For Your Patient

What Elderly Women Should Know About Urogenital Health

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Introduction
Adult women who enjoy urogenital health are usually sublimely unaware of their pelvic organs. It is not until urogenital organ dysfunction occurs that attention is focused upon factors that are essential to the maintenance of a healthy urogenital tract. Maintenance of urogenital health is largely dependent upon healthy lifestyle habits and, to a lesser extent, a woman’s hormonal milieu. This article will briefly discuss the following relevant topics: normal anatomy and function, the effect of lifestyle and hormones on normal functioning of the urogenital organs, and common problems encountered with aging.

Normal Anatomy and Function of the Urogenital Tract
The urogenital tract is composed of three organ groups which lie in close proximity within the pelvic cavity: the bladder and urethra; the genital organs (uterus, fallopian tubes, ovaries, vagina and vulva); and the rectum and anal canal.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Common Problems of the Urogenital Tract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder</td>
<td>Stress incontinence</td>
</tr>
<tr>
<td></td>
<td>Overactive bladder</td>
</tr>
<tr>
<td></td>
<td>Recurrent urinary tract infection</td>
</tr>
<tr>
<td>Bowel</td>
<td>Constipation</td>
</tr>
<tr>
<td></td>
<td>Fecal and/or flatal incontinence</td>
</tr>
<tr>
<td></td>
<td>Difficulty with evacuation</td>
</tr>
<tr>
<td>Genital Tract</td>
<td>Pelvic organ prolapse</td>
</tr>
<tr>
<td></td>
<td>Dyspareunia</td>
</tr>
<tr>
<td></td>
<td>Vaginitis</td>
</tr>
</tbody>
</table>

These organs share a common embryologic origin and all possess estrogen receptors. They rest upon a common support structure—the pelvic diaphragm or levator muscles—which not only invests each organ with supportive fibres, but also contributes to the mechanisms that maintain urinary and anal continence and close the introitus of the vagina. The urethral and anal continence mechanisms are dependent upon the normal functioning of both smooth and striated muscle sphincters. When pressure waves are transmitted to the pelvic organs, reflex contraction of the striated muscles enhances the function of these sphincters, maintaining continence.


Common Problems of the Urogenital Tract
Urogenital dysfunction can occur at any age. As a general rule, urogenital problems are uncommon in young nulliparous women. Problems are most likely to occur as a consequence of pelvic organ injury at the time of childbirth and/or as a consequence of weakened and atrophic tissues resulting from a combination of the natural processes of aging and the decline of endogenous estrogen levels at the time of menopause. Common problems of the urogenital tract affect the bladder, bowel and genital tract (Table 1).

Bladder
Stress urinary incontinence is caused by failure of the urethral continence mechanism at times of increases in intra-abdominal pressure. The continence mechanism can be understood to have an intrinsic component (muscles, tissues and vascular plexus) and an extrinsic component (the structures maintaining the urethra in its normal position within the pelvis). In postmenopausal women, a decline in estrogen levels may result in atrophy of the urethral tissues and a decrease in pressure in the urethra. Childbirth in general and, more specifically, spontaneous or assisted vaginal birth can injure the urethral continence mechanism, particularly the pelvic support structures. Urinary incontinence pessaries are an effective, conservative method of treating stress incontinence.

Overactive bladder is manifested by symptoms of urinary frequency, urgency and urgency incontinence. More than 85% of women complaining of this constellation of symptoms do not have an organic cause for their problem. Daily habits and lifestyle can have a profound effect on bladder storage age of urine. Regular exercise helps prevent constipation, which in turn avoids chronic pressure on the bladder from stool in the rectum. Beverages which contain caffeine, artificial sweeteners and citrus juice may irritate the bladder and cause symptoms of urinary frequency, urgency and urgency incontinence. Excessive consumption of fluid (>8 glasses/day), unless warranted by a medical condition, should be avoided.

Recurrent urinary tract infection can be a problem for some women. Colonization of the vagina by pathogenic bacteria may predispose a woman to bladder infection. Vaginal treatment with estrogen has been shown to resolve this problem.

Bowel
Constipation and difficulty with bowel evacuation are common problems amongst women. While constipation may have organic or iatrogenic causes, this does not hold true in the majority of...
cases and thus may be corrected by lifestyle modification. A program of regular exercise and sufficient intake of dietary fibre and fluid often suffices to correct constipation. Use of supplemental fibre helps to increase stool bulk, which improves bowel evacuation.

Anal incontinence is a distressing symptom. Obstetric injury of the external anal sphincter is responsible for a limited number of cases. Flatal incontinence, the most common type of anal incontinence, can often be relieved by eliminating activities associated with swallowing air; such as drinking carbonated and hot beverages and chewing gum. Kegel’s exercises may increase the resting tone of the external anal sphincter, permitting greater control of the rectal contents. Minor fecal incontinence may be relieved by treatment of anal lesions, such as hemorrhoids and fissures, as well as by efforts to increase stool bulk. More severe degrees of fecal incontinence warrant careful evaluation for an organic cause.

Genital Tract

Pelvic organ prolapse is a particularly troublesome problem. Treatment options are limited and surgical repair is often recommended. Although etiologic factors are not clearly delineated, broad categories include inherited tissue weakness, chronic stress upon the pelvic organs as a result of occupation or medical condition, and decline in hormones which occurs in menopause. There is no clear evidence that either pelvic floor exercises or hormone replacement will serve either a preventative or a therapeutic role. Prevention must centre around lifestyle modification (avoiding heavy lifting and straining) and optimization of care for chronic conditions which result in pelvic floor strain (constipation, chronic obstructive pulmonary disease).

Dyspareunia has many different causes. Postmenopausal dyspareunia often develops as a consequence of the vaginal epithelial thinning which occurs as estrogen levels decline. Although lubricants can help with this problem, estrogen replacement is most effective. Women should be informed that there are methods of delivering estrogen to the vaginal tissues which avoid systemic absorption, a concern of many women who worry about breast cancer (see article, page 9).

Vaginitis may result from thinning vaginal epithelium. Symptoms may include discharge and, more often, a feeling of vaginal dryness and irritation. Local estrogen replacement will relieve these symptoms.

Important Take Home Messages for Women Concerning Urogenital Health & Aging

Urinary incontinence is not “just a normal part of growing older”. It is a treatable health condition. A healthy lifestyle contributes to normal function of the bladder, genital tract and bowel even as one ages. Features of a healthy lifestyle include:

For the bowel
1. Regular aerobic exercise (e.g., walking, biking, running) helps avoid constipation.
2. Always answer the call to move your bowels (ignoring your bowels can lead to constipation).
3. Pelvic floor exercises (Kegel’s exercises) strengthen the muscle which closes the rectum.
4. Eat a well-balanced diet with adequate amounts of non-carbohydrate, non-caffeinated fluids and plenty of fibre (fruits, vegetables, whole grains) to promote regular bowel movements and avoid constipation.
5. Avoid carbonated drinks and chewing gum if you have a problem with gas escaping from the rectum.

For the bladder
1. Kegel’s exercises can stop or reduce bladder leaking.
2. There are medications which help stop bladder leaking.
3. There are devices (pessaries) which stop bladder leaking.
4. Estrogen treatment in the vagina may help prevent repeated bladder infections.

For the bowel
1. Kegel’s exercises can stop or reduce minor bowel leaking.
2. Treatment of hemorrhoids and fissures of the rectum can stop bowel leaking.
3. There are medications which can help stop bowel leaking and prevent constipation.

For the vagina
1. Estrogen treatment in the vagina
can cure vaginal dryness, discharge and painful intercourse as well as problems with repeated bladder infections.

References