PROBLEMS WITH CONTROL?
WOMEN DON’T NEED TO SUFFER IN SILENCE

BLADDER DIFFICULTIES MAY BE EASED BY TREATMENT FOR PELVIC FLOOR DYSFUNCTION

IT CAN BE EMBARRASSING TO discuss lapses in control of your bodily functions, even with your doctor. But there’s a good reason to speak up about bladder problems. Often they’re caused by a condition called pelvic floor dysfunction, for which treatment can bring dramatic relief.

Pelvic floor dysfunction happens when the muscles around the pelvis — which serve as a hammock of support for the pelvic organs, bladder and rectum — begin to stretch, weaken and even tear, allowing those organs to hang lower. That’s usually when symptoms start.

Then they can slowly worsen over time, making daily life increasingly uncomfortable.

“Women with this problem often feel pelvic discomfort and pressure and a frequent need to urinate and have difficulty emptying their bladder,” says Sandra Greco, M.D., chief of urogynecology at Monmouth Medical Center. “Those are important signs to catch early.”

Instead, many women spend years suffering in shame and silence — despite the availability of effective treatments, including a host of new minimally invasive surgical options.

“The average patient waits four to 10 years before coming to get help,” says Monmouth Medical Center urogynecologist Martin Michalewski, M.D. “Most often it’s because symptoms were mild in the beginning and they’ve adapted to them. Later, however, the condition often worsens and interferes with a woman’s quality of life.”

In the last few years, new minimally invasive surgical techniques have greatly improved the success rate of pelvic reconstruction, while reducing recovery time.

“It’s amazing how much treatment can improve their quality of life,” says Monmouth Medical Center urogynecologist Betsy Greenleaf, D.O. “That’s why women should get these problems evaluated, not just put up with them and think of them as a result of aging.”

Pelvic floor dysfunction is most common in women in their late 40s or older, but it is also sometimes seen in young mothers who have just given birth.

A predisposition to the condition can be passed on genetically, and it can be brought on — paradoxically — by either too little exercise or too much of certain kinds of exertion. For example, doctors

VISITING UKRAINIAN PHYSICIANS VITALY KAU, M.D., AND ANDREW HMYORGENKO, M.D., ARE SHOWN DISCUSSING THE DA VINCI S ROBOTIC SURGICAL SYSTEM WITH MONMOUTH MEDICAL CENTER UROGYNECOLOGIST MARTIN R. MICHALEWSKI, M.D., WHO PERFORMED THE ROBOTIC HYSTEROCTOMY THE VISITING PHYSICIANS OBSERVED ON THE SECOND DAY OF THEIR RECENT VISIT.

mmcurogyn.barnabashealth.org 1.888.724.7123 To learn more about Monmouth’s Center for Continence and Pelvic Reconstructive Surgery, call 888-SBHS-123.
say weightlifters and runners are subject to pelvic muscle strain that may trigger the condition.

Also, the dysfunction can result from an automobile accident or other trauma, or from side effects of medications—diuretics, for example.

In most cases it’s not a sudden trauma that brings a woman in for treatment, however, but simply reaching a point where symptoms interfere with life too much.

“If you’ve had the problem for a long time, it may have multiple causes without a single clear solution,” says Dr. Greco.

Traditionally, a pelvic reconstruction procedure has required a two-day hospital stay, up to three weeks of pain medication and then six to eight weeks of rest with no straining or exertion. Now, urogynecologists with Monmouth’s Center for Continence and Pelvic Reconstructive Surgery offer a host of advanced urinary incontinence surgeries that can have patients on the road to recovery in a matter of days, if not hours.

For example, Monmouth Medical Center offers InterStim Therapy, a minimally invasive breakthrough in the treatment of overactive bladder and urinary incontinence. InterStim Therapy uses mild electrical stimulation of the sacral nerves that influence the behavior of the bladder, sphincter and pelvic floor muscles.

“Just like a pacemaker programs the heart to beat a certain way, the InterStim device sends electrical impulses to the bladder to reprogram the way it performs,” Dr. Michalewski says. “Patients who don’t tolerate side effects of medication to treat overactive bladders often find complete relief with this procedure, which requires only a small skin incision.”

Additionally, Monmouth Medical Center offers patients the option of a host of robotic-assisted pelvic floor surgeries.

“The robotic procedures offer a number of benefits to patients, including minimal blood loss, less pain, shorter hospitalization, and faster recovery,” Dr. Greenleaf says.

Another innovative new surgical procedure at Monmouth Medical Center is allowing urogynecologists to perform advanced pelvic floor reconstruction through a single skin incision located within the patient’s umbilicus, or belly button. Single-incision laparoscopic surgery (SILS) is an advanced surgical procedure that can minimize some of the discomfort traditionally associated with surgery.

“The single incision unique to SILS surgery can result in other potential procedural benefits as well,” Dr. Michalewski says. “One tiny incision through the belly button reduces the potential for wound pain that may accompany additional sites of entry.”

In addition to these advance surgical options, Monmouth’s Center for Continence and Pelvic Reconstructive Surgery offers women a host of services for urinary incontinence and pelvic floor disorders, including evaluation and management of pelvic organ prolapse, evaluation and management of urinary incontinence, consultation or second opinions prior to surgery and preoperative urodynamic testing.

“We also offer patient discrete, nonjudgmental evaluation of postoperative issues such as retention, continued incontinence or mesh erosion,” Dr. Greco says.