



THE FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE (UROGYNECOLOGY) SERVICE OF ATRIUS HEALTH

We specialize in helping women who suffer from urinary incontinence, urinary frequency and urgency, and pelvic floor prolapse (the bladder or uterus falling out of the vagina). If your bladder control is inadequate or you feel something pushing down from the vagina, we can offer you relief from these distressing problems with many forms of treatment.

The development of new methods of diagnosis and therapy in recent years means that we can do more to alleviate your problems than ever before. Our center is a state-of-the-art urogynecology service that can give you the best of what is available.

HOW CAN WE HELP YOU

Our first step is to determine the cause of your incontinence. The initial evaluation may include a complete medical history and physical examination, a bladder symptom questionnaire and sometimes a bladder diary (a 24-hour record of how much liquid you drink and how much you urinate).

In some cases, we will also do a urodynamic exam during a second appointment. At the beginning of the exam we put some anesthetic jelly (not an injection) into the urethra (where urine comes out of your bladder) so the exam does not hurt. During the exam we use thin tubes in the bladder and either the vagina or rectum to measure how your bladder reacts to filling with water, standing, coughing, exercise and other activities. You may also be asked to urinate into a measuring cup and we will drain your bladder to see whether any urine is left after urination. The urodynamic exam often helps us to understand more precisely what is causing your bladder problem.

WHAT'S CAUSING YOUR BLADDER PROBLEM?

If your problem is incontinence, we may discover one of several possible causes.

- Stress incontinence may be due to poor bladder support by the pelvic muscles or to a weak or damaged sphincter. This condition allows urine to leak when you do anything that strains or stresses the abdomen, such as coughing, sneezing, laughing or even walking.
- Urge incontinence results when an overactive bladder contracts without you wanting it to do so. You may feel as if you can't wait to reach a toilet. At times, you may leak urine without any warning at all.
- Mixed incontinence is a combination of both conditions—stress and urge incontinence.
- Overflow incontinence occurs when the bladder becomes so full that it simply overflows. This happens when bladder weakness or a blocked urethra prevents normal emptying.

- Functional incontinence occurs when people cannot get to a toilet when they need it due to a physical or mental disability.
- Nocturnal enuresis is incontinence that occurs during sleep.

HOW DO WE TREAT YOUR BLADDER PROBLEM?

After the entire evaluation is complete, we will discuss with you the causes of your bladder problem and the best ways to treat it. You will decide with your doctor which treatment is best for you.

- Pelvic floor exercises can strengthen the muscles that control the bladder. We can train you to do these exercises correctly to regain and maintain continence.
- Bladder retraining (gradually prolonging the time between visits to the toilet) can help many people with urge incontinence.
- Medication can relax the bladder or tighten the sphincter muscles. Also, some medicines you take for other conditions can affect your bladder control.
- Surgery can restore support of the pelvic floor muscles. New surgical methods can allow you to recover very quickly and return to normal activities in a few days.
- Injection of material around the urethra to strengthen resistance to urine flow is a good choice for some women.
- Vaginal devices (pessaries) can be an effective way to control continence and relieve prolapse.

During all of your visits for evaluation and treatment, we welcome any questions you may have. We want you to understand fully what is happening in your body, what your examination and tests show and what your treatment plan is.

WHO ARE OUR PHYSICIANS?

George Flesh, MD	Burlington and West Roxbury
Janet Li, MD	Quincy
Katherine Hanaway, MD	Somerville

WHERE CAN YOU GO FOR HELP?

Burlington:	20 Wall Street	Phone: 781-221-2940
Quincy	1250 President’s Place	Phone: 617-774-0940
Somerville	40 Holland Street	Phone: 617-629-6330
West Roxbury:	291 Independence Drive	Phone: 617-541-6646

UROGYNECOLOGY QUESTIONNAIRE

(Please bring this form to your initial appt - Please arrive 15 minutes prior to your appt time)

Name: _____

	YES	NO
1. Do you leak urine immediately when you cough, sneeze, laugh, or lift?		
2. Do you leak urine with physical activity such as walking, running or jumping?		
3. Do you have difficulty holding urine if you suddenly stand erect from a sitting or lying down position?		
4. If sexually active, do you lose urine during intercourse?		
5. Is your bladder control good unless you cough, sneeze, laugh, or strain?		
6. Do you ever have such an uncomfortably strong need to urinate such that if you do not immediately reach the toilet you will leak?		
a. If yes, can you overcome the urge? (Circle one) <i>usually</i> <i>occasionally</i> <i>never</i>		
b. Do you ever lose urine before reaching the toilet?		
7. Do you develop an urgent need to urinate when you are nervous, under stress, or in a hurry?		
8. Is it necessary for you to urinate frequently?		
9. How often do you urinate during the day? Every _____ hours		
10. How many times do you void during the night after going to bed? _____ times.		
11. Does the sight, sound, or feeling of running water cause you to lose urine?		
12. If you leak, is your clothing.....? (circle one) <i>damp</i> <i>wet</i> <i>soaking wet</i>		
13. Do you find it necessary to wear protection because you get wet?		
* How often do you find this necessary? (circle one) <i>all the time</i> <i>occasionally</i>		
14. Do you have pain or discomfort when you urinate?		
15. Is your urine ever bloody?		
16. Do you have to strain to start or maintain a stream of urine when you void?		
17. Have you had your urine removed by a catheter because you were unable to void?		
18. After you urinate, do you dribble or have a feeling that your bladder is still full?		
19. Do you wet the bed?		
* Did you as a child?		
20. When did your bladder symptoms begin?		
* Are they progressive?		
21. Have you had treatment for urinary tract disease such as stones, bladder infections, kidney infection, injuries?		
22. Have you ever had paralysis, polio, multiple sclerosis, a serious back injury, a cyst or tumor on your spine, tuberculosis, a stroke, diabetes, or pernicious anemia?		
23. Have you ever had an operation on your spine, brain, or bladder?		

MEDICAL HISTORY:

Please circle the specific disease if you have ever had or been diagnosed:

Chicken pox	Ulcers
Cancer	Gallbladder disease
Heart Murmur	Hepatitis/jaundice
High blood pressure	Irritable bowel
High cholesterol	Colitis
Heart attack or angina	Thyroid disease
Stroke	Diabetes
Phlebitis/blood clots in legs	Anemia
Pulmonary embolus	TB (tuberculosis)
Asthma	Seizures
Migraines	Depression
Osteoporosis	Arthritis
Kidney Problems	Other: _____

Please circle if you CURRENTLY have problems with:

Environmental allergies	Chest pain
Easy bruising	Difficulty breathing
Weight loss or gain	Persistent cough
Fatigue	Abdominal pain
Skin/moles	Indigestion or nausea
Eyes/ears/hearing	Bowels
Nose/throat	Abnormal vaginal discharge
Hot flashes	Muscle or joint pain
Enlarged glands or lumps	Back pain
Headaches	Varicose veins
Breasts	Depression or anxiety
	Insomnia/trouble sleeping
	Other: _____