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Commentary

New Modalities and Approaches for Pelvic Floor Disorders in Women

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Preface

Urinary incontinence is considered a public health problem according to the World Health Organization (WHO), but only part of the affected women seek help or treatment, due to embarrassment or even considering part of the aging population. It is believed to affect more than 200 million people and two out of ten women suffer from this condition. In Brazil, about ten million people, or 5% of the population suffer from urinary incontinence and with population aging it is estimated that the affected population over 65 years of age should quadruple in 2060. Of these 4 million elderly people over 80 years old, 2.5 million will be women (IBGE, 2010) and with a significant economic impact.

Disorder characteristics

Pelvic floor disorders can cause a wide variety of symptoms in women at different stages of life, from pregnant women, who had vaginal or cesarean deliveries, postpartum women, as well as through age and in the aging process like menopause. Lower urinary tract symptoms (LUTS) comprise a constellation of storage, voiding and post-micturition symptoms that are common in both men and women and rise in prevalence with age [1]. The significant impact on the quality of life in women with urinary incontinence is considered a social and hygienic health problem, and it is estimated that it affects almost 30% of the female population and from the age of 60 onwards it is estimated to reach approximately 50 - 84% of the women.

One in three women may experience involuntary urine loss at some point in their lives, according to the Urology Care Foundation. Among institutionalized elderly people, the rate is even higher: 7 out of 10. The survey on urinary incontinence that involved more Brazilians was the SABE Study (Health, Welfare and Aging), carried out by the World Health Organization (WHO) and the Organization Pan American Health (PAHO), with people over 60 in Latin America and the Caribbean. Other prevalent conditions such as anal incontinence, perineal trauma, evacuation and sexual dysfunction deserve greater attention in women health.

The incidence of anal incontinence (loss of gas, or even the appearance of feces in the panties) is very common and therefore in women with a history of childbirth, chronic constipation and aging, its treatment can vary from physiotherapy, sphincter repair surgery, injections perianal and even an implant procedure (such as a pacemaker) in the gluteal region to regulate intestinal and urinary transit when other treatments have not been successful.

The neurostimulator implant is another option of treatment that produce electrical stimuli to the sacral nerve and helps to normalize the functioning of the bladder and bowel. This medical practice has been already been established for clinical practice and has many indications as refractory overactive bladder syndrome, bladder pain syndrome, fecal incontinence, neurogenic bladder and there are many several treatments for these disorders of the female pelvic floor.

Elderly women can have up to 60% of urogynecological problems [2-4] such as urinary incontinence, recurrent urinary infection, uterus prolapse, vaginal laxity, vaginal dryness (atrophy), pain, among other problems. The approach of prevention to treatment is most important, as these conditions bring embarrassments to women, such as urinary and fecal loss, sexual dysfunction, loss of libido, discomfort, pain and dryness in relationships, with a negative impact on sexual, social, family and economic.

Updating and promoting pelvic health with a specialist in urogynecology allows you to safely and efficiently diagnose and treat the approach to female pelvic health, sexual health and improve social and hygienic discomfort due to fear of urinary and fecal losses and odors with the consequent need for use of protectors (absorbent, diapers or linings) and more frequent changes of clothes with behavioral changes in women and allow better diagnoses and treatments such as rehabilitation of the pelvic muscles, urogynecological physiotherapy, medications, surgeries, combined treatments. New advances have occurred in women's health with minimally invasive procedures to improve and recover the vaginal tissue [5] (collagen production and strengthening of other local substances) such as the vaginal laser, radiofrequency, microfocused ultrasound, among others.

At Unicamp University, a recent doctoral research is being carried out at the Clinica Condé in Rio de Janeiro as a co-participatory center for research on women with stress urinary incontinence (coughing, sneezing, physical activity) and has being proposed conservative and current treatments for this very embarrassing situation, such as vaginal laser and urogynecological physiotherapy. The proposal is to assess the improvement of pelvic, urinary and sexual symptoms as the impact on quality of life and consequent clinical improvement.

New technologies for the treatment of some situations in menopause (and postpartum, such as vaginal dryness, pain during penetration, among other situations, would be other alternatives for some women who are unable to use vaginal estrogen cream and cannot use hormone as well as those who have had cancer breast for example.

Urinary incontinence in women is a very frequent change that causes a great negative impact on quality of life and social life and deserves to be further discussed and clarified due to the various advances in both diagnosis and treatments and the numerous current possibilities of cure and not simply being part of the natural aging process as it was once known.

Prevention tips:

Some important tips for preventing urinary incontinence in women:

- Avoid activities that increase intra-abdominal pressure: including work activities (work such as lifting weights) and physical activities that overload the pelvic floor such as cross fit and other physical activities with high impact with weights.
- Do pelvic floor exercises: Specific exercises to contract and relax the pelvic floor muscles, preferably routinely to strengthen the muscles and tone of the same. A professional physiotherapist in urogynecology will be able to guide you to contract in an adequate and aware way, as these are muscles that the woman does not see, is not used to contracting and often contracts accessory muscles such as those of the leg and glutes [6]. Importantly, this is not the same thing as pilates and pompoarism.
- During the second trimester of pregnancy and in the puerperium: start pelvic floor muscle exercises or seek a specialist to help in the correct execution.

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