



Urogynaecological counselling

(La consulenza
uroginecologica)

POSSIBILITIES, LIMITATIONS AND BENEFITS



This booklet is aimed at women and family members of people with urogynaecology-related problems. The information provided is not a substitute for a gynaecological interview and examination but is intended to facilitate an informed choice when a urogynaecology consultation is planned.



WHAT IS UROGYNECOLOGY?

(Cos'è l'uroginecologia?)

It is the discipline that deals with the framing and treatment of female pelvic-perineal dysfunctions (genital prolapse, urinary incontinence, chronic pelvic pain, etc.).

WHAT IS INCONTINENCE?

(Cos'è l'incontinenza?)

It is an involuntary leakage of urine such that it is a hygienic and social problem. It is not an uncommon problem to be ashamed of or to hide from, but it is a highly debilitating state: numerous aspects can be affected such as, for example, social, relationships, marital and sexual life.

Female urinary incontinence can be classified, simplifying, as follows:

- urge incontinence (leakage following urinary urge);
- stress incontinence (leakage as a result of coughing, sneezing, or during physical activity in the absence of stimulus);
- mixed incontinence (both situations above).

Urinary incontinence, in its various expressions, may occur in isolation or in patients bearing concomitant changes, such as genital prolapse, recurrent cystitis, pelvic pain, urinary retention, etc.

WHAT IS GENITAL PROLAPSE?

(Cos'è il prolasso genitale?)

It is the descend of pelvic organs from the vulvovaginal orifice as a result of the failure of their support and suspension systems.

It can occur in three forms:

- cystocele (lowering of the anterior vaginal wall and overlying bladder);
- hysterocele or vaginal dome prolapse (lowering of the uterus or central part of the vagina when the uterus has been previously removed);
- posterior colpocele and enterocele: (lowering of the posterior vaginal wall).

THE UROGYNECOLOGICAL EXAMINATION

(La visita uroginecologica)

In the case of symptoms localized in the lower genital tract (bladder-utero-rectum), undergoing a urogynaecological examination allows:

- to assess the presence of a genital prolapse and its degree, if any;
- to note the presence of urine leakage and/or changes in urination;
- to detect the presence of defecation changes;
- to study the tone of the pelvic floor muscles.

The urogynaecological evaluation involves an objective examination and the performance of simple manoeuvres. The examination includes detailed observation of all areas of the pelvic floor and is performed in supine, sitting, standing position, at rest and under stress.

POSSIBLE TREATMENTS

(I possibili trattamenti)

SURGICAL TREATMENT (Trattamento chirurgico)

The surgical strategies that can be implemented are variable in technique, access route, and invasiveness depending on the type and severity of the pathology being addressed. Most procedures are performed through vaginal access, thus without having to open the abdomen.

These methods are indicated in cases of utero-vaginal prolapse and stress urinary incontinence.

In the case of prolapse, surgery may include:

- the correction of uterovaginal prolapse with uterine preservation using the patient's own fascial tissues (fascial repair) or prostheses of heterologous material (mesh repair);
- the correction of utero-vaginal prolapse with uterine preservation using the laparoscopic technique;
- removal of the uterus (hysterectomy) and ovaries (adnexectomy) with subsequent wall repair or suspension of the vaginal dome.

In stress urinary incontinence, correction consists of placing a synthetic biocompatible tape under the urethra, vaginally. This is then supplemented by vaginal tissues restoring functionality to the "weakened" urethra. This method cures stress urinary incontinence in 85-90% of cases.

PHARMACOLOGICAL TREATMENT

(Trattamento farmacologico)

Pharmacological treatment is indicated in cases of overactive bladder or urge urinary incontinence with an efficacy of about 60%. This is a home-based therapy that is prescribed at the urogynaecology clinic.

SACRAL NEUROMODULATION (SNM)

(Neuromodulazione sacrale NMS)

This technique is indicated in patients with urge urinary incontinence or overactive bladder syndrome that do not respond adequately to conservative and conventional treatments.

The therapeutic system of sacral neuromodulation consists of:

- a neurostimulator (similar to a pacemaker) slightly larger than a 2-euro coin, inserted under the skin;
- a thin wire that conducts low-intensity electrical impulses to nerves controlling the pelvic floor, including the bowel and bladder;
- a hand-held programmer that allows the patient to adjust the intensity of stimulation and turn the device on or off.

BLADDER INFILTRATION WITH BOTULINUM

TOXIN (Infiltrazione vescicale con tossina botulinica)

Like sacral neuromodulation, botulinum toxin is also a therapy used in urge incontinence and overactive bladder as a second-line therapy if drug therapy or rehabilitative one do not produce the expected results.

The procedure, lasting about 10 minutes, is performed with mild sedation, and by cystoscopy infiltrations of botulinum toxin are performed on the bladder wall. This procedure is performed on an outpatient basis. Treatment efficacy has an average duration of 10 months with possibility of repetition over time.

