

**Pinn Point on Women's Health
"Pelvic Floor Disorder"**

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Hosted by **VIVIAN W. PINN, M.D.**
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Guest Speaker:
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ANNOUNCER: From the National Institutes of Health in Bethesda, Maryland, America's premier medical research agency, this is Pinn Point on Women's Health with Dr. Vivian Pinn, Director of the Office of Research on Women's Health.

Now here's Dr. Pinn.

DR. PINN: Welcome to another episode of Pinn Point on Women's Health. Each month on this podcast, we take a look at some of the latest developments in the areas of women's health and the medical research that affects our lives.

For our podcast today, I am so happy to welcome Dr. Linda Brubaker, who is assistant dean for Clinical and Translational Research, and professor in the Department of Obstetrics and Gynecology and Urology, as well as director of the Division of Female Pelvic Medicine and Reconstructive Surgery at Loyola University Medical Center in Maywood,

Illinois.

She will be discussing with us the topic of pelvic floor disorders, but first some hot flashes from the world of women's health research, coming up in just 60 seconds when we continue with Pinn Point on Women's Health.

[Commercial break.]

DR. PINN: Welcome back to Pinn Point on Women's Health.

As promised, it is again time to take a look at just a few of the hot flashes in the news regarding women's health research. Well, there are many things to choose from to talk to you about in this podcast, but I want to just mention three briefly.

First, there is good news coming out of Philadelphia's Fox Chase Cancer Center for breast cancer survivors. In a report from Fox Chase, it was reported that women who have had a lumpectomy and radiation for their breast cancer overall have a quality of life several years after treatment that is on par with most American women.

That is very exciting because so many women who have breast cancer and face surgery or radiation for breast cancer are concerned about the quality of life and we know

in the past we may not have had the outcomes that we have today following research and improved techniques and improved ways of managing breast cancer. These results were presented at the American Society for Therapeutic Radiology and Oncology at their annual meeting, and we are very excited and pleased to hear that good news.

Second, I want to bring to your attention a report from physical therapy. At a recent meeting of the American Physical Therapy Association, it was reported that some special exercises can help women who engage in physical exercise or in sports to be able to prevent or lessen the possibility of having ACL tears.

Well, what are ACL tears? We know that anterior cruciate ligament injuries, which are called ACL injuries or ACL tears, are usually far more frequent, in fact, about four times more frequent in women than they are in men even doing the same type of sports participation, and it is one of the most common injuries we see in female athletes or as women are increasing in their participation in physical fitness activities as a result of strenuous or other exercises.

The American Physical Therapy Association is

suggesting that there are some exercises that women can engage in that can help to lessen the possibility or lessen the risk of developing these injuries. For more information about these exercises, I refer you to their Web site, which is www.apta.org/consumer. Good luck.

The final bit of news I want to bring is something really just to have you keep in mind and discuss with your obstetrician if you are pregnant and considering whether or not to have natural birth or C-section. There was a recent report pointing out that a C-section rate of about 5 to 10 percent. Usually, that is thought to be best for mothers and babies, but recently, over 31 percent of births in the United States are now by C-section.

It is best if you are anticipating birth to discuss the possibilities because there are times as we know when C-sections are important or are the desired mode of delivery and other times when it may be questioned whether or not there are more C-sections being done than are absolutely necessary for the health of the newborn or the mother.

So, I bring to you this new data that was just released and encourage you to discuss these findings and how

your mode of delivery will be with your obstetrician, because depending upon your own situation, in an individual basis, can the best decision be made.

With that, there is much more going on in the field of women's health research, and we will have more updates in the next podcast, but coming up next, we will have an opportunity to visit with Dr. Brubaker and discuss pelvic floor disorders. We will be right back with more Pinn Point on Women's Health.

[Commercial break.]

DR. PINN: Welcome back to Pinn Point on Women's Health. Our guest today, Dr. Linda Brubaker, has come to the NIH to help with this podcast and bring you information about pelvic floor disorders from the Chicago area.

She is assistant dean for Clinical and Translational Research, as well as professor in the Department of OB-GYN and Urology, as well as director of the Division of Female Pelvic Medicine and Reconstructive Surgery, all at Loyola University Medical Center outside of Chicago. So, she is very well qualified to talk with us about this topic.

In addition, and perhaps as important, is that she

is also one of the original investigators funded as part of the NIH-supported Pelvic Floor Disorders Network. She is therefore going to talk to us about pelvic floor disorders, why it is important for us to know about it, and what we can anticipate in terms of ongoing and expected research.

So, Dr. Brubaker, welcome.

DR. BRUBAKER: Well, thank you. It is very much an honor to be here and I very much want to thank you on behalf of all the patients who suffer with pelvic floor disorders for your continued support of important research in this area. Thank you very much.

DR. PINN: Well, thank you, and thank you for giving your attention and dedicating your research efforts to this as one of the many issues I know you address in your practice and in your research.

So, why don't we begin by having you explain what are pelvic floor disorders, why is it important that we know about them.

DR. BRUBAKER: That is a question our patients ask, what exactly is a pelvic floor disorder, and we simply explain it by saying that pelvic floor disorders are a group of disorders that affect the pelvis, and typically, we are

talking about women, and the most common is urinary incontinence in all the forms where you may involuntarily leak urine when you don't want to, pelvic organ prolapse where part of the vagina or reproductive tract, such as the uterus, begins to prolapse too low in the vagina or actually outside the body, and also disorders of bowel control called fecal incontinence where you can lose bowel control and leak bowel movement when you don't want to.

DR. PINN: How common are pelvic floor disorders, is it something only one or two women here and there may experience, or is it something that is fairly common and is it age affected?

DR. BRUBAKER: These pelvic floor disorders are amazingly common in American women. We have a new publication this month in the medical journal called JAMA, and we know that, on average, 1 out of 4 American women is affected with at least one of these three disorders that I just mentioned, and it does become more common as women age.

DR. PINN: Well, tell us some of the specifics about pelvic floor disorders. What about, for example, when you have uterine prolapse, what, for example, if you have urinary incontinence, what do we know about the causes or

should I say the contributors to this? What is a pelvic floor disorder, what do we really mean, what has happened? We know what has happened, but why does it happen, and what are we learning about them?

DR. BRUBAKER: Although we need much more research in how these things happen, we are clear that for many women, the act of having a child increases their risk of having many kinds of these pelvic floor disorders, particularly urinary incontinence, called stress incontinence, where you leak urine with a cough, a laugh, a sneeze, or a physical activity, but we also know from a recent study that 1 out of 8 women who never had a child may have a pelvic floor disorder, so it is not completely protective.

We know that connective tissues are involved and the health of nerves and muscles are involved, and different women may have different combinations of causes for their pelvic floor disorders, and that is why it is important that we continue our work to find out the best individualized treatment for each woman.

DR. PINN: Well, you know, it is something that we don't hear women talk about a lot. At a recent seminar at

the NIH on urinary tract, Dr. Jeanette Brown from the University of California, San Francisco said she wanted to make urinary incontinence a topic of cocktail chatter, and I think by that she meant that she wants to bring it out of the closet, sort of the way we brought menopause out of the closet, so women will talk about it.

So, let me ask you as a physician who treats and who diagnoses and who helps women with pelvic floor disorders that may manifest in any of the conditions you have already described, do we have a problem with women owning up or admitting to these issues, and how might that affect our health and our quality of life?

DR. BRUBAKER: We very much have a problem. There is a sisterhood of silence about pelvic floor disorders. Women suffer in silence. They think that they are the only people who have the problem, and they may hide this secret for many, many years, even from an intimate partner of many decades. This really impacts the quality of their life, the quality of their recreational life, their professional lives, their intimate lives, and we need to find ways to help break the sisterhood of silence.

Now, we have some real challenges with that,

because "wetting your pants" is one of the most common jokes for comedians in the health professions. If you think of all the health-related jokes that you hear on late night TV, urinary incontinence is often listed there, and that simply has to stop because it is not a laughing matter. It is a devastating condition for many affected patients.

DR. PINN: Well, while we try to figure out how we can get that point across, let me ask you to explain to our audience that if you happen to have uterine prolapse, or if you are dealing with urinary incontinence or stress incontinence, and you might just explain what stress incontinence is, or even fecal incontinence, why is it important to talk to your physician about it and what do we know that we could do to help a woman who has any of these forms of pelvic floor disorders.

DR. BRUBAKER: Yes, that's a great question. So, the first thing, let's think of -- let's talk about how we think about stress incontinence. An easy way to imagine things is imagine that your bladder is a birthday party balloon. You have got the balloon and then the little knot and then the little spigot. Think of the balloon as the bladder and the knot as an important muscle called the

urinary sphincter. In stress incontinence, that knot is not doing its job, and that can happen for several reasons. The nerves and muscles may not be healthy, or it may be put out of position and it can't work well, and those are things that can be treated.

So, patients who begin to -- or women who begin to feel these problems, if they bring it to the attention of their health care provider, we can do simple things while the condition is fairly mild, that are easy to go through, they don't take a lot of time out of a woman's personal and professional life, and they can give good symptom control.

Just like anything else, our house, our car, if we wait until it's badly broken, it takes much more to fix things properly. So, we encourage people to be in contact with health care professionals once they begin to experience bother.

DR. PINN: For women whose symptomatology has advanced, meaning they have got more severe forms of incontinence, might there have to be surgery, and if so, what type of surgery, or am I out of line here by even thinking about surgery for these conditions?

DR. BRUBAKER: No, that is actually an important

area, because many people don't raise the issue of pelvic floor disorders because they are afraid of surgery, and while surgery is certainly a possibility for some women with pelvic floor disorders, many women can be treated and have good improvement of their symptoms without going through surgery.

I am happy to report that we have really made some significant advances in certain forms of surgery, making it easier for people to go through, so that it doesn't take as much time out of their personal and professional lives, and we can try to reduce the complications.

DR. PINN: What kind of surgery would you do?

DR. BRUBAKER: Well, the kinds of surgery we do really should be tailored to the individual woman, her goals for treatment, and what other pelvic floor disorders. This is something we haven't talked that much about. We have alluded to it, but a patient may have more than one pelvic disorder.

They can have one, two, or all three of these conditions at the same time, and some of them respond better to surgery than others, but even with surgery just for incontinence or prolapse, we still can offer treatments side

by side with the surgery to make sure that the whole pelvis is restored.

DR. PINN: Describe what some of these behavioral therapies might be.

DR. BRUBAKER: Well, some of the important behavioral therapies are to learn to be, to help your bladder by being what I call a sipper, not a guzzler. We have learned over time to not eat very, very big meals.

We are trying to work on portion size in America, and the same thing goes for our solid food, should go for our liquid food, so rather than drinking a 32-ounce Slurpee of something and guzzling it down, and then having all that fluid show up in your bladder suddenly, that can overwhelm a bladder that is having a little difficulty.

So, being a sipper, taking a small amount of fluid regularly helps your bladder handle that fluid load and helps your bladder be more friendly to you without intrusive interruptions of having to rush to the washroom and feeling like you will lose urine on the way.

DR. PINN: Well, that is an important concept. We have heard -- we have had a number of podcasts dealing with being overweight, with obesity, dealing with diabetes, and

we have talked a lot about portion distortion and eating in moderation and watching the diet, so perhaps that is an important point to drive home, which is maybe -- well, not maybe -- certainly from what you have said, we need to think about not only eating in moderation, but drinking, and I don't mean alcohol here, I mean in terms of intake of fluids in moderation. I like that. Repeat that again, that advice about sipping.

DR. BRUBAKER: So, I tell my patients to be sippers, not guzzlers. Think of the amount of fluid coming into your mouth is showing up in your bladder, and you want a small amount coming from time to time, not a large amount coming suddenly, so adjust how you take your fluids, and I know most women are already aware that caffeinated beverages including sodas and diet sodas and coffee can really kind of irritate the bladder and make you feel like you have to go more often, so adjusting the type of fluid and being a sipper, not a guzzler, is a simple way to begin to get on top of those symptoms.

DR. PINN: That is probably a very important and succinct point to take away from this discussion about what women themselves can do in addition to what they may look to

their physicians and health care providers to do to help them.

Dr. Brubaker, are these some things that women might be doing to cope with their condition that may be helpful or that may not be helpful that our audience should hear about?

DR. BRUBAKER: Yes, there are. Women are very smart people, so they try to figure out all different ways to keep their symptoms at a minimum, and some of these are helpful and some of them actually may seem to make things better, but they actually can make things worse.

Patients often do several behaviors like what we call bathroom mapping where they go to the bathroom very often, they know where every bathroom is, and they go before they leave, and they go the first thing when they get there, and they are going so often that they lose the normal signaling of the control of their bladder. They are not the boss anymore, their bladder is the boss. So, that is a behavior that we can begin to modulate, so that they get their life back, they are not being ruled by the bladder.

Another behavior that we try to stop is where people simply don't drink, because that is not healthy for

their heart or their skin, the rest of their body, so just not drinking isn't a healthy thing.

We all have patients who carry around a big bottle of water, and anyone who is carrying a big bottle of water, I worry about because if they are actually drinking that much water, it is probably too much. But some of them just carry it and they never drink it, so that they have an excuse for going to the bathroom very often.

Those are things that we can help with, these adaptive behaviors that patients are learning to do, that very smart women are doing. You should touch base with your doctor because some of them can be improved, so that you don't have to have your bladder ruining your life.

DR. PINN: What do you advise your patients who have suffered an embarrassing incident because of either urinary incontinence, meaning leaking urine or wetting their pants, or even more so, an episode of fecal incontinence, so they don't become hermits or be afraid to go out or to face the public? Obviously, they will need some medical approach, but how do you advise them to handle it psychologically?

DR. BRUBAKER: It's an important question because

there is certain clothing that people who are worried about leakage wear. It impacts their clothing. They don't want to wear light-color clothes or lightweight fabrics, so most women learn to wear some type of protective pad that would be sufficient to control an episode, and the patients can recall very vividly that episode that was so deeply embarrassing to them, and it is an emotional scar that we have to talk about and help them get over.

That comes with giving them a sense of confidence and a sense of well-being and a restored body image, that they are beautiful women, they are strong women, and we have just got to get their pelvis to keep up with them.

DR. PINN: Is it more difficult helping to resolve the issues especially around perhaps modulating bladder control over controlling your bladder in women who are older or elderly?

DR. BRUBAKER: There is two sides to that. There are challenges with women who face more impact as they age, but they also seem to be more willing to adjust their lives a little bit, and they have more realistic expectations about what they want to achieve. So, I really enjoy taking care of patients who are a little bit older. There is a lot

that we can do together as a team.

DR. PINN: And help improve those maturing years.

DR. BRUBAKER: And really make those golden years golden.

DR. PINN: Well, you are part of the Pelvic Floor Disorders Network, which NIH is funding. Do you want to tell us a little bit about that network and what you are doing as part of that network?

DR. BRUBAKER: Well, we are working on behalf of the taxpayers, using their money to help conduct medical research focused on the pelvic floor disorders in women.

So, we are doing a variety of studies looking at ways of preventing problems, of treating problems, of diagnosing problems, and advancing the science of pelvic floor disorders. Together, there are about seven clinical centers that are supported by a data center, and we design and conduct the studies.

We have been very, very blessed with good support and been able to make some significant contributions that have changed the way we take care of women with pelvic floor disorders.

DR. PINN: Can you tell us where those centers are

located?

DR. BRUBAKER: Yes. We have, in addition to our center at Loyola, we have a center at the University of Iowa; at Duke University; at Cleveland Clinic; at University of Texas, Southwest; at University of California, San Diego; and at University of Alabama, Birmingham.

DR. PINN: So, for our listeners, if you are in one of those areas, and you are dealing with pelvic -- with some form of pelvic floor disorder, or if you have family or friends in those areas, you know that you can suggest that they contact the directors of these centers, because you know that you have got experienced investigators, as well as clinicians, that are taking a particular look at these issues in those centers.

That is not to say that other centers don't have expertise, but these are the ones that are part of the currently funded Pelvic Floor Disorders Network. So, I am going to ask Dr. Brubaker to tell us and to inform our listeners what are we learning from research and what hope does research seem to be bringing, or what can we look forward to if we happen to be one of those suffering from any of the symptoms of pelvic floor disorders.

DR. BRUBAKER: Well, first of all, I would welcome your listeners to visit our website at PFDN.org. We have a public Web site that helps explain some of the conditions we have talked about today and also explains some of the studies and some of the results of the studies that have been published in language that is a little easier to read than the doctor stuff in the journals. So, I encourage your audience to come and visit our Web site.

DR. PINN: Tell us the Web site again.

DR. BRUBAKER: PFDN.org, Pelvic Floor Disorders Network. I think if they also just type in Pelvic Floor Disorders Network, they will get taken there, so I hope that that is a useful resource for your audience.

DR. PINN: Tell us about some of the other research that may be going on. What are we learning from research that really is sort of the message of hope or demonstrates why we are funding research related to pelvic floor disorders?

DR. BRUBAKER: We are very, very fortunate in the Pelvic Floor Disorders Network. We have been able to design and finish some studies that have shown us some very, very important results.

One of the first studies we did was the first study to show that while we are doing surgery on a woman for prolapse, this condition where the uterus or another portion of the vagina is too low, we are able to prevent new symptoms after the surgery by adding several stitches around the bladder area, and that study actually has changed the way that many people provide care for their patients.

We are continuing to do that study in a different group of women to extend and see if we can minimize these symptoms for women after surgery and as they get older.

We also have new treatment studies including a study of botulinum toxin, commonly called Botox, which helps control the bladder when nothing else has seemed to help, and that seems to be a very promising therapy and we are going to begin doing some other studies and comparing that to some more traditional treatments including medication.

DR. PINN: I am going to ask you to say a little bit more about the Botox treatment. I am sure that many in our audience have heard about Botox, because we hear about it all the time on TV, about those who may be having Botox treatments for their facial lines, but here we have another potential use for Botox.

So, how far along are we on learning about its possible effects and translating that into clinical use, have we gotten there yet, and what does it actually do when you use it?

DR. BRUBAKER: Well, it is a very interesting molecule. The material, Botox, is not approved for marketing for bladder control indications, so we use it only in a research setting at this time, and so what we do with it, though, in our first study, we found that people who had taken the traditional medications and tried the traditional therapies, and still were really suffering with their symptoms, we injected it into their bladder in the office through a cystoscope, and that is something that is not uncommon, and the patients, about 60 percent of them, felt that that therapy gave them adequate control of their bladder symptoms, so we saw a very good response.

Now, there is a lot still to learn about using this type of therapy. We need to learn the right dose, we need to learn how often we should give it, and so some of those therapies are being designed -- some of those trials are being designed right now, but this is beginning to roll into the clinical therapy area actually quite quickly. It

appears to have a strong effect.

DR. PINN: Well, that is very interesting and, of course, as you pointed out, it is what is called an off-label use of the drug. It is being used in research, so our listeners should not rush off to their dermatologists and ask for bladder injections to deal with their incontinence. I am joking, of course, however, a very serious topic, but obviously, some very promising research.

It points out to me sort of an example of how research can be very exciting, because sometimes we learn uses of medications and drugs or therapies that are used for something far different that we learn may be very helpful in situations we might never have thought of, and I am sure there is a good physiologic response that could be used to explain the potential here, but keep in mind that this is still experimental, but very exciting.

Well, I want to ask you. I have asked you some questions and sort of gone through some of the high points of pelvic floor disorders, but I am going to ask you if you would at this time, Dr. Brubaker, summarize again for us what pelvic floor disorders are and tell us what things you would want our listening audience to know that I haven't

given you an opportunity to discuss.

DR. BRUBAKER: I think the first important thing that I would like to do is I would like to speak to the women who are affected, either them or their family or their friends, and let them know they are not alone, so don't suffer in silence.

We know from recent studies in American women that about 1 out of 10 women, 1 out of 10 between 20 and 40 have at least one of these problems, and it goes as high as half of the women over 80, so on average, in America, 1 out of 4 women have pelvic floor disorder, have urinary incontinence, fecal incontinence, or pelvic organ prolapse.

So, you are not alone, don't suffer in silence, and there is treatment that doesn't necessarily require surgery. So, I want to convey hope, I want to convey the robustness of the data that is being developed.

It is really a very exciting time in research for us. It's a day without data is a day without sunshine. There is so much happening right now we really are going to make some major breakthroughs with the continued support that we have had.

DR. PINN: I want to thank you for the excitement

you bring about, not only what research can do in helping us learn more about issues and women's health conditions that women and their physicians may not have answers for now, but that hopefully we will have in the future through research and study, but also the promise of hope for obviously the millions of women, young and old, who may be suffering from these pelvic prolapse conditions.

It may not be a cause of death, but it certainly can be a cause of poor quality of life and affect what we do, how we do it, and when we do it.

So, I want to thank Dr. Brubaker for an excellent discussion, and coming up next, a few final thoughts for this month when Pinn Point on Women's Health continues.

[Commercial break.]

DR. PINN: Now a few final thoughts for this podcast.

You have heard our discussion with Dr. Linda Brubaker from the Loyola University Medical Center in Maywood, Illinois, about pelvic floor disorders. I think we learned quite a few things.

She explained what that means and the kinds of conditions that affect women, and they were, if you will

recall, most likely to be either loss of urine, leakage of urine, or what we call urinary incontinence, or leakage of, or lack of control of, our bowels, which we refer to as fecal incontinence, or pelvic prolapse where we may see the reproductive organs extend down into the vagina and sometimes even protrude from the vagina.

She has offered us some thoughts, such as not to be embarrassed, not to hide it, and as she said, we have to break the sisterhood of silence, which means that if you or someone near and dear to you may be suffering from some of these symptoms, that there is help by going to your physician or your clinic or your health care provider and having them help approach this with the different therapies that we know about.

She also brought us good hope by pointing out that as part of the Pelvic Floor Network, which is a group of research centers on pelvic floor disorders, that we are learning more about how to prevent, how to treat, and how to lessen the impact of pelvic floor disorders on the quality of life for women, and, of course, it is not just women, the members of their family who also may have the quality of their lives affected by being part of that family and family

community.

I really like the couple of sound bytes she gave us, especially the one about sipping, and not gulping. I am not sure that is the exact language she used, but the essence is that just as we have, or just as we should if we are looking at our diets and nutrition, not keep eating and eating heavily all day, that we take small bites, and that helps us control our food intake, that perhaps in dealing with pelvic floor disorders, and especially urinary incontinence, that we should take small sips of water or of liquid, whatever liquid we are taking, instead of gulping, so that our bladders don't get that challenge.

So, she gave us lots more information which I won't try to recap here except what I would like to end with is the excitement she brought in approaches to pelvic floor disorders and the fact that research is certainly helping us to get some of the answers we need and that research and medical care are now in a position to begin to help women who are suffering from these conditions that affect our quality of lives.

So, if you have any of the symptoms or think you may have any of the symptoms of pelvic floor disorders, as

she pointed out early on in this podcast, it is important to diagnose them earlier, because it may be easier to resolve those issues if caught earlier, and that brings me to the final line, that we, as we think about women's health and women's health research, it is important for us as women to make sure we take care of ourselves, that we get regular medical checkups, and that we take the medicines that we have been prescribed to take, such as for high blood pressure or diabetes, or that we watch our own behaviors and protect our health, and with that, brings to a close of this episode of Pinn Point on Women's Health.

In just a moment, the announcer will tell you where to send your comments and your suggestions for future episodes.

I am Dr. Vivian Pinn, Director of the Office of Research on Women's Health, here at the National Institutes of Health in Bethesda, Maryland.

Thank you for joining us.

ANNOUNCER: You can e-mail your comments and suggestions concerning this podcast to Marsha Love at lovem@od.nih.gov.

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