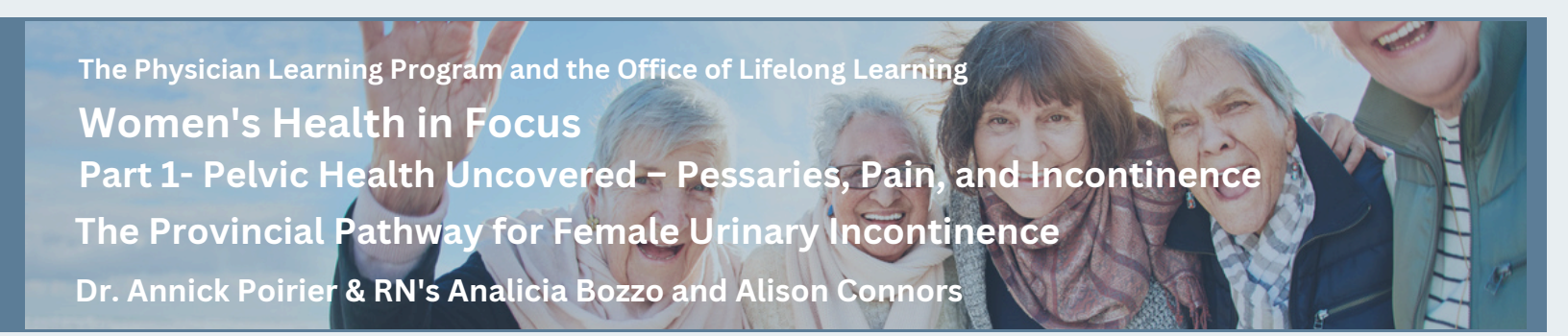


The Physician Learning Program and the Office of Lifelong Learning

Women's Health in Focus

Part 1- Pelvic Health Uncovered – Pessaries, Pain, and Incontinence

The Provincial Pathway for Female Urinary Incontinence

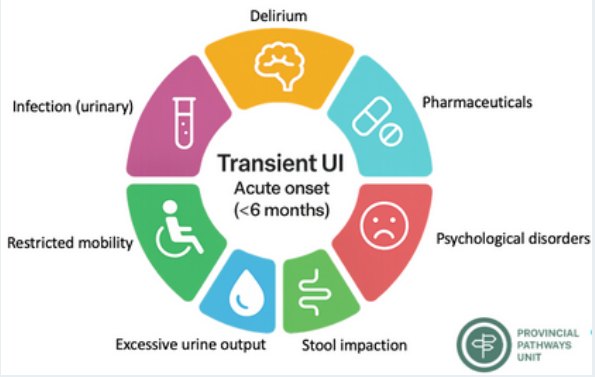
Dr. Annick Poirier & RN's Analicia Bozzo and Alison Connors

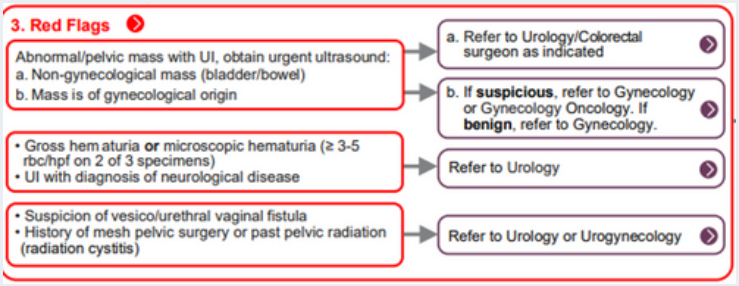
Urinary Incontinence (UI)

- 33% of women over the age of 40 have symptoms of urinary incontinence
- Only 26% of people who experience urinary incontinence have discussed it with their doctor
- All the evaluation and non-surgical treatment can be managed in primary care settings
- UI can impact many aspects of a patient's health including: quality of life, sexual dysfunction, incontinence-associated dermatitis and can increase caregiver burden

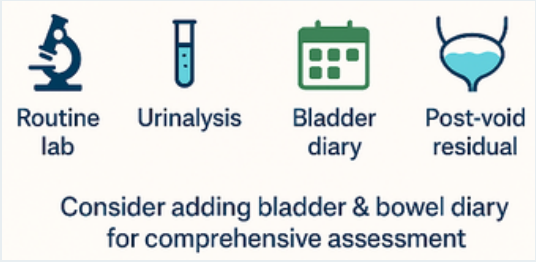
Rule out reversible causes of urinary incontinence

- Acute onset, <6 months, improves when underlying cause addressed.

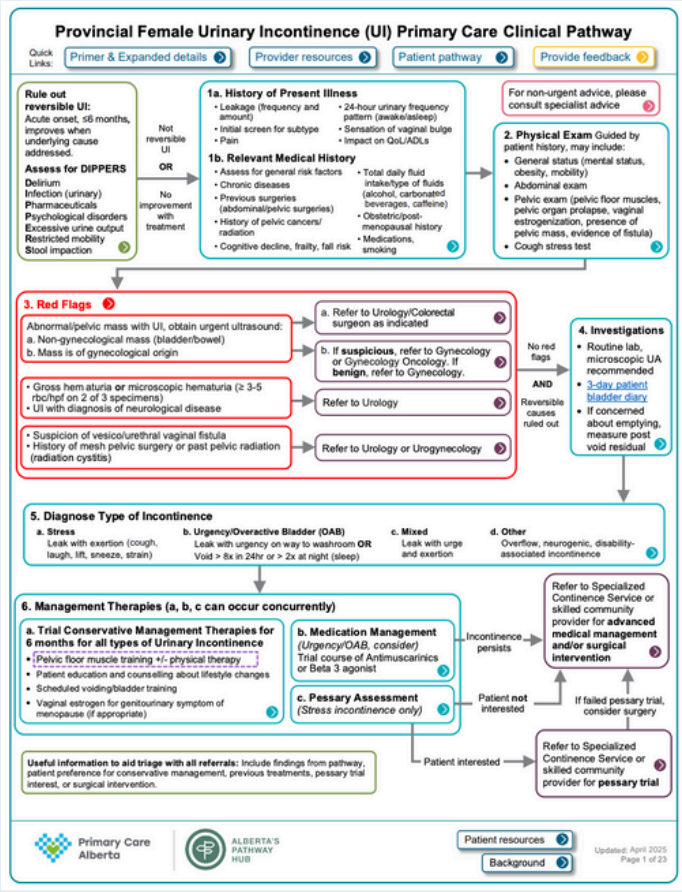




Investigations



Patient Bladder and Bowel Record



Physical Examination

- **Trauma informed approach**
- **Vulva inspection**
  - Atrophic changes (pale, thin mucosa)
  - Dermatologic conditions
- **Cough stress test**
- **Speculum examination**
  - Examine the vagina and cervix for atrophy, prolapse
- **Single digit examination**
  - Palpate for tenderness
  - Kegel coaching
- **Bimanual examination**
  - Pelvic mass, enlarged uterus

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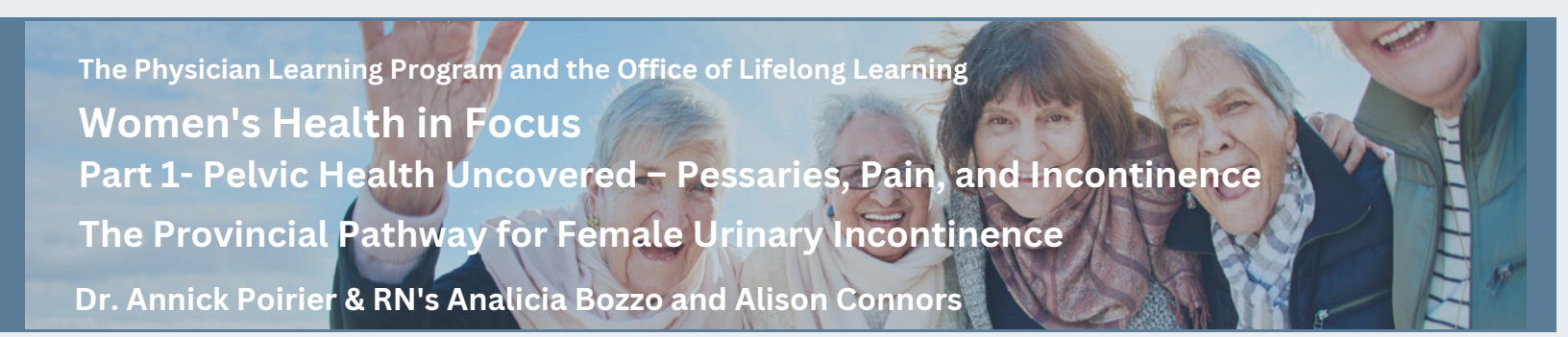

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Diagnose Type of Incontinence

- Stress incontinence: occurs during physical exertion, coughing, sneezing and accounts for 50% of UI in Canada
- Urgency incontinence: sudden need to urinate and accounts for 11% prevalence in population
- Mixed incontinence: stress + urgency incontinence
- Other types:
  - Neurogenic
  - Overflow
  - Disability-associated incontinence

Conservative Management Options

First Line Management Options

- Helps strengthen some muscles that control the flow of urine
- Used to treat urge or stress incontinence
- AHS Rehabilitation Advice Line 1-833-379-0563 (M to F - 9 a.m. to 5 p.m.)
- Adult Community Rehabilitation website: ahs.ca/communityrehab
- Pelvic Health Physiotherapy Webinars

- Helps reduce occurrence of urgency incontinence
- Helps reduce symptoms in women who have infrequent, large volume voids
- Voiding intervals should be tailored to each individual patient (for example, every 3 hours during the day)

First Line Management Options

- Eliminate or minimize bladder irritants
  - Dietary: eliminate potential trigger for 2 weeks. If no improvement, end trial
  - No more than 400 mg caffeine/day
  - Smoking cessation
  - Limiting alcohol
- Urge suppression techniques
- Biofeedback pelvic floor devices (e.g.PeriFit) and vaginal cones (e.g.LadySystem)
- Fluid management (small, frequent drinking)
- Avoidance/Treatment of constipation
- Incontinence pad products
- eHealth and mHealth
- Healthy weight

- Can improve leakage
- Adjunct to several therapies, such as pessary, physiotherapy and surgery.

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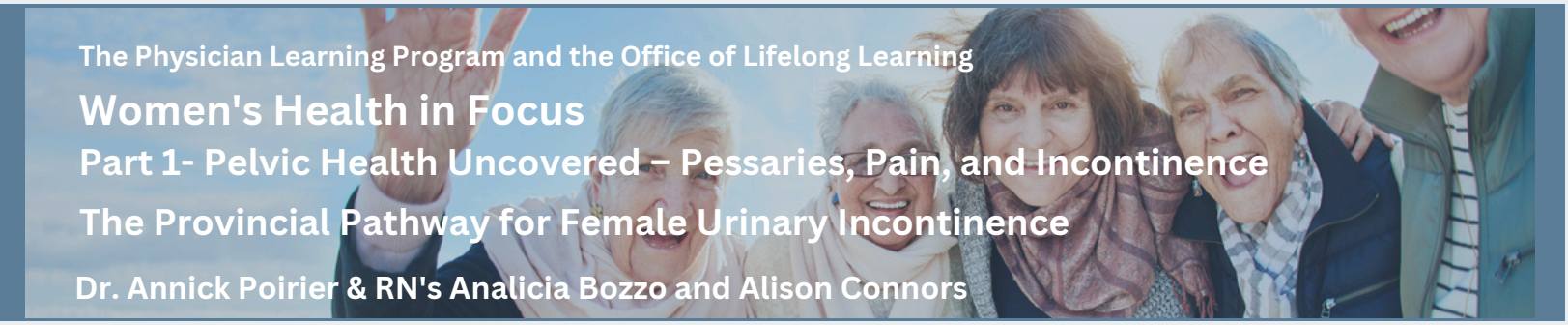

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Oral drug therapy

OAB and urgency incontinence

- First line therapy
- Start with lowest dose for tolerability and titrate for efficiency
- Considerations for older adults
- Effects noticeable in 2-4 weeks (12 weeks to achieve max efficiency)
- Multiple switching is of no benefit
- Medication progression does not need to occur in a stepwise manner.
- Insurance coverage considerations

Pessary

- Used to treat stress incontinence and pelvic organ prolapse
- Made of silicone, very in cost
- Patients must be fitted for a pessary for obtaining one
- Can provide immediate relief with minimal risks
- Yearly vaginal exams recommended (if patient needs help with cleaning pessary, they should be examined q 3 months)
- Over the counter devises for stress incontinence (Poise Impressa and Uresta)

Information to include in referrals

- Detailed patient history of UI symptoms, past surgeries, medications prescribed to manage UI.
- Results of all exams and investigations.
- Patient bladder diary.
- Prior attempt of management in community with pessary and pelvic floor physiotherapy.
- When referring to the Pelvic Floor Clinic, please specify if your patient has a preference for pessary fitting or surgical intervention

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Take Home Message

- Female UI is very common and NOT a normal part of aging
- Most cases of female UI can be treated in the community
- 1st line therapy: Conservative management à will help the majority of women
- The Provincial Female Urinary Incontinence Pathway provides guidance for primary care providers
- A corresponding patient pathway is available to support patients in taking an active role in managing their UI

Resources:

- Provincial Female Urinary Incontinence Primary Care Pathway
- Provincial Adult Gynecology Referral Pathway
- Alberta Pathway Hub
- Patient Bladder and Bowel Record
- Pelvic Health Physiotherapy Webinars
- Female Urinary Incontinence Patient Pathway

Consider using **MyL3Plan**, a free online tool developed by the Office of Lifelong Learning (L3) that can be used to meet and support the 3 activities/action plans required by the PPIP-CPSA and earn up to 36 Mainpro+ certified credits.

Learn more here!

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