

Conflicts of Interest

Urogynaecological problems in women over 50s

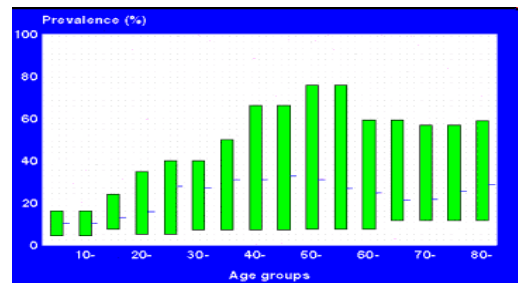
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 Addenbrookes Hospital
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NONE

Prevalence

- Lifetime risk of surgery for POP – 19% (**1 in 5**)
 Smith FJ Obstet /gynecol 2010
- Risk of utero-vaginal prolapse and urinary incontinence increases with age
- By 2035, 23% of population predicted to be over 65 years
 Office of National Statistics 2010
- 50% increase in demand for urogynaecological services over next 40 years
 Wu JM Obstet Gynecol 2009

Prevalence of Urinary Incontinence



Impact

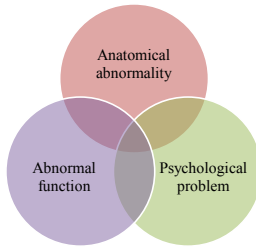
Cassandra F Am J Med 2007

- Impact on physical health
 - skin irritation/breakdown
 - Falls/fractures
- Impact on psychological health
 - Isolation/social withdrawal
 - Depression/anxiety/dependency
- Impact on carer
 - Move to care home
- Cost implications
 - Lost productivity
 - Pads/diapers/drugs/surgery

Evaluation of Urogynaecology care of an elderly population – Pradhan A et al JOG 2012

- First study to assess co-morbidities in an elderly patient group using a validated scoring system (ACE-27)
- None had ACE-27 score > 2
- Conclusion
 Majority of elderly patients are relatively healthy and denying management of urogynaecological problems will lead to a poor quality of life

Multifactorial Problem



History – Why Bother ?

- Diagnosis based on history is correct in 65%
- Symptoms are valuable guide in determining treatment
- Can be improved with QOL instruments



Prolapse Symptoms

Good Correlation

- Lump
- Bulge
- Dragging
- Splinting/Digitation
- Sexual intercourse

Weak Correlation

- Backache
- Pain
- Constipation

Broekhuis SR et al *Int Urogynecol J* 2009, 20:1169-1174

Urinary Symptoms

Urine loss:

- Continuous - fistula/ectopic ureter
- Intermittent – [Stress/Urge/Mixed](#)

Linked with:

- laughing, coughing, lifting, exercise, walking,
- [sudden change in position](#), putting key in front door, running water, sexual intercourse, orgasm

Sexual Intercourse

- Dyspareunia
- Worried will make prolapse worse
- Decreased sensation
- Vaginal laxity
- Obstructing penetration
- Embarrassment
- Odour of urine
- Partner related

Fluid Intake

- Type of fluid – caffeine, fizzy drinks
- Amount
- Bladder diary
- Alcohol

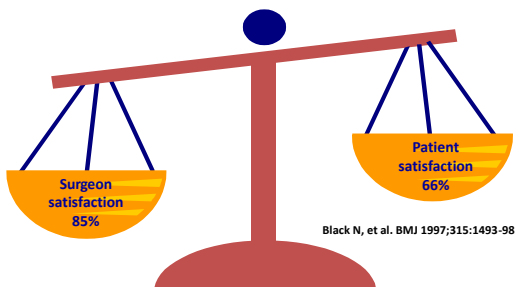
Past Medical/Surgical History

- Chronic cough
- Constipation (Obstructed defecation syndrome)
- Diabetes
- Cardiac/Renal
- Dementia
- Neurological i.e. Multiple sclerosis/Parkinson's etc

Medication (Beer's criteria)

- Diuretics
- Benzodiazepines
- Antidepressants, antipsychotics, antispasmodics, antiparkinsonian agents, antihistamines
- Opiates
- ACE inhibitors
- Alpha blockers (Doxazosin)
- Cimetidine, Ranitidine
- Lithium

Satisfaction with surgery – who assesses outcome?



Conservative management

- General Health review co-morbidities concurrent medications menopausal symptoms
- Lifestyle changes bladder retraining weight loss constipation/smoking
- Toileting schedules and containment
- PFM training/electrical stimulation
- Pharmacological therapy

Subak LL et al NEJM 2009

Pessary management



- 76% retained >4weeks
- 13.9% discontinued after 4 weeks
- 86% using >5 years

Lone F IUJ 2011

Treatment of recurrent UTIs

- History and examination
- PVR
- Fluid intake
- Vaginal atrophy - ?estrogens
- Cystoscopy and USS urinary tract
- Long-term low dose/self start antibiotics

Innovations in Prolapse/Incontinence surgery

- Synthetic prosthesis (Mesh)
- Laparoscopic surgery
- Training

Controversial issue

- Widespread and early use
- Short term data
- Complications
- Media reports and internet group



The Role of Industry

- Huge increase in number of new devices
- Operations introduced ahead of any data
- Marketed to individuals with small practices for financial gain
- Surgeons operating out of the comfort zone

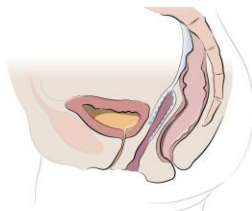
Conclusion – what is needed to reduce failure?

- Good basic knowledge of the condition
- Wide surgical experience
- Good counseling of the patient
- The use of PROMs
- Increased research
- Allow adequate time before introduction of new procedures

Laparoscopic surgery (sacrocolpopexy)

- Abdominal sacrocolpopexy 'gold standard' for prolapse operations.
- Laparoscopic SCP has equivalent result for anatomical success at 1 year
- Lap SCP had less blood loss, less analgesia post-op

Freeman RM IUJ 2012



Innovations in Training

- Introduction of structured training modules by the RCOG
- Subspecialization in Urogynaecology
- Urogynaecology lead in every hospital
- Unit accreditation with BSUG