

Pelvic Floor Disorders

Pelvic Organ (Uterovaginal) Prolapse

Pelvic organ prolapse occurs when the uterus or part of the vaginal canal becomes lax and protrude out of its original position. You may not be aware of early prolapse of the pelvic structures. However, as it becomes more severe, you will have symptoms that annoy you continuously.

What are the causes?



Prolapse happens because the supporting tissues of the uterus and vagina become progressively weak. Events that lead to this laxity include pregnancy and childbirth, especially difficult and prolonged labour. The supporting tissues become even weaker when you enter the menopause and as you age. If you were involved in strenuous physical work, or suffer from chronic cough and constipation, you have an increased tendency to develop pelvic organ prolapse.

What are the symptoms?



With significant sagging, you may experience one or more of the following discomforts; (1) a dragging sensation in the lower abdomen or pelvis, (2) a swelling sensation in the vagina, (3) backache that progresses through the day, (4) vaginal bleeding and discharge, and (5) difficulty in passing urine and motion.

Is it necessary to treat pelvic organ prolapse?



Severe prolapse drastically affects your quality of life. This is especially so if you are relatively young and are socially active. Many women alter their lifestyles to cope with worsening prolapse. They restrict their social activities because of the persistent discomfort and the fear of being embarrassed.

Besides the disruptive social impact, untreated prolapse also lead to ulceration, bleeding and infection of the genital tract. The pelvic organ may permanently protrude out of the body, affecting your walking gait and posture. Consequently, you will develop voiding and bowel difficulty – that may further complicate the picture.

Help For Those With Urinary And Pelvic Floor Disorders

If you have any of the above conditions, you should not continue to suffer the inconveniences or delay your treatment. The recent advancement in both medical and surgical treatment for these conditions is readily available.

You are advised to see your gynaecologist or urogynaecologist to receive a complete evaluation of your condition. A urogynaecologist is a gynaecologist who has specialised expertise in managing urinary and pelvic floor disorders. You may have to undergo various physical and urodynamic tests before the cause for your condition is determined. Thereafter, a customised treatment programme will be prescribed to optimise your care.

A complete management programme may involve lifestyle modifications, pelvic floor rehabilitation, use of medications and/or surgical intervention.

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NUH Women's Centre
Is My Answer

Female Urinary & Pelvic Floor Disorders

Urinary Disorders

A woman often complains of urinary leak, frequent need to pass urine and difficulty in passing urine. This often begins in the adult years and become troublesome after the midlife. With our current medical care, there is no need for you to suffer these inconveniences in silence. In fact, effective treatment is available to ensure you of a better quality of life.

Urinary Incontinence

What is urinary incontinence?



Urinary incontinence is the involuntary leakage of urine, that can take place once in a while under certain conditions, or it may be continuous (throughout the day). It affects the young as well, although it is more common in older women. Not every elderly woman suffers from uncontrollable urine leakage, thus this is not a consequence of normal ageing.

How do we maintain bladder control?



The urinary bladder stores urine until the bladder is “full”. Urine is allowed to pass out of the body through the urine pipe (urethra). Successful toilet training occurs when the child gains control over the bladder and is able to pass urine when it is convenient, that is, when both time and place are socially acceptable. Such normal control of the bladder depends on (1) the ability of the bladder to relax when it is being filled up and to contract when it is being emptied, and (2) the ability of the urine pipe to remain close or open when you wish or do not wish to pass urine. This coordination of the bladder and urine pipe is under the influence of the brain and spinal cord.

Causes of urinary incontinence

Urinary leakage may arise from diseases affecting the bladder, water pipe or the nerve control system. Indirect causes include urinary tract infection, vaginal inflammation, constipation, restricted physical movements and medication side effects. When these causes are treated or controlled, the urinary leakage will resolve.

Urinary leakage may persist if it is due to primary dysfunction of the bladder or urine pipe. The loss of proper function often results from (1) weakened pelvic floor support of the bladder and water pipe, and (2) abnormal nerve control in women with strokes and dementia.

Types of urinary incontinence

There are generally four types of primary urinary incontinence:

1	Stress incontinence: when urine leaks when you cough, sneeze, laugh or lift something heavy
2	Urge incontinence: when urine leaks before you can reach a toilet
3	Overflow incontinence: when you experience constant dribbling of urine due to difficulty in emptying your bladder adequately
4	Fistula incontinence: when there is continuous urinary leakage due to a false passage from the bladder to the external

Overactive Bladder

In overactive bladder, involuntary bladder wall muscle contractions are demonstrated when urine is filling up the bladder. These contractions frequently result in urinary leakage (urge incontinence) despite your attempt to stop it. But the woman typically complains of urgency (sensation of need to empty the bladder), frequent passage of urine, and frequent waking in the sleep to empty the bladder.

How prevalent is the condition?



In the general population, about 10% of women suffer from overactive bladder. Unfortunately, many women do not seek medical treatment. This stems from not being aware of treatment options or being too embarrassed to talk about it. Overactive bladder increases with age, largely due to concurrent disorders that affect the nerve control of the bladder.

What are the causes of overactive bladder?



Overactive bladder commonly develops in women who have neurologic disease, pelvic organ prolapse that obstructs the urine pipe, post-continence surgery, pelvic surgery and psychosomatic disease. However, in the majority of women with overactive bladder (~90%), it is not possible to define the exact cause at the time of consultation.

Voiding Difficulty

Voiding difficulty is experienced by many women. It is present when a woman finds her passing of urine has become abnormally slow or that she feels that she has not completely relieved her urine after each void. Generally, we find between 10-15% of patients seeking help for urinary disorders, experience voiding difficulty.

Why is voiding difficulty important?



Difficulty in passing urine may be recognised by you immediately, or it may develop gradually over a period of time. It is important to diagnose it quickly to prevent the bladder from sustaining over-stretch injury that may have long term consequence. If it is left unrecognised for too long, you may encounter frequent urinary tract infections and eventually kidney failure from back-pressure damage of the kidneys.

What are the symptoms?



Voiding difficulty commonly exhibits symptoms of (1) delay in initiating urination, (2) slow urine flow, (3) sensation of incomplete bladder emptying, (4) need to repeat-void, and (5) strain to pass urine.

You may also complain of (1) frequent passing of urine both in the day and in the night, (2) strong feeling of need to pass urine, (3) pain at passing urine, and (4) uncontrollable urinary leakage.

What are the causes?



Most of the difficulty in voiding arises from obstruction of the urine pipe, such as infection/inflammation, post-pelvic surgery, pelvic organ prolapse, constipation and effect of medications. Bladder disorders due to neurological disease or chronic over-distension may also cause voiding difficulty. Women with psychological impairment due to anxiety and depression may likewise present with these urinary problems.