Women with pelvic floor disorders — the most common of which is urinary incontinence followed by fecal incontinence and organ prolapse — often fail to receive appropriate treatment for their condition. As a result, they frequently give up participating in favorite activities, exercise and travel. Self-esteem and intimacy suffer, and many lapse into depression or are reluctant to leave their homes.

With women living longer beyond menopause than ever before, pelvic floor disorders demand serious attention from healthcare providers. A new clinic at UCLA offers comprehensive and compassionate care for all pelvic floor disorders in a women-only setting.

“Pelvic floor disorders are extremely common and can impact a woman’s quality of life,” says Christopher Tarnay, M.D., urogynecologist and chief of the UCLA Division of Female Pelvic Medicine and Reconstructive Surgery. A recent study found that nearly one in four women age 20 years and older suffers from some form of pelvic floor disorder. The prevalence of pelvic floor disorders increases with age. The authors of the study found that the ratio of women reporting at least one disorder rises from nearly one in 10 for those ages 20 to 39 years, to nearly one in two for those 80 years and older.

Many women, out of shame or embarrassment, do not seek medical attention for pelvic floor disorders. Those who do are sometimes wrongly told that incontinence is a normal if inconvenient part of the aging process, with little remedy. “While incontinence is a common problem, it is not normal, at any age,” explains Dr. Tarnay.
The Women's Pelvic Medicine and Continence Program draws on the expertise of specialists in urogynecology, chronic pelvic pain, colorectal and digestive diseases and physical therapy. This collaboration of physicians from various specialties is important because pelvic floor dysfunctions often have a shared pathophysiology. A single structural defect in the pelvic floor, for example, can be responsible for dysfunction of the bladder, bowel and even genital tract. Moreover, the multidisciplinary arrangement eliminates the inconvenience and emotional stress of seeking out physicians in multiple locations.

As specialists with long experience in the diagnosis and treatment of pelvic floor disorders, physicians in the Women's Pelvic Medicine and Continence Program can handle complex and recurrent cases. The program also offers general gynecologic care and other women’s medical services, such as bone-density scanning and hormone therapy.

Risk factors
Age and obesity are common risk factors for all three pelvic floor disorders, while childbirth is a factor in urinary incontinence and organ prolapse. Other risk factors for urinary incontinence include hysterectomy, vaginal surgery, lung disease, smoking and radiation.

Diagnostic services
The Women's Pelvic Medicine and Continence Program takes advantage of the most up-to-date diagnostic services and tools, among them pelvic ultrasound, genitourinary radiology, cystoscopy for examination of the bladder and urethra, and anal ultrasound to assess sphincter injury.

When more sophisticated testing is required, physicians use multi-channel urodynamics to measure bladder function, dynamic magnetic resonance imaging (MRI) for the evaluation of the urogenital compartment and pelvic floor organs, and anorectal manometry for the diagnosis of fecal incontinence.

Treatment
The Women's Pelvic Medicine and Continence Program focuses on education as a powerful tool to empower women to gain control over their bladders. Many women find they can obtain a measure of relief by decreasing or eliminating certain beverages or foods from their diets. Home biofeedback and exercise can often bring relief by strengthening pelvic floor and anal muscles.

For prolapse and incontinence cases requiring surgery, program physicians use the latest minimally invasive procedures. UCLA surgeons can perform robotically assisted laparoscopy for prolapse repair. This technique shortens hospitalization and recovery time and may add to the durability and efficacy of the repair. Uterine-sparing surgery is often possible.