

GYNAECOLOGY & OBSTETRICS UPDATE

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A lecture on
Uro-gynaecology
Update

T M Malak

Grand Hotel,
Eastbourne

14.9.99 7:30 pm

Urogynaecology Update: Management of Female Urinary Symptoms

Urinary Symptoms: Incontinence, urgency, frequency, voiding difficulty, recurrent cystitis, or haematuria

History

- Determine the predominant urinary symptoms: type of incontinence: urge and/or stress, frequency, urgency, change in urinary stream and sensation of incomplete emptying
- Haematuria, Recurrent cystitis

Clinical examination

- Abdominal for palpable bladder,
- Vaginal examination for pelvic pathology
- Neurological exam of lower limbs for spinal cord disease,
- In elderly, exclude causes of transient incontinence such as pneumonia, heart failure and acute stroke.

Investigations

- Mid-stream urine culture. Urine should also be tested for the presence of glucose and red blood cells
- Frequency/volume charts: Volume of urine at each void is recorded together with episodes of incontinence
- KUB & Scan of upper urinary tract is not required in patients without haematuria unless searching for anatomical abnormality

Check if any of the following conditions is present:

- Palpable bladder after micturition or confirmed large residual volume of urine after micturition
- Recurrent cystitis.
- Persistent haematuria
- Previous surgery for urinary incontinence
- Gynaecological conditions eg: Any degree of vaginal and/or uterine prolapse especially cystocele,
- Pelviabdominal masses (fibroids, ovarian tumours, etc.), Menstrual disorders, Pelvic pain
- Vesico-vaginal fistula
- Evidence of neurological diseases

Yes

No

Referral to a specialist clinic

Initial Management for 3 months

If the predominant symptoms are urgency, frequency and/or urge incontinence

- Treat associated atrophic vaginitis
- Drugs with an anticholinergic action are generally effective: Oxybutynin, Tolterodine (Detrusitol), a pure anticholinergic agent, and Proteroverine (Detrunorm HCL) which has a dual antimuscarinic and calcium antagonist action have recently been introduced
- Bladder training or bladder re-education may be used alone or in conjunction with medication

- ### If the predominant symptom is stress incontinence
- Treat associated atrophic vaginitis
 - It is accepted that the most effective treatment of severe or persistent genuine stress incontinence is surgery. For mild to moderate cases physiotherapy is the first approach

No improvement after 3 months

Referral to a specialist clinic