Gynaecological Problems faced by Women with Neurological Disorders

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Gynaecological problems in neurological patients

• Common gynaecological problems
• Similar clinical presentation
• Related pathophysiology
• Difficulty to differentiate
• Different treatment
• Increased patient satisfaction
Primary Failure of Sphincter Relaxation
Gynaecological Pathology in Women with Primary Failure of Sphincter Relaxation

Karmarkar et al., 2015
<table>
<thead>
<tr>
<th>Gynaecological condition</th>
<th>Study group (n=41)</th>
<th>Control group (n=50)</th>
<th>P value</th>
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<td>Infertility</td>
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<td>4</td>
</tr>
<tr>
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<td>Gynaecological condition(s)</td>
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<td></td>
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<td>Endometriosis</td>
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<td>Polycystic ovarian syndrome</td>
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<td>Menorrhægia</td>
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<td>Chronic pelvic pain</td>
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</table>

Prevalence of Gynaecology Pathology in Women with and without Primary Failure of Sphincter Relaxation

Karmarkar et al., 2015
Recurrent UTI in Women with Primary Failure of Sphincter Relaxation

Lifetime risk of UTI 28%
In this group 50%
Infertility
Investigations and Management

Investigations
- Female and male assessment
- Hormonal assays
- Egg and sperm quality
- Compability

Interventions
- Timing
- Medical
- Artificial reproductive technologies
Fertility issues in MS

• Low pregnancy rate
• Hormonal alteration
• Sexual dysfunction
• Psychological factors
• Medication affecting fertility – steroids, cyclophosphomide
• Increases rate of relapse following ART
  ➢ GnRH agonists
  ➢ Stress
  ➢ Discontinuation of disease modifying drugs  (Hellwig and Coreale 2013)
Why are the effects of pregnancy and childbirth important?
MS and Fertility

> 100000 people have MS in the UK

Three times more women than men
= 75000 women affected in the UK

More than half will have children
> 37500 women
Childbirth Impact

Pelvic Wall Blood Vessels and Nerves Female

Frolich, Human Anatomy, Pelvis I
Pelvic floor and Perineal muscles

Ischiocavernosus:
Flexes the anus and tenses the vagina

Bulbocavernosus:
Contributes to clitoral erection, orgasm and closes the vagina

Transversus perinei:
Maintains continence

Levator ani:
Pelvic organ support
Underactive Pelvic Floor Dysfunction

Prolapse

Resulting in

Bowel/Sexual/Bladder Dysfunction respectively
Stress urinary incontinence

Pelvic floor muscles and SUI

- bladder
- urine
- sphincter muscles closed
- urethra closed
- strong pelvic floor muscles

- sphincter muscles open
- urethra open
- weak pelvic floor muscles
Urethral sphincter volume and SUI

• Increases risk of SUI after vaginal birth
• SUI more common in multiparous women than in nulliparous women
• Urethral sphincter volume smaller in women with SUI
  (Athenasieu et al 1998)
• USV significantly smaller in women who had vaginal delivery compared to nulliparous women
  (Karmarkar et al 2016)
Quality of Life Impact

- Affects lifestyle and avoidance of activities
- Fear of losing bladder control
- Embarrassment
- Impact on relationships
- Discomfort
- Skin irritation
Pelvic floor exercises and Vaginal Pessaries
Surgery

• Native tissue repair

• Role of non-absorbable mesh

• Vaginal hysterectomy

• Sacrospinous fixation

• Vault/uterine suspension
Complications

• Functional
  – Bowel, Bladder and Sexual

• Surgical
  – Bleeding, Pain, Infection, Recurrence

• Mesh
  – Erosion, Functional, Infection, Pain, Shrinkage
Overactive Pelvic Floor

- Uterine Pain
- Bowel Dysfunction
- Pelvic Floor Spasms
- Urethral spasm, Bladder spasm, Urethral stricture
- Vestibulodynia, Dyspareunia, Chronic Perineal Pain
Female Sexual Dysfunction

- Sexuality is a crucial component of general health and well-being of all women and men.

- Fundamental QoL issue
  - Controversial topic
  - Difficult to define the problem
  - Reluctance of the women to present
  - Inability of the clinicians to elicit proper history
Aetiology of FSD

• Multifactorial and multidimensional
• Biological –
  ➢ Reduced sensitivity
  ➢ Perineal pain
  ➢ Hormones
• Psychological
• Medical
• Interpersonal and social components
Classification of FSD

Hypoactive sexual desire disorder
Sexual aversion/desire disorder
Sexual arousal disorder
Sexual orgasmic disorder
Sexual pain disorder / dyspareunia

American Foundation of Urologic Disease
Concept of Need

• No consensus on concept of 'need' in health, sociology and political literature

• There needs to be a transition from ‘service-led’ to ‘needs-led’ care

• Patients with depreciated perception of health status have more social needs, which are known to have a direct impact on general health status
One must consider

• Emotional state

• Physical state

• Quality of sleep, pain and discomfort

• Quality/availability of social contacts

• Overall perception of quality of life
General Management

- Treat pain generators
- Pre-medicate with anti-spasmodics and/or muscle relaxants
- Use hypoallergenic non-irritating artificial lubrication
- Different coital positions
- Limit thrusting time to five minutes
- Pre and post coital voiding
- Post coital application of ice packs
- Explore alternatives to sexual intercourse

(Whimore et al 2007)
Treatment options

• Pelvic floor exercises
  ➢ Optimise the pelvic floor muscle tone
  ➢ Improve sensitivity
• Perineal and transvaginal massage
• Vaginal oestrogens
• Testosterone
• Nerve block
• Surgery
Vaginal dilators
Pelvic floor spasm and BoN/A
BoNT/A

Abbott et al 2006
80mu in 30pt
Saline in 30pt
↓ Dyspareunia
↓ Pain
↓ Pelvic floor pressure
Sacral Neuromodulation

- Less incontinence after sexual activity
- Less restriction in sexual activity
- Significant improvements in overall sexual function, arousal and satisfaction
- No significant associations between changes in urinary and sexual function were noted

(Gill et al 2011)
Conclusion

We need to understand that:

- Significant overlap of symptoms
- Consider gynaecological problem
- Multidisciplinary approach

We need to treat each patient:

- Individually and base it on ‘need’
Thank you!