the Italian Association of Urology Gynecology and Pelvic Floor

World Women Bladder Disorder Day

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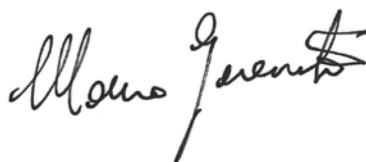
www.aiug.it

AIUG, the Italian Association of Urology Gynecology and Pelvic Floor, which for many years has been conducting studies on diseases that affect theuro-genital and pelvic static sphere, is developing important guidelines in categorization, diagnostics and treatment of these disorders.
AIUG promotes WWBDD, World Women Bladder Disorder Day, the global day dedicated to women's health.
The participating centers in Italy and abroad will be open free to the public for a day, in order to provide information on: Infections, Incontinence, Pain, Prolapse.

President AIUG
Mauro Garaventa



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Urinary Passage Infections

What they are

Infections are very common and annoying, affecting patients of both sexes and of all ages. The infection accompanied by inflammation can affect all organs of the urinary passage (kidneys, ureters, bladder and urethra), but the far more common are the cystitis (which are located in the bladder). The bacteria most involved in urinary infections diagnosed in the clinic by a general practitioner (85-90%) belong to the species Escherichia coli. Below you can also find Proteus mirabilis, Klebsiella pneumoniae, enterococci and staphylococci, each as a percentage of 2-3%. The reservoir of these bacteria is the bowel, for this reason people with intestinal disorders (irritable bowel syndrome) are more susceptible to urinary passage infections, especially women, because the entry of bacteria is ascending. Among the causes of infection there are other factors: infrequent sexual intercourses, incomplete emptying of the bladder, characteristics of acidity of the urine, hygiene habits. Finally, urinary passage infections are more common in people with poor defense capabilities (low immune system): children, diabetes, heart disease and bedridden elderly, people who are already afflicted with chronic infections. In particular, in these subjects may also occur urinary infections by fungi (Candida albicans) quite difficult to solve. In any case, even though they are absolutely treatable infections, if left untreated, urinary passage infections can ascend up to an active and severe renal damage.

Symptoms and diagnosis

The symptoms of urinary passage infections (cystitis, urethritis) are dysuria ([urine output] painful urination and constant urge to urinate) and pollakiuria (small amount of urine each urination) with or without fever. You can add nausea, vomiting and fever, usually with a not high temperature (<38 to 38.5 ° C). Infants and young children can have soft symptoms (agitation, loss of appetite and low abdominal pain). In men, the infection and inflammation can be localized in the prostate (prostatitis), so the symptoms can be a bit different from women's. In any case, the diagnosis is made in the laboratory through the analysis of the urine and the urine culture (bacteriological examination of urine), which should be completed by the antibiogram (the examination in which small amounts of urine are tested with different classes of antibiotics in order to establish the most effective and decisive ones to which the germs show no resistance, but high sensitivity).

Care

Antibiotics are the best care, therefore it is necessary that the doctor is who does targeted prescription after viewing the examination of urine and urine culture. In these cases the most commonly used antibiotics are amoxicillin *, amoxycillin with clavulanic acid *, cotrimoxazole *, * fluconazole (antifungal) and other (cephalosporins *), according to the result of the antibiogram, most of them are available in equivalent form. There are also disinfectant of the urinary passage, such as nitrofurantoin, which is commonly used, sometimes too much, making it ineffective. In addition, nitrofurantoin works like bacteriostatic (inhibits the growth of bacteria and blocks the proliferation, but does not kill them) and not like bactericidal (kills bacteria) such as antibiotics.

At the same time of the antibiotic treatment it is useful to keep the bowel clean with lactic acid-based probiotics* that restore the beneficial bowel flora to the detriment of germs that could otherwise turn the urinary infection.

Prevention and lifestyle

To prevent the recurrence or complication of the urinary passage infection you should observe some simple rules. You can do a good prevention in the bathroom and at the table: here is how.

The girls should be educated in constant hygiene and the best method is to clean with a hand movement from front to back and not vice versa.

The use of sponges or scrub too vigorously should always be avoided.

Both during menstruation or after sexual activity, hygiene should be respected and intensified. For example, those who use tampons should renew them often during the day and use external ones during the night. In fact, everything that stagnates in the genital area can promote the proliferation of germs.

For personal washings, water and a little soap will be sufficient, you should limit the frequent use of too drastic detergents (or spermicides) or medicated vaginal douches (which contain anti-bacterial). Remember that the pH (acidity) of the external genital area should be kept close to acidity, which is a natural protective barrier for the development of germs.

Fonte: Equivalente.it

Female urinary incontinence

….how to beat it…….

The female urinary incontinence is a widespread problem, particularly in old age, and it has a severe impact on quality of life of many patients.

The **diagnosis of urinary** incontinence is based on the study of symptoms, signs and urodynamic observations.

- The symptoms are subjective indicators of disease.
- The signs are observed by the doctor using simple tools (stress-test, urination diary, pad test and questionnaires on quality of life).
- The urodynamic observations are made during the urodynamic study (based on surveys of intravesical, endourethral and endorectal pressure gradients, and on the conditions of the urine flow).

There are 3 “standard” kinds of Incontinence:
• Urge incontinence: loss of urine accompanied by urgency and caused by abnormal contractions of the bladder
• Stress incontinence: loss of urine caused by a sudden increase in abdominal pressure (laughing, stressing, coughing, sneezing)
• Mixed incontinence: a combination of the two previous forms.
The patient with incontinence follows some attitudes to hide this disorder (bathrooms mapping, defensive urination, use of tampons and sanitary towels, limited intake of liquids, etc. ..). Almost 2/3 of patients are symptomatic for 2 years before consulting a doctor, about 30% of these patients is not studied and 80% is not even considered (“it is a normal part of aging, not a serious illness, treatment is useless “, etc. ..).

How to beat incontinence:
Better the understanding of the patient (encourage patients to talk about: the role of the doctors, of the patient organizations, of the media) by reassuring them that it is not an ineluctable and incurable process and illustrating all the possible treatment options available, that is conservative, medical or surgical treatment.

Conservative medical surgical	**Conservative treatment of the urinary incontinence: - pelvic rehabilitation - bladder re-education - protections**

The **rehabilitation of the pelvis** consists of techniques to promote functional recovery of the anus levator muscle and its aponeurosis.

The rehabilitation therapy of incontinence is based on three main techniques:
• CHINESITHERAPY
• BIOFEEDBAK
• ELECTROSTIMULATION

CHINESITHERAPY
It is implemented through endovaginal techniques by tensioning and stretching the pubococcygeal muscle.
This maneuver concerns both the elastic component of the muscle, and the muscle itself stimulating the myotatic stretch reflex.

BIOFEEDBACK
(Biological feedback)It is a system that can record some physiological activities not noticeable at a conscious level under normal conditions.
The general principle is to transform the biological signal into a light signal that can be easily interpreted by the patient.

FUNCTIONAL ELECTROSTIMULATION
It is implemented by endovaginal or anal probes provided with conducting rings positioned at the level of the anus levator muscle that sends electrical impulses at low pain intensity and at low frequency.
The main prerequisite for urogynecologic rehabilitation is the accepatance by the patient: she must be cooperative, diligent, motivated and educated in the therapeutic point of view.
The training needs to continue at home.

The bladder re-education: It is a workout that uses behavioral techniques to re-establish the bladder control in adults	Protections - For the reinforcement of the pelvic musculature (cones of Plevnik) - Due to the difficulty of emptying (catheters) - For incontinence
Treatment of urinary incontinence doctor: drugs used - in the stress incontinence - in the hyperactivity of the detrusor	Treatment of urinary incontinence Surgeon: vaginal approach abdominal approach combined approach

There is the growing evidence that urinary incontinence is neither to be suffered, nor to be accepted with resignation, but it is treatable.
The **medical therapy** is the preferable choice in the urge incontinence, instead, complementary to surgery stress incontinence. The medical treatment certainly has a role in the treatment of incontinence, but it does not always allow a "full recovery."
Until now, pharmacological research has allowed us to have the "ideal drug" for the treatment of urinary incontinence, as it is yet unknown and obscure the neurophysiology of urination cycle, both physiological and therefore abnormal.

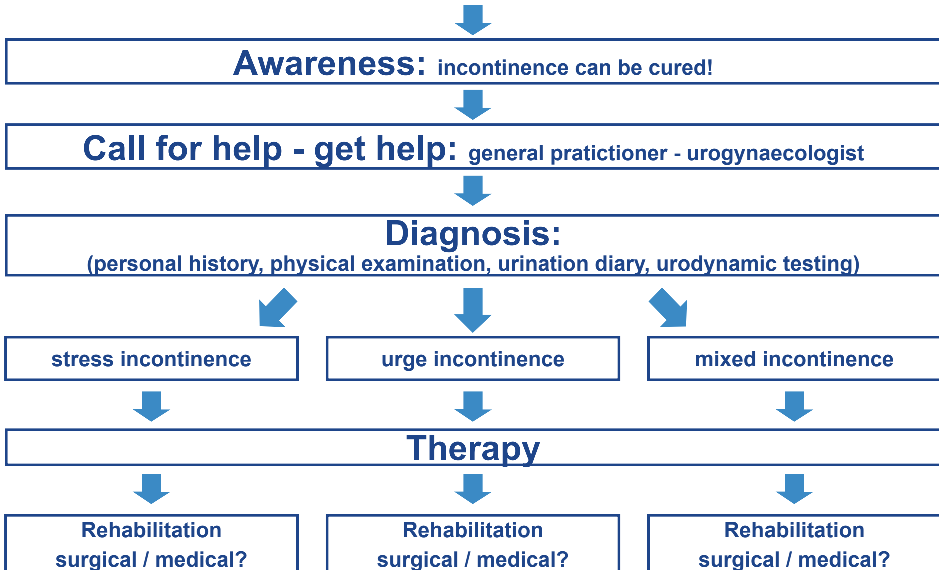
HEALTH-CARE PERSONNEL INVOLVED IN THE TREATMENT OF SUBJECTS AFFECTED BY URINARY INCONTINENCE

General Practitioners, Urologists, Gynecologists, Geriatricians, Physiotherapy Neurologists, Pediatricians, Specialized Nurses, Psychologists.

Urinary incontinence: what to do?

Symptoms - impact on quality of life

"I lose urine with sneezing"
"I cannot keep urine when I feel the sudden urge to urinate"
"I only go to places where I know there is a bathroom"
"I endlessly get up at night to urinate "
"I avoid sexual intercourses because I lose urine"



Good urination habits

Have good urination habits is an important element that contributes to a better quality of life: the people go to the toilet on average from 4 to 8 times a day and not more than once during the night.

Bad habits can cause bladder troubles and sometimes incontinence.

Here are some simple steps that we recommend to keep the bladder healthy:
Avoid going to the bathroom too often, it risks a reduction in the retention bladder. You are preferable to go to the bathroom only when the bladder is full and you cannot wait longer. Empty your bladder before going to bed.
During urination not be in a hurry: you need to give the possibility to empty the bladder completely. Otherwise, it can rise urinary passage infections.

Maintain good dietary habits so as not to weaken the pelvic muscles.
Protect the pelvic muscles through the preservation of muscle tone, with special exercises on a regular basis.

Dietary advice

It is important to have a proper diet, rich in vitamins, minerals and oligo elements, because the diet also affects the amount of urine produced.
Some foods causing the increase (asparagus, melon, watermelon) should be reduced, although they should be totally excluded from the diet.

It is important to continue drinking regularly (at least 1.5 liters of fluid per day (corresponding to about 6-8 glasses), because a reduced amount of liquid could have implications on the bladder, making it more active. At the same time, it is important to drink in moderation and avoid abundant hydration in the evening, because fluid intake can increase the number of times you awake in the night.

You should reduce beverages such as coffee, tonic water and cola drinks, irritating foods and spices, as they have a diuretic effect.
To prevent constipation phenomena, it is also useful to include in your diet foods rich in fiber: vegetables, bread, nuts, wheat.

The chronic pelvic pain / interstitial cystitis

Chronic pelvic pain is a condition of constant or cyclic pain in the pelvis that lasts for more than six months, more frequent in females. In about 1/3 of the cases the pain is associated with symptoms similar to cystitis, ie, the need to urinate frequently and urgently, and burning during urination. Unlike what happens in the classical forms of cystitis, urine culture in these patients shows an absence of bacteria. This is the reason why the antibiotics that treat bacterial cystitis have no effect in these patients. These forms of non bacterial cystitis are named Interstitial Cystitis.

The evolution of the disease slowly but progressively worsens by deteriorating bladder function: this leads to a worsening of symptoms and especially of the pain. All that results in a dramatic impact on the quality of life of patients with serious repercussions on people's life, working relationships and life in couple.

With Ministerial Decree no. 279 of 18/05/2001, the disease was recognized by the Ministry of Health as "Rare Diseases", for which there is the recognition of disability and the 'total exemption for medical expenses. This requirement should be determined by diagnosis made in one of the centers of reference for the disease located throughout the country.

Causes of Interstitial Cystitis

Several hypotheses have been postulated to explain the raising of this disease. The most credible says it is caused by a reduction of a covering of the bladder wall constituted by glycosaminoglycans, which protects the underlying tissues from irritating substances contained in the urine. Being this protection insufficient, these substances attack the bladder walls by triggering an inflammatory process that involves not only the bladder but also the nerves that reach the bladder wall. This nervous involvement explain the raising of pain.

How it is diagnosed

First, we exclude other bladder diseases that present similar symptoms (cystitis and bacterial urethritis, bladder stones, bladder cancer, etc.) through appropriate examinations of urine (urine culture, urine cytology, research of BK in the urine, etc.) and ultrasound scan of urinary passage.
It is recommended a urogynaenocologic visit which assesses the symptoms and identifies the location and intensity of pain. The urodynamic examination is useful for evaluating the functionality of the bladder. The urethrocystoscopy under narcosis with distension of the bladder is instead a test that allows to assess alterations that this disease determines in the bladder wall and, in more advanced cases, the presence of typical ulcers, named ulcers of Hunner from the name of the researcher who first described them. Finally, the biopsy of the bladder, ie the sampling under anesthesia of a fragment of the bladder wall, allows, thanks to a targeted histological examination, to evaluate the presence and the degree of inflammation, as well as the extension of this inflammatory process.

What therapy

There are several therapies proposed for the treatment of this disease: oral, intravesical, pain therapy and new treatments like placing a pacemaker for the bladder to relieve pain and urinary frequency and, in selected cases, intravesical infiltration with botulinum toxin.
It is mandatory, in order to avoid that the disease progresses and produces damage no longer reversible, to make a diagnosis as soon as possible to establish a suitable therapy, able to block the evolution.

Urogenital Prolapse

The Urogenital prolapse is the descensus through the vaginal canal, with protrusion more or less evident, from the vulvar rhyme of the uterus and of the pelvic organs.
The POP (Pelvic Organ Prolapse) is a very common clinic and anatomic condition and dysfunctions of female pelvis related to prolapse urogenital represent an important aspect of public health both in the women's impact on quality of life and in the economic light. The clinical picture varies, according to the degree of descensus, to the feeling of vaginal encumbrance **("... I have a feeling that something is coming")** to the sense of weight, often accompanied by pain in the pelvic and / or lumbar region.
Sexual dysfunctions are often present with difficulty / discomfort / pain during coitus and with abnormalities during urination and / or defecatory functions. Urinary incontinence is one of the major symptoms related to POP. It is manifested by involuntary leakage of urine in inappropriate places and times.

The urinary dysfunction can occur even with urination difficulty, sometimes forcing the woman to assume particular positions or, to reduce the prolapse manually; in order to obtain an adequate emptying of the bladder, are often present increased frequency of urination, nocturia and increased susceptibility to urinary infections. Urinary incontinence can also occur during sexual intercourse.

With regard to anorectal dysfunctions, it may be present constipation (with the need to reduce the prolapse manually to get an adequate evacuation), but also incontinence with difficulty to hold air / feces and / or liquids. The clinical picture described above influences thus in a strongly negative the aspects of social life, the affective sphere, the work and it causes the woman to acquire behaviors strongly conditioned to limit the inconvenience. The female pelvic area is a "Unicum" anatomofunctional and it serves as retrenchment of the pelvic viscera, ejectives (at the level of the pelvic diaphragm there are urinary and anorectal sphincters) and last but not least it acts for the completion of the delivery.

The correct functionality depends on the perfect anatomical integrity and on the correct functional interaction of all the structures that constitute it, the muscle component (represented by the muscular complex of the anus levator), the component of connective tissue, the "Endopelvic Fascia", and the nerve component.

The damage of each of the above structures is a contributory cause of the deterioration of the others structures until the mechanisms of functional and anatomical compensation become inefficient determining thus the rising of the prolapse. The childbirth is definitely one of the main "defendants" for the occurrence of POP. For the muscle-fascial and nerve structures it is an important moment of biomechanical stress. Pregnancy itself seems to have

a role, especially in the rising of urinary incontinence and unrelated to the delivery mode.

The long latency between “birth event” and the appearance of prolapse clinically evident, however, makes it into account other factors that influence the rising. The advent of menopause is another critical time for “the health of the pelvis” to which there are added obesity, genetic predisposition, working activity, presence of chronic bronchopathy, postural changes. In terms of prevention, a decisive role is the educational and training approach to childbirth followed by a proper postpartum rehabilitation. With the double purpose to teach patients to know their pelvis and to provide a fast recovery of muscle tone.

The therapy of the high-grade and symptomatic POP is essentially surgical. This is a surgery whose target is not only the restoration of normal anatomy, but also and above all, the functional recovery.

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