

Urinary continence management in women: A multidisciplinary approach

Panel question & answer session

Question	Answer
<p>A patient mentioned she had a 'ring' inserted to manage her incontinence. I was admitting her pre-operatively. I was unsure what she was talking about. After further investigating she mentioned it is inserted, removed, washed and reinserted. Can you tell me what this is please?</p>	<p>This is called a ring pessary – they are generally used for prolapse but often can correct stress and urge incontinence too. Some ring pessaries have a knob to give added support to below urethra.</p>
<p>Is there any information or guidance regarding the pessary courses available in Victoria?</p>	<p>There are opportunities to participate in workshops covering this topic at the CFA meeting in Melbourne in November 2015. Australian guidelines for the use of support pessaries can be accessed here: http://www.continencexchange.org.au/resources.php/496/pessary-guidelines</p>
<p>Why is it that as soon as you get to the front door, the urge to go is quite significant...and unfortunately the house keys are at the bottom of the purse?</p>	<p>This is called a 'learned' trigger – the urge can also be be strong when you're driving into garage, or be triggered by sound of running water or the cold. There are a number of tricks to suppress this urge.</p>
<p>Does external electrical stimulation mean surface electrodes around external anal sphincter muscles?</p>	<p>External – usually means suprapubic or sacral. Internal – means endovaginal or endoanal You could use peri-anal if internal is not appropriate, but it is not as effective.</p>
<p>What should be the ideal approach of a GP in urinary continence? After taking a basic history, exam and investigations, should they always refer such patients to urologist/ urogynaecologist or we should try and deal patients on our own with a physiotherapist?</p>	<p>Definitely offer conservative approach first unless there are red flags. See the webinar intro & PowerPoint presentation for more detail.</p>
<p>Is there any research about the use of acupuncture for incontinence?</p>	<p>For bladder overactivity and bladder pain syndrome there appears to be some benefit but the studies are not well-controlled studies.</p>

<p>Are Chinese balls effective in making the pelvic floor muscles stronger?</p>	<p>These would be similar to aquaflex balls and are used to provide biofeedback for pelvic floor muscle training – as an adjunct. They never replace pelvic floor muscle training (PFMT) and must be used in combination.</p>
<p>Is Tai Chi good for pelvic floor muscle strengthening?</p>	<p>Specific, intensive pelvic floor muscle training (PFMT) strengthens pelvic floor muscles. Activities such as Tai Chi are appropriate for women doing PFMT and can be used for functional training, ie working the PFMs during activity.</p>
<p>How common is endometriosis as a cause of urge incontinence?</p>	<p>Endometriosis often causes pain and urgency rather than incontinence.</p>
<p>My question is about increasing anticholinergic burden in older patients – this can contribute to cognitive decline – and does ditropan etc contribute significantly to this? Do you consider this in prescribing? Is it something to be concerned about?</p>	<p>Yes there is some concern regarding the association of anticholinergics and dementia. Most geriatricians would assess a trial of anticholinergics, depending on the severity of overactive bladder. We will be addressing this question at CFA conference in November. Darifenacin has been looked at an elderly subgroup with specific testing and shown no difference. Also mirabegron is a great advance as it is not anticholinergic.</p>
<p>What features will distinguish an overactive bladder from other forms of incontinence?</p>	<p>OAB is defined by urgency, frequency, nocturia and may/may not include urge incontinence. It is usually occurs in the absence of infection, pain, voiding disorder etc.</p>
<p>When is the best time to begin pelvic floor exercises? Personally I have a daughter who is 19 weeks pregnant. Is this something she should begin from this age onwards?</p>	<p>Education about pelvic floor muscles should begin at menarche in an appropriate manner. All pregnant women should exercise their pelvic floor specifically and for the rest of their lives, regardless of mode of delivery. Nulliparous women should also maintain good pelvic floor strength. Note: Women who experience persistent pelvic pain or pain with intercourse ideally should not perform PFMT without assessment of muscle function and tone, as muscles may be overactive and may require strategies to help release the muscles prior to strengthening.</p>