web Content
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<http://www.avistahospital.org/AVH/Specialties/Pelvic-Health/>

Avista Pelvic Health Center Web Copy

Landing Page – Avista Pelvic Health Center

Copy on the left – Videos on the Right

Video – Lois Limmell story – Pelvic organ prolapse

Video – Pelvic Floor Physical Therapy Success Story

Request an Appointment (MedForward Form) and Phone Number

Large Photo – Complete Pelvic Health Care

Complete Pelvic Health Care

We want you to know the facts about bladder, bowel and painful pelvic health issues and what you can do to improve yours.

Learn More

<p>What is a pelvic health disorder? Your questions answered here</p>	<p>When should I seek medical help? Find out now</p>	<p>Who can help me feel normal again? Meet your Avista Pelvic Health Center Team</p>
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[Link for: What is a pelvic health disorder. Your questions answered here](#)

What is a pelvic health disorder?

Both men and women have a pelvic floor. In women, the pelvic floor is the muscles, ligaments, connective tissues and nerves that support the bladder, uterus, vagina and rectum and help these pelvic

If you have any of these symptoms, you should discuss them with your primary physician and seek the expertise of an Avista Pelvic Health Center [urogynecologist](#). Through our urogynecology services, you will receive the highest level of medical expertise for pelvic floor disorders and you will partner with an expert to determine your best possible treatment plan while maintaining your comfort and dignity.

What are my risk factors for pelvic health disorders?

You are unique and your risk factors may be different from your best friend's based on your age, genetics, life stage, lifestyle and overall health. Here are some risk factors to consider:

- **Age:** The strength of your pelvic floor deteriorates as you age and can lead to the development of pelvic organ prolapse
- **Race:** The strength of your bones, muscles and connective tissue are influenced by your genes and race
- **Pregnancy/Childbirth:** If you have experienced childbirth, that can contribute to the development of pelvic health disorders. Vaginal birth doubles the rate of pelvic health disorders compared to Cesarean deliveries or women who never gave birth
- **Menopause:** Your pelvic floor muscles often weaken during menopause, which can lead to the development of pelvic organ prolapse
- **Obesity:** If you are overweight or obese, you have increased pressure on the bladder. This will put you at an increased risk of developing pelvic organ prolapse and urinary incontinence
- **Diet:** If you do not have enough fiber or water in your diet, your bowel movements are more likely to be hard or irregular. Processed foods can lead to constipation and certain dietary items, like caffeine and alcohol) can irritate your bladder and make you feel like you have to urinate
- **Smoking:** If you smoke, you increase your risk of developing urinary incontinence and pelvic organ prolapse
- **Heavy Lifting:** If your job involves heavy lifting or exertion, it can increase your risk of developing pelvic health disorders
- **Sexual dysfunction:** Your pelvic floor symptoms are significantly associated with reduced sexual arousal, infrequent orgasm and painful intercourse (known in medical terms as dyspareunia)
- **Constipation/Chronic Straining:** If you are straining with constipation, you can put significant pressure on your weak vaginal wall and further thin it out
- **Pelvic Injury/Surgery:** You can experience the loss of pelvic support when the pelvic floor is injured from a fall, car accidents or surgery.
- **Lung Conditions/Chronic Coughing:** If you experience chronic respiratory disorders, the increased pressure in the abdomen and pelvis can increase the risk of pelvic organ prolapse

[urogynecologist](#) [Link to: Meet our experts under Meet your team](#)

[Download Kegels PDF](#) [Link to: \(downloaded the pdf from PFD – will need to live somewhere\)](#)

[Download Bladder Diary PDF](#) [Link to: \(downloaded the pdf from PFD – will need to live somewhere\)](#)

Link for: When should I seek medical help? Find out now

When should I seek medical help?

The Avista Pelvic Health Center [experts](#) are here to offer you hope. You might find it difficult to talk about problems such as incontinence or vaginal bulges, even with your doctor. But our doctors are used to talking about these problems, and it's worth asking about your symptoms because they can be treated. Your doctor may refer you to one of our [urogynecologist](#) – experts in treating these problems.

Here are some tips for making your visit with your doctor very productive and start you on your way to better health.

- Share when your last pelvic exam was (days, weeks, months, years)
- Communicate if you've had children, the number of births and how you delivered – vaginally or cesarean section
- Tell if you are experiencing pain, pressure or a bulge in your pelvic area
- Discuss if you are having trouble urinating or passing a bowel movement
- Share if you are having “leaking”, need to use the bathroom often or have pain during urination
- Communicate when your pelvic symptoms started and how often you have the symptoms
- Be your own advocate and say you want to find ways to treat or cure these symptoms

Here are some questions you should ask your doctor?

- Do you think I have symptoms of a pelvic floor disorder? If so, what kind of pelvic floor disorder(s) do I have?
- What is causing my symptoms?
- Will my symptoms get better?
- What can I do to lessen or end these symptoms?
- Do you see a lot of other patients like me?
- Do you know of any doctors who specialize in treating my symptoms, such as [urogynecologists](#)? If so, can you refer me to someone you would recommend?
- Will you work with the specialist to make sure he or she knows about my medical history?
- Can I contact you again to ask your advice after seeing a specialist?
- What should I do next?

urogynecologist [Link to: Urogynecologist explanation under Meet your team experts](#) [Link to: Meet our experts under Meet your team](#)

[Link for: Who can make me feel normal again? Meet your Avista Pelvic Health Center Team](#)

What makes Avista Pelvic Health Center the right choice for me?

- Our commitment to your health
 - Centura Health Physician Group's Women's Specialty Health provides clinically advanced care to women who suffer from pelvic floor disorders. Pelvic floor disorders occur when women have weakened pelvic muscles and/or tears in the connective tissue of the pelvic organs.
 - Avista Adventist Hospital has been named as one of America's 2016 100 Best Hospitals for Patient Experience for the sixth year in a row by the Women's Choice Award®. This evidence-based designation is the only award that identifies the country's best health care institutions according to women.
- Our philosophy to restore your quality of life
 - We will respect your health concerns and help you find a treatment that meets your goals and restores your quality of life
 - As our patient, you will receive coordinated, compassionate and comprehensive care from our multidisciplinary team of doctors, nurses and therapists
- Our experts work together to restore your daily confidence
 - **Dr. John Joyce** is a fellowship trained subspecialist within Obstetrics and Gynecology. As an urogynecologist, he provides clinical expertise in the diagnosis and treatment of

pelvic floor disorders and other [urogynecologic](#) conditions. Dr. Joyce makes it a point to always respect individual health concerns and help women find a treatment plan that restores their quality of life.

- **Dr. Munch** (need info – couldn't find much on web)
- **Kim Belz** (need info – couldn't find anything)
- Nurses (If this is included, I need some names and background)
- Therapist (If this is included, I need some names and background)

What is urogynecology?

Urogynecology is a relatively new and highly technical subspecialty within obstetrics and gynecology that requires years of advanced training in female pelvic medicine and reconstructive surgery. It is estimated that one out of every three women will experience some form of pain or dysfunction in the area of the uterus, cervix, vagina bladder or rectum. These condition interfere with your quality of life, but they don't have to. **Nearly 90 percent of pelvic health disorders can be diagnosed and treated through lifestyle changes, therapy and surgery**

What is a urogynecologists?

A urogynecologist is a surgeon who has specialized in the care of women with pelvic floor disorders.

The pelvic floor is a set of muscles, ligaments and connective tissue in the lowest part of the pelvis that provides support for a woman's internal organs, including the bowel, bladder, uterus, vagina and rectum. A pelvic floor disorder occurs when women have weakened pelvic muscles or tears in the connective tissue due to excessive strain on the pelvis due to childbirth, repeated strenuous activity, menopause, chronic disease, or pelvic surgery.

Urogynecologists complete medical school and a residency in Obstetrics and Gynecology or Urology. These doctors are specialists with additional training and experience in the evaluation and treatment of conditions that affect the female pelvic organs, and the muscles and connective tissue that support the organs. Many, though not all, complete formal fellowships (additional training after residency) that focus on the surgical and non-surgical treatment of non-cancerous gynecologic problems.

What are the conditions the Avista Pelvic Health Center team treats?

- **Pelvic organ prolapse:** Prolapse simply means displacement from the normal position. When this word is used to describe the female organs, it usually means bulging, sagging or falling. It can occur quickly, but usually happens over the course of many years. On average, 11% of women will undergo surgery for this condition.
- **Stress urinary incontinence:** Stress incontinence is the loss of urine during physical activity such as coughing, sneezing, laughing or lifting something heavy. These activities cause an increase in a woman's abdominal pressure, which forces the urine out of the bladder. Some patients will leak only a few drops while others may leak more than a cup. Stress incontinence occurs almost exclusively in women. The most common reason is thought to be due to muscle relaxation from childbirth or aging. Excessive weight can be a contributing factor. Symptoms include:
 - Leakage of urine when coughing, sneezing, or laughing
 - Leakage upon rising from a chair
 - Frequent trips to the bathroom in order to avoid accidents
 - Sleeping through the night but leaking when getting out of bed in the morning
 - Reluctance to exercise to avoid accidents
- **Urgency urinary incontinence:** Urge incontinence is a leakage of urine that is experienced when someone cannot delay the bladder's message to empty. They experience "the urge" and often

cannot make it to the bathroom on time. This is the most common type of incontinence and is treated with medication. Patients may experience:

- Feeling of a weak bladder or a small bladder
- Difficulty maintaining their urine on the way to the bathroom
- Getting up frequently during the night to urinate
- The need to go to the bathroom frequently, sometimes every one to two hours
- **Fecal incontinence:** Fecal incontinence is the inability to control bowel movements, causing stool (feces) to leak unexpectedly from the rectum. Also called bowel incontinence, fecal incontinence ranges from an occasional leakage of stool while passing gas to a complete loss of bowel control. Common causes of fecal incontinence include diarrhea, constipation, and muscle or nerve damage. The muscle or nerve damage may be associated with aging or with giving birth
- **Dyspareunia:** This is the medical term for painful intercourse. It is defined as persistent or recurrent genital pain that occurs just before, during or after intercourse.. Treatments focus on the underlying cause, and can help eliminate or reduce this common problem
- **Genitourinary fistula:** A vaginal fistula is an abnormal opening that connects the vagina to another organ, such as the bladder, colon or rectum. Vaginal fistulas can develop as a result of an injury, a surgery, an infection or radiation treatment. Whatever the cause of a fistula, it may need to be closed by a surgeon to restore normal function
- **Mesh complications:** Surgical mesh is a medical device that is used to provide extra support when repairing weakened or damaged tissue. Most surgical mesh devices are made from synthetic materials or animal tissue. Research has shown that surgical mesh for transvaginal repair of POP can cause complications such as mesh erosion, pain, infection, bleeding, pain during sex, organ perforation and urinary problems. Many of these complications require additional treatment, including surgery.
- **Rectovaginal fistula:** A rectovaginal fistula is an abnormal connection between the lower portion of the large intestine — the rectum — and the vagina. Bowel contents can leak through the fistula, allowing gas or stool to pass through the vagina. A rectovaginal fistula may result from:
 - Injury during childbirth
 - Crohn's disease or other inflammatory bowel disease
 - Radiation treatment or cancer in the pelvic area
 - Complication following surgery in the pelvic area

How will we diagnose your condition?

You will have a comprehensive medical history and physical examination, which emphasizes the woman's gynecological and urinary systems. A focused physical examination assesses your vaginal area including the support of your pelvic organs. Some of the possible tests done on your initial visit could include:

- **Neurological exam.** Your doctor will examine the sensory and motor function of your legs and vulvar area
- **Q-tip test.** Your doctor will use a moistened Q-tip (cotton swab) and insert it into the urethra. You will strain against the Q-tip, and the change in angle of the cotton swab will be measured. The change in angle is proportional to the degree of bladder-neck descent on bearing down (Valsalva maneuver)
- **Post void residual.** You will be asked to empty your bladder. Your doctor will recommend either an ultrasound exam to measure the amount of urine still left in the

bladder, or a small catheter will be inserted to drain what is left, the amount is measured. The specimen is sent for a urinalysis and a culture

- **Urinalysis.** Your urine will be obtained at the time of catheterization and will be tested for blood and bacterial infection
- **Urine Culture.** Your urine specimen will be sent to the laboratory to see if any bacteria grow from your urine specimen in order to see if there is a bacterial infection

After your initial exam, your physician may recommend other testing including sophisticated urodynamic testing, cystoscopy or initiation of medical treatment if it is appropriate

Will I need surgery?

You can help control pelvic floor disorder symptoms by making **lifestyle and behavioral changes** like these:

- **Diet and fitness.** For many women, a healthy diet and fit lifestyle really makes a difference in controlling their pelvic health disorder symptoms
- **Lose weight if you are overweight.** Weight loss can help improve urine leakage along with pelvic muscle strengthening and other behavioral changes. If you are overweight, as little as a 5 to 10 percent reduction in your weight will reduce weekly incontinence episodes by more than half. In addition to stressing the pelvic floor, obesity affects the normal functioning of the nerves and muscles in your genital tract. This further increases your risk for pelvic floor disorders.
- **Manage fluid intake.** The specific recommendation for fluid intake relates to your specific symptoms. For urinary incontinence, not overdoing the fluids can translate to less trips to the bathroom. Also, restricting drinking after dinner can help reduce the number of trips to the bathroom at night. For women struggling with constipation, increasing fluids is often recommended.
- **Be diet savvy.** Women with urinary incontinence find it helpful to reduce bladder irritants, including caffeine found in coffee, tea, chocolate, cola and some energy drinks and artificial sweeteners. These foods may cause bladder muscle spasms, which can make you suddenly feel like they have to urinate.
- **Eat plenty of fiber daily to avoid constipation.** You may also need to use a stool softener if you continue to struggle with constipation to avoid excessive straining with bowel movements.
- **Adjust physical activity.** Regular physical activity helps keep bowel movements normal. Being active also helps with maintaining a normal body weight, decreasing your risk for urinary incontinence. However, high-intensity exercises (e.g., CrossFit) can put pressure on your pelvic floor and increase your risk for incontinence problems.
- **If You Smoke, Quit Now.** The risk for pelvic floor disorders is doubles for women who smoke.

You may be a candidate for these **non-surgical treatments**:

- **Biofeedback:** Biofeedback is a technique where a patient will learn to control specific physiological processes. This non-painful, non-surgical strategy provides improvement for many patients with pelvic floor. During biofeedback, electrical activity in the muscle is recorded and displayed for the patient. The therapist can then provide feedback and help them improve their muscle coordination. When used in conjunction with Kegel exercises, biofeedback techniques help women gain awareness and control of their pelvic muscles.
- **Urodynamic testing:** Urodynamics will tell us about the bladder, its nerves, its sphincters and the pelvic floor muscles. These are simple tests done in the office that involve filling your bladder with water while specialized equipment monitors the response of your nerves and muscles. These tests are the key to understanding the cause of your symptoms.

- **Botox bladder injections:** When Botox is injected into the bladder muscle, it causes the bladder to relax, increasing the bladder's storage capacity and reducing episodes of urinary incontinence. Injecting the bladder with Botox is performed using cystoscopy, a procedure that allows a doctor to visualize the interior of the bladder while Botox is being injected.
- **Medications:** Medications may be prescribed and work by relaxing the bladder muscles and decreasing the amount of abnormal spasms in the bladder. They may increase the interval between voids, and help alleviate symptoms of urgency and urinary frequency.
- **Pelvic floor physical therapy:** For most patients, pelvic floor rehabilitation is achieved through an individualized program of treatments that aim to improve the strength and function of the pelvic floor. These may include pelvic muscle exercises (Kegels), biofeedback, electrical stimulation and others, depending on each patient's individual condition. After several treatments, effective symptom relief can often be achieved
- **Peri-urethral bulking:** Peri-urethral bulking agents can effectively relieve symptoms of stress incontinence by increasing tissue bulk and tightening the urethra to prevent urine from flowing out unexpectedly. The bulking agent is injected directly into the peri-urethral tissue as a liquid, which then solidifies to add the desired bulk to the insufficient urethral wall
- **Pessaries:** The pessary is a device that is placed into the vagina to support the uterus or bladder and rectum. It is a firm ring that presses against the wall of the vagina and urethra to help decrease urine leakage. The type and size of the pessary should be fitted to meet your individual needs and anatomy. A properly fitted pessary is not noticeable when it is in place

You may be a candidate for these **surgical treatments:**

- **Minimally invasive laparoscopic surgery:** This surgery is done through one or more small incisions, using small tubes and tiny video cameras and surgical instruments.
- **Vaginal or pelvic reconstructive surgery:** The goal of all reconstructive pelvic floor procedures is to restore normal pelvic floor anatomy and give the patient her best chance at maintaining a normal quality of life, including sexual intercourse if desired.
- **Robotic surgery:** Robotic surgery provides a magnified, 3-D view of the surgical site, which gives the surgeon great precision, flexibility and control.

[Schedule an appointment](#)

(<https://www.chpgwomenshealth.org/SNW/Our-Specialties/Church-Ranch/Urogynecology/>)

Urogynecologic [Link to What would I notice if I have a pelvic health disorder?](#)