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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 shamed 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 VITALIY KAUK, M.D., AND ANDREW HRYHORENKO, M.D., ARE SHOWN DISCUSSING THE DA VINCI SI ROBOTIC SURGICAL SYSTEM WITH MONMOUTH MEDICAL CENTER UROGYNECOLOGIST MARTIN P. MICHALEWSKI, M.D., WHO PERFORMED THE ROBOTIC HYSTERECTOMY THE VISITING PHYSICIANS OBSERVED ON THE SECOND DAY OF THEIR RECENT VISIT.

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To learn more about Monmouth's Center for Continence and Pelvic Reconstructive Surgery, call **888-SBHS-123**.



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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 for urinary control 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 advanced 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.

FIVE WAYS TO BE GOOD TO YOUR PELVIC MUSCLES

IF PELVIC FLOOR DYSFUNCTION ISN'T TOO FAR ADVANCED, LIFESTYLE CHANGES MAY HELP. HEED THESE SELF-CARE TIPS:

1. DRINK LOTS OF WATER AND INCREASE YOUR FIBER INTAKE. This will help prevent constipation, which causes you to strain the pelvic muscles, potentially worsening the condition.

2. IF YOU'RE AT RISK BASED ON FAMILY HISTORY, AVOID HEAVY LIFTING ON THE JOB OR AT THE GYM. Yes, exercise is good, but don't overdo it, especially on your abs and pelvis.

3. IF YOU HAVE BLADDER SPASMS, IT'S A GOOD IDEA TO REDUCE STRESS. Try a yoga or tai chi class. Tell the teacher your problem, though, so you don't put too much tension on your muscles at any one time.

4. AVOID STANDING FOR LONG PERIODS OF TIME. The constant pressure and pulling will cause pelvic discomfort. Instead, change positions often, from sitting to standing.

5. DO KEGEL EXERCISES, which involve voluntary tightening of the pubococcygeus muscles (the ones you use if you deliberately stop yourself from urinating). New moms are encouraged to do these to regain strength in their pelvic floor muscles after giving birth.

PELVIC FLOOR DYSFUNCTION: DANGER SIGNS TO WATCH FOR

If you're experiencing any of these symptoms, see your doctor. They could indicate that you have pelvic floor dysfunction, and the sooner your treatment begins, the better.

- Pelvic pain or pressure
- Bulging in the vaginal area
- Difficulty urinating
- Burning sensation while urinating
- Urine leaks when straining or during physical activity
- Difficulty inserting tampons or keeping them in place