Essential Purchase/Reading!

I feel very strongly that these two texts are an ESSENTIAL PURCHASE for anyone working with women in a ‘wellness’ and Pelvic Health capacity. They can be purchased on Kindle or hard copy & for sure you need to connect with the wonderful work of Sue Croft, the author: [http://suecroftphysiotherapist.com.au/](http://suecroftphysiotherapist.com.au/)
Common Bladder Dysfunction Terminology

(Adapted from Pelvic Floor Essentials by Sue Croft, Women’s Health Physiotherapist: http://suecroftphysiotherapist.com.au/)

• Stress Urinary Incontinence (SUI): an increase in intra-abdominal pressure results in a leakage of urine. Running, coughing, sneezing, jumping, vomiting, shouting....

• Overactive Bladder (OAB): An OAB will create a sense of urgency to urination and may be accompanied by another type of bladder problem.

• Urinary Frequency – voiding more than 5-7 times a day and needing to urinate frequently in the night.
Common Bladder Dysfunction Terminology

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• Nocturia – getting up to urinate once or more in the night after going to sleep.

• Insidious Leakage – usually due to poor urethral closing pressure that can occur due to trauma post catheterization (c-section/gynaec surgeries), menopause, during breastfeeding.

• Post Micturition Dribble – a continued dribble of urine after the main bladder emptying has occurred.

• Nocturnal Enuresis – bed wetting.
Common Bladder Dysfunction Terminology

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• Voiding Dysfunction – incomplete emptying of the bladder or hard to get a stream started or a start/stop stream.

• Urinary Tract Infections – ie., Cystitis, can be related to sexual intercourse, incomplete emptying of the bladder, during menopause.

• Painful Bladder Syndrome – aka Interstitial Cystitis – uncomfortable condition where women experience pain as their bladder fills and can be accompanied by bladder urgency and frequency.
Pelvic Organ Prolapse (POP)

- The pelvic organs – bladder, vagina, uterus and rectum are all held in their optimal positions via an intricate network of fascia and ligaments and their in the case of the Pelvic Floor muscles, attachment to bony structures of the pelvic such as the Coccyx, Ischial Tuberosities and Pubis.

- POP occurs when these support systems for the individual organs fail, experience trauma and basically lack the ability to support the organ(s) in their optimal functional position.
Pelvic Organ Prolapse (POP)

• Prolapses are graded in ‘stages’ according to ‘severity’ and overall, for the lesser stages of prolapse – Stages 1 and 2 – a conservative approach (as opposed to surgery to improvement) is generally sought as opposed to surgery.

• Vaginal births, especially those which involve an instrumental delivery (forceps, ventous) and long 2nd stage labours, pose the greatest risk re: eventual prolapse due to the potential for Levator Avulsion – the disconnection of the Pelvic Floor muscle(s) from it’s/their insertion on the bony parts of the pelvis.
Prolapse Feels Like……

- A ‘falling down/dragging sensation’ in the pelvis.
- Low back pain
- Difficulty inserting or keeping a tampon in place
- A ‘bearing down’ inside the pelvis
- Difficulty with sex – laxity or difficulty penetration
- Difficulty evacuating the bowels fully/satisfactorily
- Anything that just doesn’t feel like it did before........

- Ultimately, GET HELP, if it doesn’t feel right, it probably isn’t….silence and worry isn’t an option!

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Types of Prolapse

• Grades of Cystocoele (Anterior Wall Prolapse)
Types of Prolapse

- Rectocele (Posterior Wall Prolapse)
Types of Prolapse

- Uterine Prolapse
Vaginal Vault Prolapse
Enterocele (Intestinal Prolapse)

Enterocele is a condition where small intestines push the back of the vagina toward the opening.
Management/Repair of Prolapse

(Adapted from Pelvic Floor Essentials by Sue Croft, Women’s Health Physiotherapist: http://suecroftphysiotherapist.com.au/)

• Conservative – Pelvic Floor exercise, lifestyle changes, breathing re-education, improved defeacation strategies, improved nutrition protocols……all can make a huge difference in the perception of Prolapse.

• Local Oestrogen to improve the quality of the tissues – especially during breastfeeding and post Menopause.

• Pessaries to support the prolapsed organ.

• Surgical intervention.
Hernia’s 101 – What Are They and Why?

• A hernia is a weakness or tear in the abdominal muscles. In the same way that an inner tube pushes through a damaged tire, the inner lining of the abdomen pushes through the weakened area of the abdominal wall to form a small, balloon-like sac. A loop of intestine or abdominal tissue can push into the sac, which may cause a noticeable bulge under the skin. The pressure of tissue pushing through the weakened area can cause significant pain and discomfort.

• Where Do Hernias Occur?
  • A hernia can push through any part of a weakened section of the abdominal wall, like at the incision site of a previous surgery. However, the most common site is in the groin.
  • In the case of the Post Natal woman, UMBILICAL HERNIAS are most common.
Signs/Symptoms of a Hernia

• A bulge or swelling that may pop in and out with episodes of pain and tenderness
• Chronic pelvic pain
• Pain when straining, lifting, or coughing or when intra-abdominal pressure is increased.

• When is a poochy tummy not just about Diastasis but actually an Umbilical hernia? It looks like the photo above!
• Management of PRESSURE is key as a first-in-line conservative solution but ultimately they will need clinical attention as they increase in size, severity or cause discomfort. SEEK CLINICAL HELP.
Hernias - Inguinal

- Inguinal - Inguinal hernias are located in the lower abdomen just above the leg crease, near or adjacent to the pubic area. They can sometimes occur on both sides of the pubic area, and if they do, they are called bilateral inguinal hernias. Inguinal hernias, along with femoral hernias make up the 2 types of groin hernias and can produce pain that extends into the upper thigh or scrotum.

Inguinal hernias can be classified as "direct" or "indirect".

- An indirect inguinal hernia occurs through the natural weakness in the internal inguinal ring.
- A direct inguinal hernia is a result of weakness in the floor of the inguinal canal and is more likely to develop in older men over the age of 40. The floor of the inguinal canal is located just below the internal inguinal ring.
- When inguinal hernias are repaired with a technique called tension repair, recurrence rates may be higher than 15%, which means that the hernia may reappear in time. Other hernia repair techniques, such as tension-free and laparoscopic tension-free, have much lower recurrence rates.
Hernias - Ventral

• A hernia that appears in the abdomen at the site of a previous surgery is known as a ventral or incisional hernia. These hernias can appear weeks, months, or even years after surgery and can vary in size from small to very large and complex. When repaired with a technique called tension repair is used, ventral hernias have a 50% recurrence rate. Other hernia repair techniques, such as tension-free and laparoscopic tension-free, have much lower recurrence rates.

• Ventral hernias are also called incisional hernias. These hernias can appear at the site of a previous surgery weeks, months, or even years later and can vary in size from small to very large and complex. Seek clinical guidance for suspected Ventral Hernias.
Femoral hernias are rare but occur almost exclusively in women. These hernias appear just below the groin crease and are usually the result of pregnancy and childbirth. A weakness in the lower groin allows an intestinal sac to drop into the femoral canal, a space near the femoral vein that carries blood from the leg. These hernias are more prone to develop incarceration or strangulation as an early complication than are inguinal hernias. Therefore, once these hernias are diagnosed, early repair is very strongly advised before such complications occur.
Hernias - Umbilical

- Umbilical - Umbilical hernias occur near the bellybutton or navel, which has a natural weakness from the blood vessels of the umbilical cord. These hernias may occur in infants at or just after birth and may resolve by three or four years of age. However, the area of weakness can persist throughout life and can occur in men, women, and children at any time. In adults, umbilical hernias will not resolve and may progressively worsen over time. They are sometimes caused by abdominal pressure due to being overweight, excessive coughing, or pregnancy. When repaired with a technique called tension repair, umbilical hernias have a fairly low recurrence rate. Other hernia repair techniques, such as tension-free and laparoscopic tension-free, have much lower recurrence rates.
Hernias - Epigastric

- Epigastric - They occur due to a weakness, gap, or opening in the muscles or tendons of the upper abdominal wall, on a line between the breast bone and the navel or umbilicus.
Hernias - Hiatal

Hiatal hernias are slightly different from other types of hernias because they are a weakness or opening in the diaphragm, which is the muscle that separates the chest cavity from the abdominal cavity. These hernias cause reflux of acid from the stomach into the oesophagus, which can lead to heartburn, pain, and erosion of the oesophagus. Surgery to repair this type of hernia is usually more complicated and may require a longer hospital stay.
Reducible vs Non-Reducible Hernias

- A hernia with a bulge can be classified based on whether or not the bulge can be flattened.
- A reducible hernia is a hernia with a bulge that flattens out when you lie down or push against it gently. This type of hernia is not an immediate danger to a person’s health, although it may be painful and worsen over time if left untreated.
- A non-reducible hernia occurs when the loop of the intestine becomes trapped and a person loses the ability to make the bulge flatten out. Non-reducible hernias are often very painful and require prompt medical attention.
Types of Hernia Repair

• **Tension Repair** - Tension repair used to be the only repair option available to people with hernias. In this procedure, the surgeon makes an incision in the abdomen over the hernia site, pushes any protruding tissue back into the correct position within the abdominal cavity, and then stitches the incision closed. This type of repair is called a tension repair because the stitches (or sutures) put tension on each side of the defect in order to keep it closed.

• **Tension-Free Repair** - Tension-free techniques are the most common hernia repair techniques and are considered the standard of care by the American College of Surgeons. Tension-free repair techniques use a piece of mesh to bridge the hernia defect as opposed to sewing the two sides of the incision above the hernia together with stitches.
Types of Hernia Repair

• To perform a laparoscopic inguinal hernia repair, the surgeon makes 3 – 4 small incisions on the abdominal wall and inserts small tubes, through which an endoscope and dissecting instruments can be passed. The entire procedure is watched by the operating team on a video screen. The space under the inguinal canal or within the abdominal wall is dissected and any organs that have entered the hernia sac are brought back into the abdominal cavity. A piece of mesh is then placed over the weakened area and held in place with any of a variety of attachment devices.

This surgery is called posterior hernia repair because the hernia is being repaired from behind the abdominal wall. It differs from traditional mesh repairs, in which the mesh is placed on the outside of the abdominal wall.
Potentially Life-Threatening Hernias

• Hernias can also be classified based on their status and severity. An incarcerated hernia or obstructed hernia is one in which the tissues have become trapped. This is also called a non-reducible hernia and is very serious because it may lead to intestine or tissue strangulation. A strangulated hernia happens when part of your intestine or other tissue becomes tightly trapped and the blood supply is cut off. Strangulated hernias can result in gangrene. This condition is considered a medical emergency and requires immediate surgery to undo the blockage and repair the hernia.