

Bladder problems are eminently treatable

Discomfort should not be part of daily life, no matter a woman's age.

Up to 50 per cent of women experience some form of urinary problem, particularly after childbirth.

The symptoms can be subtle and may include a frequent need to urinate or a tiny escape of urine when exercising. More extreme symptoms include not quite making it to the toilet in time.

For some women, things just don't seem to be feeling right any more.

Many may feel embarrassed, however it is important to ask for help. In most cases, urinary problems can be treated.

Dr Andrew Korda, a urogynaecologist and general gynaecologist at Sydney Urodynamic Centres, sees women referred to the centre by their GP. Patients undergo assessment including a urodynamic study, urine flow study and 3D-4D ultrasound of the pelvic floor.

Dr Korda says four main problems can occur after childbirth: urodynamic stress incontinence; overactive bladder; voiding dysfunction and pelvic organ prolapse.

Urodynamic stress incontinence is often the reason a woman may lose urine when exercising.

"It can be treated conservatively with pelvic floor exercises best supervised by a pelvic floor physiotherapist," Dr Korda says.

Laser treatment may be appropriate, he says.

"There's now evidence that mild incontinence can also be treated with either



Women with urinary problems are encouraged to ask for help as their quality of life could be improved; (right) Dr Andrew Korda.

the Mona Lisa Touch laser or the ThermiVA temperature controlled radio-frequency method."

These are non-surgical treatments.

Dr Korda likens voiding dysfunction to a pot that constantly fills and overflows, resulting in leakage. The bladder muscles are constantly contracting. Women who suffer a dysfunction need to urinate frequently and often can't get to the toilet in time. "Overactive bladders are usually

treated with bladder retraining supervised by a pelvic floor physiotherapist," Dr Korda says.

"If a woman is menopausal, oestrogen creams and a variety of medications can control the symptoms."

Botox injections and neuromodulation, a non-surgical procedure, are options for more refractory cases.

Women with a voiding dysfunction can't completely empty their bladder. The

condition is often diagnosed during a flow test and post-voiding ultrasound. These show that urine remains in the bladder despite a person having just been to the toilet.

Treatment can include 'double voiding'.

"You pee and then stand up and do a rain dance around the toilet and do it again or maybe alter the position in which you void," Dr Korda says.

Where a condition is more serious, women can be taught to 'self-catheterise'.

Prolapse occurs when pelvic organs (the uterus, bladder, rectum) slip from their normal position. Testing determines which organs have slipped, whether there has been damage to pelvic levator muscles and how big the hiatus (gap) is between the levator muscles.

Mild prolapse can be treated with pelvic floor exercises or laser therapy, however more serious conditions may require surgery.

"We know that if the levator has been torn or damaged or shorn off the pelvic bones from vaginal birth, the outcome for prolapse surgery is poorer," Dr Korda says.

Discomfort should not be part of daily life so it is important women seek advice from their doctor. "Get your GP to refer you to a urogynaecologist or a urologist, if you are having problems," Dr Korda says. "Up to 90 per cent of people who seek advice can have an improvement in their quality of life and around 80 per cent can be cured."



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Bladder and pelvic floor problems such as urinary incontinence, prolapse and urinary tract infections are unpleasant, distressing and often embarrassing conditions that affect over 50% of women at some stage.

While it might seem easier to ignore early signs, they can often get far worse and seriously affect your quality of life.

- Urinary Incontinence and urgency
- Frequency, Nocturia
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- Bladder prolapse
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