

Renewing Function

Women's Center for Pelvic Health brings dignity and expertise

Imagine if you had the frequent urge to go to the bathroom at unexpected times. Or if you couldn't exercise or participate in other activities due to pelvic discomfort. Or if you weren't able to play with your children for fear of urinary leakage.

Life can be challenging for women who are coping with these issues—all symptoms of pelvic floor disorders. By age 55, nearly half of all women will have some type of pelvic floor condition—and many will suffer in silence with the uncomfortable, embarrassing and sometimes life-altering symptoms.

Leading the Way

The Johns Hopkins Women's Center for Pelvic Health brings these patients renewed hope and expert care, helping them regain their function and the confidence to get back to the things they enjoy. The center brings together a team of professionals—including gynecologists, urologists and rehabilitation specialists—who specialize in the diagnosis and treatment of pelvic floor dysfunction.

"This is what we do every day," says Victoria Handa, M.D., director of the advanced training program in female pelvic medicine and reconstructive surgery. "Our level of expertise and breadth of knowledge

is something from which any patient would benefit—from those who have the simplest problem, to others who need complex testing and advanced surgical treatment."

Knowing the Facts

The "pelvic floor" refers to the muscles that form a sling across the opening of the pelvis. These muscles and the surrounding tissues keep all of the pelvic organs in place and help the organs function correctly. Female pelvic floor disorders affect a woman's vagina, uterus, bladder and rectum. The Center for Pelvic Health cares for patients with a range of these conditions, including urinary incontinence, pelvic organ prolapse, voiding dysfunction, fecal incontinence and defecatory

dysfunction. Among these conditions, urinary incontinence and pelvic organ prolapse are most common.

Urinary incontinence affects one in three women. The two types of the condition include urge incontinence (urinary leakage with the sudden need to void) and stress incontinence (urinary

leakage that occurs with physical effort, such as coughing, sneezing or exercising).

Pelvic organ prolapse occurs when one or more organs in a woman's pelvis—the uterus, vagina,

urethra, bladder or rectum—shifts downward and bulges into or even out of the vaginal canal, making everyday activities extremely uncomfortable.

Sometimes the onset of symptoms is so gradual

that women acclimate to the problem, or don't really notice it until something major

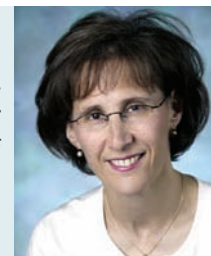
occurs. But one thing is certain—these conditions do not get better over time. Women who have symptoms that interfere with their daily activities should seek help from a physician who specializes in these disorders, so they can receive the most accurate diagnosis and have access to the latest treatment options.

"Care must be personalized to each patient to be most effective," says urologist R. Duane Cespedes, M.D., co-director of the Center for Pelvic Health. "That's the whole point of having this center. We offer one place where patients can go to receive comprehensive diagnostic testing and receive the treatment that's best for them—from medications and musculoskeletal rehabilitation, to injection therapy, minimally invasive surgery and more extensive open procedures—all provided by experts in the field. There is no good reason for women to have to deal with the discomfort and inconvenience of these problems when there are so many successful ways to treat them."

—Kim Fabian

Victoria Handa, M.D.

*Co-director of the
Johns Hopkins Women's
Center for Pelvic Health*



Taming the Leaky Bladder

Join Dr. Grace Chen for a free seminar for women who have been diagnosed with urinary incontinence or overactive bladder and want to learn more about treatment options

December 2

6 p.m.

To register, call 410-550-KNOW

Patients can be seen at Johns Hopkins Bayview or the Johns Hopkins Health Care and Surgery Centers at Green Spring Station and White Marsh. To schedule an appointment, call 410-550-4406. Please be prepared to tell the scheduler your symptoms so we may ensure you are seen by a provider who specializes in your condition. Self-referrals are welcome.

Restoring Hope

to patients with difficult, often embarrassing problems

The Courage to Heal

Cynthia Burton, a 59-year-old Parkton resident, sought the opinion of three physicians to treat her uterine prolapse before she chose Victoria Handa, M.D., at The Johns Hopkins Women's Center for Pelvic Health. "Dr. Handa's examination was so different than the others," she says. "She was always conscious of my comfort, and provided an environment where I didn't feel so exposed. When I met her, I felt instant confidence in her abilities. I was positive I wanted her to perform my surgery."

Like many women who suffer from pelvic floor disorders, Burton had been living with embarrassing and uncomfortable symptoms that made daily activities like sitting in a car and taking long walks an unpleasant ordeal. "My femininity was jolted to its knees," she confides. "It was difficult to have a relationship with my husband, and I was more reluctant to do things that I normally would have done with confidence."

But unlike some women, Burton had the courage to seek help to treat her condition. Dr. Handa performed Burton's prolapse surgery through the wall of the vagina, eliminating the need for abdominal incision. In addition, the prolapse was successfully corrected without implanting any mesh or foreign materials. After eight weeks of rest and limited activity at home, Burton went back to work and now is reaping the rewards of a full recovery.

"You really shouldn't live with any kind of health issue that can be fixed. You should move forward and make your life better physically and mentally," she explains. "My operation and recovery went so smoothly, and I can't say enough about the Johns Hopkins Bayview staff. Everyone was very kind and accommodating. Putting my care in their hands was a good decision. Dr. Handa made the situation so positive. She is an excellent surgeon at the top of her field."



Why You Should Seek Treatment

Several myths surround the cause and treatment of urinary incontinence and pelvic organ prolapse—myths that may cause some women to delay or avoid seeing a doctor. Here are some facts to encourage you to get the help you need and deserve.

Myth: These conditions are a natural part of aging.

Fact: While these disorders are more common as women age, they are not normal. You should seek medical consultation if you experience: heaviness or pressure in the area of the vagina or pelvis; a bulge of tissue coming through the vaginal opening; accidental loss of urine; frequent or unexpected urges to urinate; or difficulty urinating.

Myth: These problems only happen to older women who are going through menopause.

Fact: The average age of women who seek treatment for urinary incontinence is 50, which means many younger than age 50 have the condition. And although the conditions become more common with age, they are not caused by menopause.

Myth: Treatments are not effective.

Fact: In almost every case of these conditions, a variety of medical, rehabilitative and surgical options exist that can correct the problem or significantly reduce symptoms. Newer therapies also provide long-lasting results.