OUR EXPERIENCE IN A MULTIDISCIPLINARY PERINEOLOGY CLINIC OVER 10 YEARS IN THE HEART OF EUROPE: WHAT ABOUT SEXOLOGY?

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BRUSSELS

VUB-ULB (VRIJE UNIVERSITEIT BRUSSEL-UNIVERSITÉ LIBRE DE BRUXELLES)

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PERINEOLOGY

- Evolution towards **an aging population + better general public health**
  - ➔ Prevalence of pelvic floor problems is **growing**
  - ➔ Difficult to accept a **diminished quality of Life**

- **28.1 millions de femmes** suffer from at least one pelvic floor pathology in 2010 and it's estimated to grow to **58.2 millions in 2050**.
- The number of women with
  - Urinary incontinence will grow with 55%,
  - Fecal incontinence with 59%,
  - Prolapse with 46%.

Wu et al. Obstet. Gynecol. 2009

PERINEOLOGY AND SEXOLOGY

- Increased life expectancy and **changes in society leading to a life with possibly more than one consecutive partner**
  - Couples expect to continue sexual activity after the age of 65.
  - Contrasts with the stereotype of older adults asexual or disinterested in sex.
  - Sexual desires persist into old age, with nearly a quarter of those aged 75–85 being sexually active

- **As for the other aspects determining QoL: expectation of a continuous satisfying sexual intimacy and an enjoyable sexual activity despite the aging body.**

Prog Urol. 2013 Ribes G,;WHO Report on Ageing and Health. 2015; S.T. Lindau, NEJM,2007

PERINEOLOGY AND SEXOLOGY

- Up to 68% of women attending urogynecology clinics admit to experience sexual dysfunction and prolapse and/or incontinence adversely affecting sexual function

Nancy A. Am Fam Physician. 2000. Geiss M, Urology. 2003

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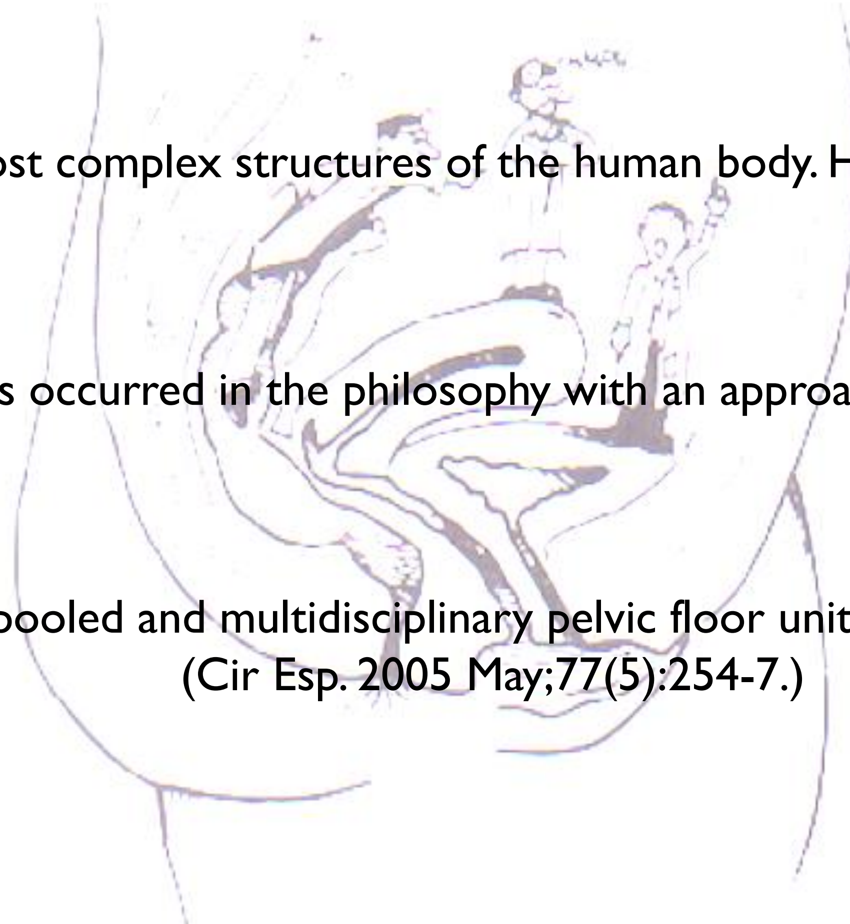
A PELVIC FLOOR CLINIC 1.0



- The pelvic floor is one of the most complex structures of the human body. Historically, the approach to pelvic floor disease has been "vertical".
- In the last few years, a change has occurred in the philosophy with an approach of these diseases as in one structure in the perineal area.
- Various professionals should be pooled and multidisciplinary pelvic floor units should be created because of their skills and knowledge (Cir Esp. 2005 May;77(5):254-7.)

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A PELVIC FLOOR CLINIC 2.0

- Luckely, more and more specialists do realise that this cooperation is essential
- Currently, there is one recent published article on the impact of joint pelvic floor multidisciplinary team (MDT) meetings on patient management.
  - They saw for example that all cases of prolapse were accompanied by either urinary incontinence and/or defecation problems
  - 20% of the treatment strategies were adapted after the meeting

Ivilina Pandeva ,J Multidiscip Healthc. 2019

A PELVIC FLOOR CLINIC 2.0

- Management by a single specialist, whose expertise did not necessarily span all domains ➔inferior outcomes, including incomplete resolution of symptoms and high failure rates after surgery.
- National Institute for Health and Clinical Excellence (NICE) recommended multidisciplinary team (MDT) management of patients with PFD to standardize treatment and improve patient outcomes.

NICE Royal College of Obstetricians and Gynaecologists; 2013.
Delancey JO. Am J Obstet Gynecol. 2005

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A PELVIC FLOOR CLINIC 2.0

The Johns Hopkins Women's Center for Pelvic Health brings dignity and expertise to women with the difficult (and often embarrassing) problems that come with pelvic floor disorders. Nationally recognized specialists offer a sense of hope and individualized care, helping patients regain their function and the confidence to get back to the things they enjoy.

Women's Center for Pelvic Health now located in the "301 Building" at Johns Hopkins Bayview Medical Center

The center brings together a team of gynecologists, urologists and physical therapists. Each member of our team specializes in the diagnosis and treatment of pelvic floor dysfunction, a term applied to conditions that affect the pelvic organs. Our experts treat a variety of patients—from those with the simplest problems, to others who need complex testing and advanced surgeries.

Evaluation, diagnosis, and non-surgical and surgical treatments are provided for:

- urinary incontinence
- neuro-urologic disorders
- pelvic organ prolapse
- fecal incontinence
- defecatory dysfunction and inflammatory bowel disorders
- and other pelvic floor disorders

The Johns Hopkins Women's Center for Pelvic Health provides patients the best possible outcomes by offering compassionate care, along with the latest therapies and cutting-edge technologies. Patients are seen at a variety of convenient locations throughout the Baltimore metropolitan area, including Johns Hopkins Bayview Medical Center, Johns Hopkins at Green Spring Station, Johns Hopkins at White Marsh and Johns Hopkins at Odenton.

For more information or to schedule appointment, please call 410-550-4406.

Pelvic Floor Center

The Pelvic Floor Center is a highly specialized, state-of-the-art facility. It is one of the few centers of its kind in this country to offer a multi-disciplinary approach to patient care and the diagnosis of Pelvic Floor Disorders. We are proud to have leading specialists in the areas of colon and rectal surgery, urology and urogynecology on staff to consult with you and help direct your care.

As the largest center of its type in the country, the Pelvic Floor Center provides highly personalized care for over 2500 patients each year as well as being a leader in researching new treatment options. By establishing ourselves as a leading research center and referral site, we can offer advanced treatment options and an individualized, comprehensive treatment approach to every person we see.

The Pelvic Floor Center provides diagnosis, consultation and innovative care options for:

- Fecal and urinary incontinence
- Urinary retention and other voiding dysfunctions
- Chronic constipation
- Pelvic organ prolapse
- Rectal cancer

Although most of these disorders are not life threatening, these health issues affect a broad range of patients and can have a devastating effect on quality of life.

We offer the following diagnostic testing:

Anal Manometry - Measures the strength of the internal and external sphincters, coordination of the muscles of the pelvic floor, and assesses sensations in the rectum. Used to assess constipation, fecal incontinence, to rule out Hirschsprung's and many other pelvic floor conditions.

EMG recruitment - Assess patient's ability to voluntarily contract and relax the pelvic floor muscles. Used to assess relaxation of the pelvic floor in constipation.

Pudendal nerve EMG - Assesses conduction of the pudendal nerve. Used primarily in diagnosis of cause of fecal incontinence but also in rectal prolapse and enterocele.

Rectal ultrasound - Images the layers of the rectal

Charles O. Finne III, MD

Ann C. Lowry, MD

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Amy J. Thorsen, MD

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PERINEOLOGY CLINIC CHU ST-PIERRE, BRUSSELS

Since 2009

“A physical identified and isolated place was created where the global approach in a way to give patient centered care is made possible”

PELVIC FLOOR CLINIC 3.0

- Global approach in a unit of space and time

- Patient will be central and starting from her most important pathology, search for eventual comorbidities via a **standardised questionnaire**
- Don't try to classify the pathology and symptoms in a certain speciality.
- **Leading guide=team work and respect**

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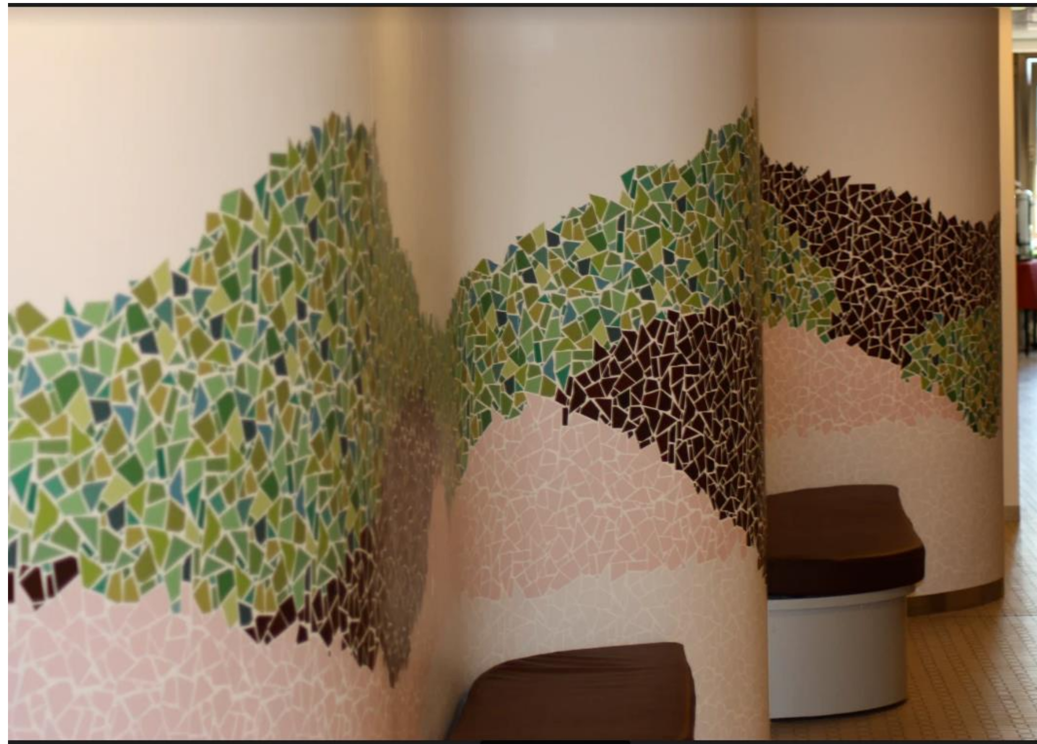
PELVIC FLOOR CLINIC 3.0

- Patient will be received in the less hostile and discrete environment possible
- No waist of time by taking appointments with different specialists, because different specialists work side by side.
- No multiplication of appointments,physical examinations and explanations



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PELVIC FLOOR CLINIC 3.0

- Improvement of communication between specialists
- Immediate and complete result with report for the GP
- Extensive patient information by images/mals/projected text in the waiting room
- The most complexe cases have to be discussed during a monthly multidisciplinary meeting

PELVIC FLOOR CLINIC 3.0

- Need for uniform and clear communication with the patient as well as with the referral person
- It is essential that each team member has **mutual respect and trust of each other and has an equal voice with different opinions. Best practice should be shared with an opportunity for learning from each other**.

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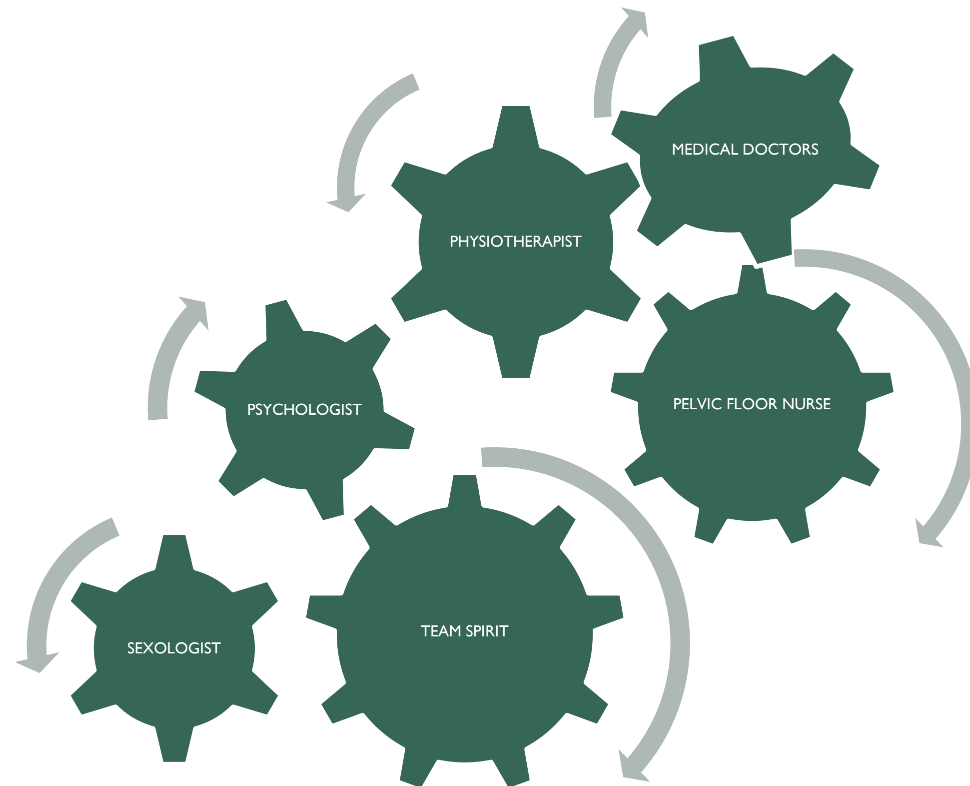
PELVIC FLOOR CLINIC 3.0

- Members of the team
  - Gynecologist
  - Urologists
  - Gastro-enterologist
  - Digestif Surgeon
  - Physiotherapist
  - Dermatologist
  - Psychologist
  - Sexologist
  - Mid Wife
  - Pelvic floor Nurse



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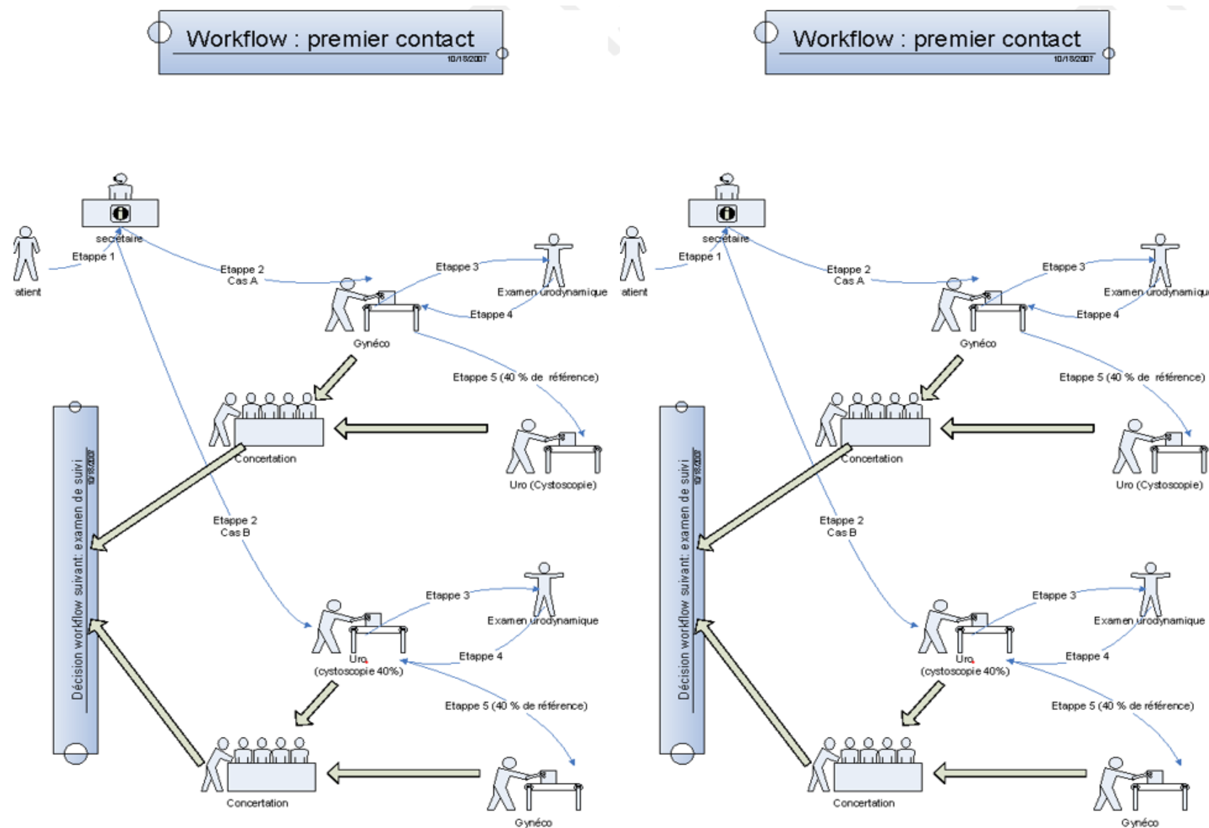
PELVIC FLOOR CLINIC 4.0

PELVIC FLOOR CLINIC 4.0: PATH OF CARE



- Patient really central
- Experience based ➔ evidence based
- Academic Reference Center
- Need of official recognition

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PELVIC FLOOR CLINIC 4.0: PROGRAM OF CARE

- **Co –existence of different pathologies**
- **Co-occurrence of minimum 1 other PP pathology is**
  - **80%** in case of urinary incontinence
  - **69%** in case of prolapse
  - **48%** for anal incontinence
- **Transition of the different pathways**

➔Complexe Algorithm

Lawrence, Obstet Gynecol. 2008

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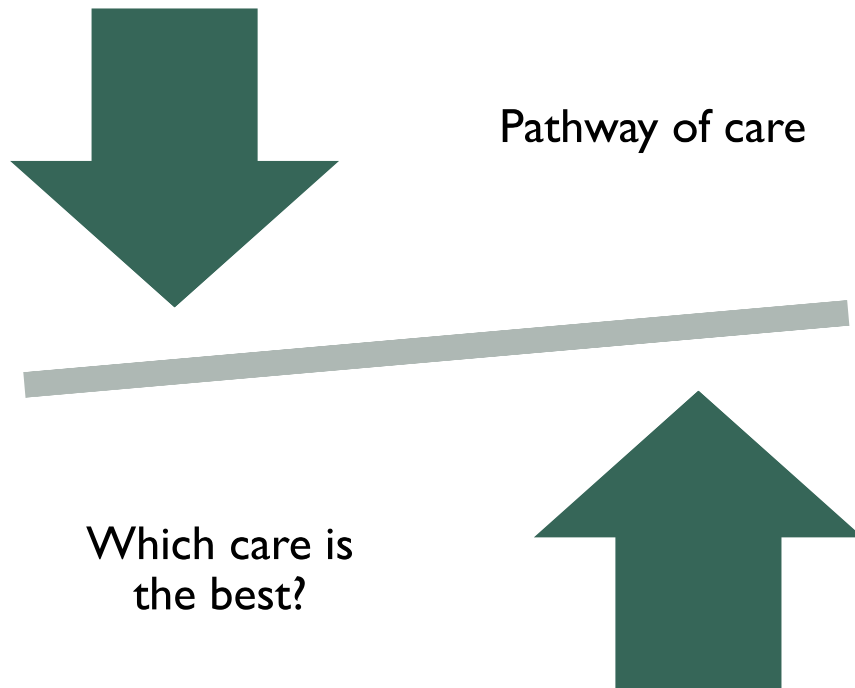
PELVIC FLOOR CLINIC 4.0: PROGRAM OF CARE: ANALYSIS



- **Patients Profile**
  - 10 years activity
  - > 8000 patients
  - End 2020
- **Activity → Which care for which pathology?**
  - 5000 medical consultations /year
  - 7000 kineconsultations /year

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PELVIC FLOOR CLINIC 5.0??

- Multidisciplinar pelvic floor clinic existing since 10 years: functional problems→ care program
- New techniques → introduction in the clinic → extending the limits of the actual care program
  - Hyaluronic acid,Laser, Radiofrequency, …

PELVIC FLOOR CLINIC 5.0
RESPONSIBILITY AND EDUCATION

- The World Health Organization has stipulated that the maintenance of sexual health is the physician's responsibility
- **Sexual medicine is not given a high priority** in medical education, which leaves many providers uncomfortable
- Even if 95% of North American medical schools offer educational material in sexuality, **1/3 do not address important topics such as taking a sexual history**
- Overall education?

Dunn, 1997

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VARIABLES THAT CAN AFFECT SEXUAL HEALTH

PELVIC FLOOR DISORDERS

Hypertonic disorders of the pelvic floor or myofascial pelvic pain

- The hypertonus can be a result of pain or injury but also can be the origin of pain
- Childbirth, surgery, chronic low back or hip pain, pelvic pain, recurrent vaginitis, bladder infections, dysmenorrhea, constipation or irritable bowel, neuromuscular and inflammatory disorders, chronic pain syndromes, and anxiety can all be underlying etiologies.
- Pelvic floor muscle hypertonus has been associated with interstitial cystitis, provoked vestibulodynia, and generalized vulvodynia and dyspareunia.

VARIABLES THAT CAN AFFECT SEXUAL HEALTH
PELVIC FLOOR DISORDERS

Hypertonic disorders of the pelvic floor or myofascial pelvic pain

- No obvious organic disease such as positive urine cultures, vaginitis, or adnexal pathology
  - ➔ untrained clinicians are unable to find the cause of their symptoms.
  - ➔ lack of recognition or training of this diagnosis as a cause of sexual pain or sexual dysfunction?

Multidisciplinary approach is mandatory to resolve the identified aspects of the sexual dysfunction

Dunn,1997;Fitzgerald 2003

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VARIABLES THAT CAN AFFECT SEXUAL HEALTH
PELVIC FLOOR DISORDERS

Overactive bladder

- Overactive bladder (OAB) is characterized by urinary urgency, with or without urinary incontinence, urinary frequency, and nocturia.
- The **fear of leakage** during sexual stimulation and intercourse as well as the urgency and frequency felt afterward interfere with a woman's enjoyment of sexual relations
- **Treatment significantly improves** sexual frequency, desire, lubrication, orgasm, satisfaction, pain, and total Female Sexual Function when study populations were compared at baseline and then 3 to 12 months post-treatment

Multidisciplinary approach is mandatory

Coyne, 2007;Pauls,2007

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VARIABLES THAT CAN AFFECT SEXUAL HEALTH
PELVIC FLOOR DISORDERS

Incontinence and Prolapse

- Sexual function is multidimensional ➔ difficult to assess the influence
- Pelvic floor symptoms are associated with **poorer genital body image** and reduced arousal, infrequent orgasm, and dyspareunia
- Adverse effects depend on the severity of the symptoms since **the more significant the disorder, the greater the decrease in sexual activity and satisfaction**
  - OAB➔ UI @ orgasm
  - USI➔ coital urinary incontinence @vaginal penetration
  - Asymptomatic POP- low grade➔ no association with sexual complaints

Multidisciplinary approach is mandatory

Handa,2004;Tannenbaum,2006;Zielinski,20

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VARIABLES THAT CAN AFFECT SEXUAL HEALTH
PELVIC FLOOR DISORDERS

Incontinence and Prolapse

- A **woman's overall sexual function improves after prolapse surgery** because of a resolution of preexisting dyspareunia as well as the interference of the bulge
- Surgical treatment for POP and SUI improves sexual function in both physical and partner domains with coital incontinence and subsequent embarrassment resolving in the majority of women

Multidisciplinary approach is mandatory

Handa,2007;Roos,2014

VARIABLES THAT CAN AFFECT SEXUAL HEALTH
PELVIC FLOOR DISORDERS

Anal Incontinence

- Commonly occurs as a result of high-order perineal lacerations, median episiotomy, and instrumentation.
- Anal sphincter laceration is found to be associated with a **delay in the return to sexual activity** at 6 months postpartum
- Anal sphincter laceration are mostly **part of a devastating injury of the pelvic floor with a high impact on the sexual relationship**
  - ➔ Fear of incontinence
  - ➔ Fear of pain,
  - ➔ disturbed body image
- Clinicians should be aware of the sexual disorders associated with these injuries

Multidisciplinary approach is mandatory

Pierce,2006; Brubaker,2008

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VARIABLES THAT CAN AFFECT SEXUAL HEALTH
PELVIC FLOOR DISORDERS

Surgery and Sexual Dysfunction

- Pelvic pain and dyspareunia due to **endometriosis** or adhesions may be improved after surgery or hormonal therapies
- Touching the vaginal apex with the penis, digit, or cotton swab may be painful **posthysterectomy** due to focal pain even after the vaginal cuff has healed. Treatment depends on the location and suspected origin of the pain. Surgery? Physiotherapy? Medication?
- Traditionally, maintenance of sexual function was mostly directed at the question **of preserving vaginal length and caliber** ➔ Vaginal anatomy is not well correlated with sexual function and still appears to be unrelated to sexual satisfaction

Multidisciplinary approach is mandatory

Ferrero,2005;Lamvu,2004;Weber 2000

VARIABLES THAT CAN AFFECT SEXUAL HEALTH
PELVIC FLOOR DISORDERS

Surgery and Sexual Dysfunction

- Surgery for POP also can lead to deterioration of sexual function.
  - **fear of causing damage to the surgical result**, new symptoms, and a disappointing result of surgery (
  - Pain postoperatively is typically during a period of 6 months
  - **De novo dyspareunia** can occur in up to 26% of women,
    - Posterior colporrhaphy and levator plication
    - Tight vaginal introitus.
    - Synthetic graft material

Multidisciplinary approach is mandatory

Ferrero,2005;Lamvu,2004;Weber 2000

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VARIABLES THAT CAN AFFECT SEXUAL HEALTH
PELVIC FLOOR DISORDERS

Sexuality in the Elderly Women➔ A neglected issue

- Sexuality in later life received growing attention in the past decade, but is mainly focused on the sexual functioning with a prime focus on erectile dysfunction and thus on penetrative sexual intercourse
- Heterosexual menopausal women:
  - Vaginal dryness; lack of libido, dyspareunia,…

    ➔ concern about current relationship and potential loss of partner

    ➔ engaged in seks even if they expected sexual difficulties

    ➔ woman's role is to be sexually available

    ➔ penetrative intercourse is viewed as "natural and normal" over other sexual intimacy.

Multidisciplinary approach is mandatory

P. Marès, 2018, Gudmundsdottir,2012,Ussher 2015;Yang 2016

VARIABLES THAT CAN AFFECT SEXUAL HEALTH POST PARTUM

- **Low desire during pregnancy and the postpartum period** is not unusual and it is well-known that it fluctuates during pregnancy typically decreasing in the third trimester
- 80% to 93% of women have resumed intercourse at 12 weeks postpartum ➔more than 80% of them report sexual problems during that time.
- At 6 months, 18% to 30% of these women still may be experiencing sexual problems, including dyspareunia
  - Fatigue !!
  - Breastfeeding negatively affects ➔ vaginal dryness.
- **Obstretic events: physical and psychological trauma**
  - Pain, vulvovaginal looseness
  - Fear of conceiving
  - Body image

Glazener ,Rogers,2009

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CONCLUSION

Health care givers to women have a duty

- to promote patient well-being.
- to provide education about sexual health and function,
- to evaluate sexual complaints as the standard care

Treating patients in an individualized fashion via a multidisciplinary approach is likely to lead to more successful outcomes.

CONCLUSION

- Most of all it’s about
  - Teamwork
  - Teaching
  - Trust
  - Respect
  - Knowledge sharing with all partners