



FEMALE URINARY INCONTINENCE A GUIDE TO OVERCOMING BLADDER LEAKS

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it is different for
women?

&

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Mums!

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Editor's Desk

Dear Readers,

It's a matter of great importance that our Parliament passed the landmark women's reservations bill after a long wait, empowering women. Healthy women strengthen families and nations! This issue of the KIMS e-newsletter on Wellness has chosen an important topic for women: urinary incontinence caused by problems with the pelvic floor.

Unfortunately, some health issues specific to women continue to remain under-addressed, thereby impacting the quality of life. Many women continue to suffer in silence due to lack of awareness, hesitation, shyness, etc. and urinary incontinence is one such problem.

The pelvic floor is a layer of muscle and connective tissue that lies directly below the abdominal cavity. This supports the pelvic organs, namely the bladder, urethra, and rectum; additionally the cervix, uterus, and ovaries (in women), the prostate (in men).

Dr. Arnold H. Kegel, an American gynecologist, formulated specific exercises in the late 1940s as a simple way to stop women from leaking urine. Kegel exercises strengthen the pelvic floor muscles that support the bladder and can go a long way towards warding off incontinence.

There are several potential reasons for urinary incontinence, and both women and men are affected differently. However this issue dwells only on women.

The victim can be any member of our family - wife, sister, daughter, and so on. Thus, this knowledge can be of use to anyone, as it particularly focuses on preventive measures in addition to the treatment options.

We look forward to your valuable feedback, as always.

Dr. Bhujanga Rao Vepakomma

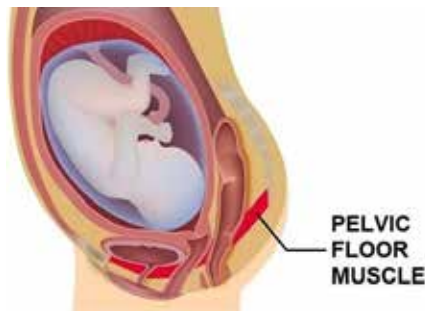
Chief Editor

Section 1: Healthcare: How is it different for women!

Women have made tremendous progress in many ways, but continue to be plagued by some health issues affecting the quality and dignity of their lives. Women's health is unique as it has an impact on future generations. The health issues of men and women differ in many ways. Women live longer than men, but they also utilise more healthcare services overall. Doctor visits, disability days, illness rates, and hospitalisations are all included. However, "Illness is not a mandate, as you age."

The life events specific to women, namely pregnancy and delivery, along with the periodic fluctuations in the hormonal milieu are the unique features almost navigating women's lives.

Now that the deaths of mothers and babies at the time of delivery have declined drastically, thanks to advancements in science, the issue to be addressed is the quality of life thereafter. A major contributor to this aspect is the Pelvic Floor.



Ironically the most beautiful aspects of a woman's life, viz pregnancy and delivery, adversely affect the pelvic floor structure and performance and set the stage for the distressing pelvic floor disorders, later. These include sliding/ dropping down of the bladder, uterus, rectum (prolapse), loss of a few drops or more of urine with or without urgency, coughing/sneezing (urinary incontinence), compensatory abnormal holding (spasm or hypertonic floor) leading to incomplete elimination of the urine and /or stools (voiding/defecation dysfunction), recurrent infections, sexual difficulties, and chronic pain.

India has a high percentage of Urinary Incontinence (UI), which ranges from 10% in rural areas to 34% in cities. 40% of women are ashamed to discuss this issue with their doctors, and more than 60% of women believe that urine loss is a natural part of aging. Not many women with urine incontinence seek treatment, despite the fact that it has a negative impact on their quality of life, emotional well-being, relationships, and productivity. Urinary incontinence is related to greater rates of hospitalisation and death in older women.

As is obvious, pregnancy and childbirth, although spanning a limited duration in a woman's life, have a vivid and lasting impact on her physical and emotional dimensions for the major part of her life ahead. Therefore, the major

changes that she's going to live with after that memorable mega-event (childbirth) need a keen scientific attention, treatment and more importantly prevention in the first go.

Urogynecologists are here to guide you to stay out of trouble, fix the defects, in the event of undesirable effects on the pelvic floor and help you heal and recuperate. So let's **Stop Suffering Silently**, seek help and learn to handle the problems, the right way as they arise.

Section 2: A forethought for you, would-be MOMS!

Reduce the risk

The first pregnancy and delivery have the highest potential for damage.

So the first pregnancy is the best opportunity to focus on yourself and get the muscles of this cardinal platform under your control. It is more like "now or never".

At the same time, "It is never too late". So if you are past your first delivery, you need to know that - 'the pelvic floor problems worsen with further pregnancies'

All you need to do is, "reduce the risk" with timely scientific intervention.

Here are the steps you need to take:

Preparing for your due date

1. Exercising mind

"Mind over Matter" goes a long way in handling the challenges in this uncertain journey. Apart from the physical advantage of preventing tears in the perineum by helping you relax the pelvic floor better, shifting from fear to a confident learned approach facilitates a definite positive impact on your body, after childbirth.

2. Exercising the pelvic floor:

Learn them now. Not only because the need is so great (25-75% of women have some degree of urinary incontinence during or after pregnancy), but also because your pelvic muscles and nerves are still at their best. Learning the same later will be tougher.

The benefits are numerous:-

- Builds a healthy reserve and muscle strength: The muscles become less prone to injuries during childbirth and help faster healing.
- Provides a useful tool: locating the muscles and toning them up helps you relax them during labor
- Reduces the chances of problems: The risks of leaking urine, stools or gas or vaginal wind are much less in those who exercise before and during pregnancy.

There would be moments of stress, but you'll certainly be able to brace yourself in those challenging times.

3. Workout (Overall)

Pregnancy is a great time for exercise for many good reasons:

- i) Improves your sense of well-being and physical control
- ii) Prevents gestational diabetes
- iii) Keeping close to optimal weight, reducing your risk of problems later



Both the pre-pregnancy weight and weight gain during pregnancy are linked to the risk of pelvic floor injury; might lead to persistent urine leaks in the latter half of pregnancy and after delivery.

A reasonable target is 11.5-16 kg during pregnancy: 1-2 kg in the first trimester, 1kg every 2 weeks for the rest of pregnancy

Diet: Although this topic is out of the purview of this article, a rule of thumb is an extra 300 cal is required per day. Avoid empty calories from junk food.

What exercise is right?

As your body feels different with the obvious changes (in balance, coordination, posture, breathing patterns, softer ligaments), you must focus on your routine first and consider joining a prenatal exercise group.

Warm up, stretch out and cool down

5-10 min of stretching before and after will help prevent injury.

Pelvic tilts, ankle and leg stretches, roughly 15 repetitions a day in lying down or standing position are few simple, yet important measures.

Aerobic exercise

Recommended is a whole-body aerobic activity for 20-30 min, twice or thrice a week.

Walking, swimming (no diving), cycling and aerobic machines usually are permissible.

After checking with doctor, the principles to follow are

- Start slow with comfortable clothing
- Do not work to the point of complete exhaustion
- Do not overstretch to the point of pain
- Avoid jumping and jolting exercises
- Avoid lying on back (as it reduces blood flow to and out of heart)
- Avoid any pose that involves risk of loss of balance/ injury

- Avoid prolonged motionless standing
- Eat adequately, maintain hydration, optimal temperature and ventilation
- Stop immediately in the event of an unexplained discomfort in breathing, water break, bleeding or pain in the chest, legs or tummy.

Water exercise

Water aerobics are easy on the pelvic floor, the joints and spine. The antigravity effect provides good relief to the overworked body, especially during the last few months.

Prenatal yoga

Yoga relaxes the body, improves blood circulation, strengthen muscles and improves flexibility and overall well being. Various poses to tone up the pelvic floor and open the pelvic area are safe and help you develop pain-coping strategies, more important during labor and thereafter.

Posture and lifting

As the belly protrudes, the spine (backbone) changes its shape too to balance the body, resulting in more strain on the muscles, joints leading to the much commonly felt “Low backache” and additionally increased pressure on the pelvic floor.

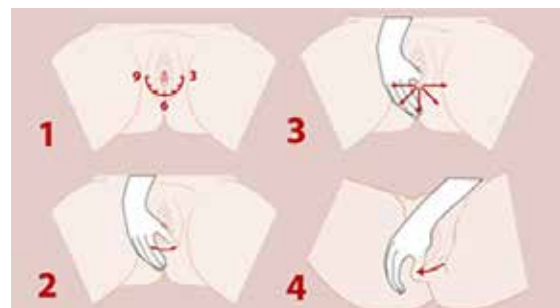
When lifting, remember to brace the Pelvic floor with an inward Kegel squeeze.



4. Perineal massage

(Safety at your finger-tips)

This entails gentle massage and squeeze of the perineum (the span of tissue between the vagina and rectum) using fingers and a bit of lubricant using a rolling motion.



This is started around 34-35 weeks of pregnancy, done for 10-15 min each day until delivery. In case this phase of preparation is missed, the same can be done in labor. This reduces the risk of tears in the perineum by 9-12%.

5. Preventing constipation

Pregnancy hormone, 'Progesteron', added with the iron supplements can make bowel movement difficult. This leads to additional strain on the pelvic floor, haemorrhoids (piles) and varicosities (swollen veins) in the private parts.

Increased intake of fibre (fruits, raw veggies, bran), water, regular exercise and occasional laxatives/stool softeners are the key to prevention.

6) Learning to labour

Events in the labour room may seem inevitable, but there's a lot, you can know before and make an 'informed choice'

In the age of designer childbirth, do choose 'Substance' over 'Style'.

Despite all the boutique birth suites with aromatherapy or a spa, what matters is a healthy baby, brought to life in a compassionate, kind and safe environment, ensuring mother's health at the same time.

Techniques to overcome tension and anxiety and cope well with early labour

Meditation, visualisation, breathing exercises and yoga help you relax your pelvic floor better, as the rest of the body and mind. Walking comfortably facilitates the smooth descent of the baby.

Pushing, the critical time in the entire process of childbirth, needs to be learned, understanding the potential effects of the various techniques on the body.

When intervention becomes necessary

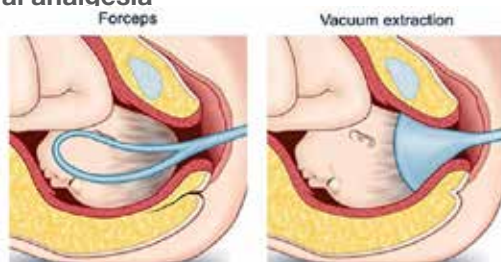
Forceps, despite the stories around them, have saved more lives. Such situations are when the baby develops an abnormal heart beat close to delivery or the mother is too exhausted to push.

A good and safe alternative is a vacuum cup, widely known, thanks to our own Bollywood product, "Three idiots!"

Pain relief

You have a range of options, from injections to inhalation (Entonox) to Epidural for pain relief during labour and the next few hours.

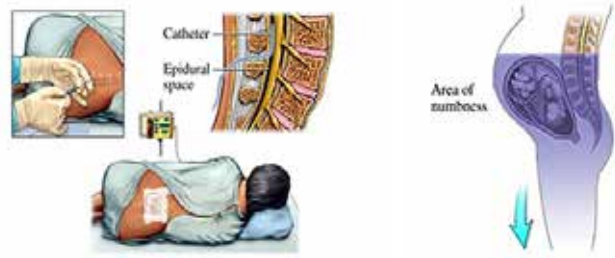
Epidural analgesia



Caesarean section

Though a planned C Section, before labor sets in, apparently involves no damage to the pelvic floor, but it is still a surgery and involves risk.

It is scientifically proven that pregnancy itself and childbirth



by either route (vaginal or C section) may be enough to cause damage to a healthy pelvic floor.

No one method is totally risk free.

So the mother is given lucid information to make an educated choice.

Despite all the knowledge, there are many a time, when serious medical conditions dictate the time and the mode of delivery. Putting your Trust in your healthcare professional can't be overemphasised here.

7) After delivery (postpartum rehab)

- Help the perineum heal with proper hygiene (not many lotions, soaps and bath oils), dabbing dry, using ice packs if necessary. This significantly reduces the chances of Stress urinary incontinence, faecal



incontinence, besides resulting in lower levels of depression and anxiety.

- Avoid constipation and unnecessary straining by using plenty of dietary fiber and stool softeners
- Walk and exercise sensibly, slowly escalate, avoid lifting, minimise physical stress.
- After 2 weeks: resume walking (30 min each day), pelvic tilts, mild abdominal exercises, thrice a week to start with. Do remember not to do too much too soon.
- Pelvic floor training after vaginal delivery (starting at 2 months)
- After 6 weeks: Can return to aerobic and strengthening routines, swimming, push-ups and postpartum yoga.

'Listen to your body' as the healing pattern isn't uniform for all.

Urogynecologists would usually intervene only after 6-12 weeks of postpartum guided rehabilitation, but discussing your issues as you face them or preemptively with these specialists would certainly keep you safer.

- Predicting and preventing pelvic-floor problems, is a challenging task and the doctor will endeavour to work together with the would-be-mothers to ensure their well being, today and in the long run.

Section 3: Urinary Incontinence & Treatment Options

Dealing with Urinary incontinence:

Broadly there are 4 types:-

Type 1: Stress Urinary Incontinence (SUI)

SUI presents as leakage of urine with cough, sneeze or other sudden physical stress. It is a major problem in young and active women. It can present years after pregnancy, but the stage is set with the first pregnancy itself. Prerequisites to a good bladder control are -

- A well behaved bladder with no infection
- A healthy urethra (the short exit pipe of the bladder) lying upon a strong vaginal wall.

The fine balance in the already vulnerable continence mechanism in women gets tipped, with the enormity of changes in pregnancy and childbirth. A 'floppy' urethra (due to the sagging pelvic floor) and 'Thinning of its elastic muscular wall' are the mechanisms behind the problem.



The treatment options are many, but not something to randomly choose from. The specialists (Urogynecologists) customise the appropriate therapies, based on the severity of the condition and the time we start addressing the issue.

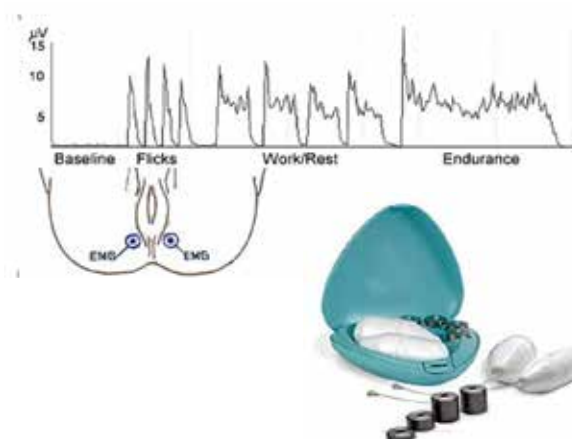
Medicines do not have a corrective role, more than mildly improving the symptoms.

Non-Surgical Methods: Half of these women get better with non surgical methods. First on the list is Kegel's exercises. These can be used alongside almost all the treatments, at no cost.

Certain yoga poses work the same way as Kegel's. Aswini mudra is one such pose wherein you sit with a

straight spine, tightening the pelvic, vaginal and sphincter muscles, while the rest of the body is relaxed. This pose is maintained for several breaths, then relaxed.

Other effective measures are



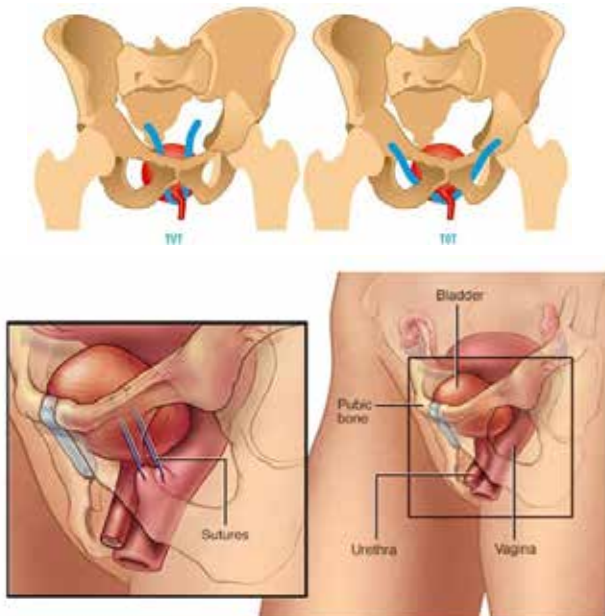
- Pelvic floor strengthening exercises with biofeedback
- Vaginal cones (weighted) with biofeedback
- Electrical and magnetic stimulation (studies are still on)
- Continence devices (bladder-neck support prostheses/ pessaries with or without knob)
- Urethral injections/ Bulking agents: Easy day-care effective procedure may need to be repeated in 9-12 months
- Radio frequency shrink therapy for the bladder: This uses a hand-held pen-like device to heat and shrink the previously stretched tissues around the urethra and bladder using low power radio-frequency (RF) energy. The short term success results are modest, however long term results are not yet available to recommend it uniformly.

Surgeries have many ways too, and are progressively being made less and lesser invasive to reduce the chances of complications in the long run.

The aim is to suspend/anchor the sagged pelvic floor at the appropriate sites with reliable sturdy structures.

- The simplest ones are tension free vaginal tapes (TOT and TVT), also commonly known as 'Slings'. These are day care procedures, with minimal blood loss, but require anaesthesia. Follow up is a must, as with any surgery.
- Similar results can be achieved with an abdominal approach, called Burch colposuspension (using laparoscope or Robot) wherein permanent stitches are used to lift up the support of the urethra (the front part of the vagina), just enough.

All these treatment options are very effective in select groups, but have certain limitations and possible complications. A thorough understanding and making necessary changes in lifestyle is therefore very important.



Type 2: Urge Incontinence and Overactive Bladder (OAB)

OAB presents either as a sudden overwhelming/uncontrollable urge to urinate (dry OAB) or actual leakage before reaching the toilet (wet OAB). This is an inconvenient and distressing symptom, which can occur during the day and/or night.

Over time, the overactive bladder finds more and more excuses to contract on its own and you end up mapping bathrooms wherever you go, or stay confined to home, in the vicinity of a bathroom, aiming at prevention of the anticipated leakage.

Thus, the control, you gained from automatic emptying in childhood, as a part of normal development and toilet training is gradually lost and before you know it, the bladder is controlling you!

Any remedy? Yes, you can regain control. Here are the ways:

Retraining bladder:

Bladder is a 'creature of habit'; it loves routine. So it's largely up to you, "what to do and not to do", as to keep the bladder controlled or chaotic.

Let's understand the patterns of emptying that you learn over time

- Postponing the urge to urinate for too long will cause overfilling which leads to a stretched weaker bladder muscle. Then, the bladder is less able to empty fully. It happens with teachers, nurses and surgeons.
- A habit of emptying too often (as happens with retired people) eventually reduces the holding capacity and it becomes a compulsion to visit bathroom even when you know there isn't much inside.
- Emptying by bearing down is quite strenuous, uncalled for and doing it repetitively may erode the pelvic-floor

support, setting the stage for prolapse or incontinence (Valsalva manoeuvre)

- Double voiding (emptying once again) is a harmless habit, but needs to be known.
- Pressing on the lower abdomen to empty the bladder (Crede manoeuvre) points out a weak bladder muscle.

Taming an Overactive Bladder:

- **Bladder drills:** These are the easiest first steps to fix the problem on your own. These need motivation and diligence, but work as much as 90% of the times. Drills include 'Voiding by clock' in the day time and 'Going to sleep on an empty bladder' in the night and 'Learning to resist the urge' by running through the following steps stringently:-

- **Step 1: Avoid Panic:** The reflex of anticipating the toilet often triggers a stronger bladder contraction, that's difficult to control.

Resisting running to bathroom and adopting a new reaction to the unexpected Urge is the essence of bladder drills.

- **Step 2: Kegel Squeeze:** The immediate tightening of the pelvic-floor muscles effectively shuts off the bladder urge before it becomes stronger. So, the better the state of the pelvic floor, easier and more effective the squeeze is going to be.
- **Step 3: Distract yourself:** First distract your mind, then body. Try a change in your position like pointing your toes down if you're sitting. These manoeuvres, by triggering the nerve pathways, help to inhibit the bladder muscle and calm its urge.
- **Step 4: Cross your legs:** Not very socially welcome, but clamping the thighs together tightly is quite effective against leakage. Lower body conditioning and developing strong inner thigh muscles (adductors) allow this technique to be used reliably.

Ultimate goal is to have 3-4 hours intervals between two voids (not more than 6-7 times in 24 hours). Just remember to push yourself patiently towards the goal slowly, never extending the voiding intervals by over 30 minutes every 2 weeks.

Start the day with a strong Kegel movement because this is the time the drill may fail owing to the concentrated urine which may irritate the already full bladder. Distraction for a while, then slowly, calmly walking to the bathroom does wonders, instead of a panicked rush.

- **Medications:** A variety of them help to various extents; need a trial and error. The common groups are anticholinergics, antispasmodics (relax the bladder

muscle) and tricyclic antidepressants. They have their side effects like dry mouth, dry eyes, constipation and less commonly drowsiness and confusion.

They can be taken for several years but with behavioural retraining (bladder drills), you may not need the medicines for long. The medicines make a good bridge to let you reach your goal (bladder control).

- **Surgeries:** Rarely needed
 - Neuromodulation (Pelvic pacemaker): Corrects the stimulation to the pelvic nerves with a tiny set of electrodes placed beside the key sacral nerves in the lower part of the spine (sacral canal). This also involves placement of a pacemaker beneath the skin by a short operation.
 - Major surgeries are required only in exceptional cases with severe neurological issues. Bladder augmentation (surgical enlargement of the bladder) is one of those.

Type 3: Overflow incontinence

The bladder muscle is typically underactive; so bladder fails to empty fully and remains in a constantly overfilled state, leading to leak on and off.

This may require a detailed study, called Urodynamic study, to understand the working pattern of the bladder and rule out medical or neurological causes.

Type 4: Mixed incontinence

The mixed symptoms usually dictate early testing to understand the dominant mechanism causing trouble. The treatment involves a mix too. All the treatments and exercises discussed so far, hold good here.

General tips for any type of incontinence:

• Hydrating Right:

Not too wet: A commonly followed health tip of drinking lots of water (those on weight loss regimes, in particular) results in over- hydration, which obviously leads to more frequent visits to the bathroom, for no fault of the bladder function.

Not too dry: Not a healthy habit of drinking too less water fearing loss of control in public places, results in high concentration of chemicals in the urine leading to irritation and spasms of the bladder and eventually a leak/ incontinence.

Just right: Good hydration means roughly 6-8 glasses of water in 24 hours. If the symptoms of urgency or frequent urination is more at night, restrict intake of liquids 4 hours before bedtime.

Urine colour is a very reliable indicator of whether you are taking too much or too little liquids. a pale straw appearance usually indicates a healthy balance.

• Identify the hidden triggers:

Several commonly taken medications are the usual culprits. Few are on the checklist:-

If you've noticed one of these..	Check if you're taking one of these..
Difficulty starting urination Weak stream Incomplete emptying Frequent urges	Antihistamines (used for cold commonly) Antidepressants BP medications Steroids, pain killers IBS medications
Worse stress leakage (with cough, sneeze lifting weights)	BP medication Sleeping pills Muscle relaxants Psychiatric medication
Frequent need to pee Incontinence Large amounts of urine	Diuretics
Constipation Rectocele pressure or discomfort	Pain medication (Narcotic) Iron supplements

Talk to your doctors to adjust the dosage of medicines for optimum comfort and well-being.

• The Bladder Diet:

Irritants in the diet can lead to a variety of symptoms.

DIETARY TRIGGERS

FOODS	Fruits, Veggies: Apples, Muskmelon, Citrus, Cranberries, Grapes, Lemons and limes, Guava, Peaches, Pineapple, Plums, Strawberries, Tomatoes Sweets: Chocolate, Artificial sweeteners, Honey, Corn sweetener Spicy: Chillies, Peppers
BEVERAGES	Coffee and tea: Even decaffeinated Acidic juices: Orange, Tomato, Cranberry, Tomato Carbonated beverages
MISCELLANEOUS	Vinegar, Soy sauce, Marinates, Salad dressings, Ketchup, Tomato based sauces

You may notice, even the healthy foods and beverages also spell trouble for the bladder.

Caffeine is a strong diuretic. Besides, the chemical structure and acidity of coffee (even decaffeinated) and tea can be irritating to the bladder lining, rendering it unruly. On similar lines, alcohol has a bit of an exaggerated response and can trigger urgency or stress incontinence.

Cranberries (fresh / dried / extract form / capsules / juice-unsweetened or regular) keep the urine more acidic and prevent bacteria from sticking to the bladder wall, thus preventing bladder infections (UTI). However, if there's an active infection or an overactive bladder, this measure would make the condition much worse.

A bladder diet helps to prevent infections, relax the overactive bladder and reduce incontinence.

So the ways to reach a balance are :-

Step 1: Scan the list of the triggers and create your suspect list.

Step 2: Try eliminating one offender at a time for a week, tracking the symptoms for this duration and reassess the symptoms. If there's any improvement, take this item out of your routine. If there's no difference, add the item back, right then. Getting it right may take several weeks, but as you are likely to find a genuine trigger, it's worth the wait. Just do not abandon a balanced diet while trying to fix one part of the entire system.

Safe bets:

Olive oil, pears, bananas, cherries, plums, apricots, watermelon, papaya are good alternatives to their more acidic counterparts.

Rice, bread, pasta, potatoes, onions, peas, avocado, cauliflower, mushrooms, poultry, fish are usually trouble free.

Calcium citrate (diluted with water) neutralises oxalate (found in green vegetables, wheat bran, tea, coffee, chocolate) in the bladder, thus reducing the symptoms when taken after the likely irritant food items.



Fallback:

Despite all the efforts, there can be times when women need temporary protection. To tide over such situations,

- Choose the right Incontinence pad: A thin liner (barely visible even through sport clothing) to heavy duty pads (with chemicals forming a gel once soaked in urine, keeping the surface dry) with good absorbent capacity can be used. Adult diapers can absorb 1-2 litres.

DO NOT use Menstrual pads.

- Follow good skin care: Use hypoallergenic non-perfumed products. Emollients like cocoa butter and lanolin help soothe the skin.
- As you exercise, a lubricated tampon for that duration, drinking only when thirsty and landing softly on the balls of the feet with knees slightly bent, rather than on a flat heel help in staying continent.

A quick recap of what you can do to avoid leaks...

- Quit smoking
- Exercise regularly, including pelvic floor exercises
- Maintain a normal weight
- Avoid lifting heavy weights
- Reduce intake of caffeine and alcohol
- Avoid spicy and acidic foods
- Drink 6-8 glasses of water

However, seeing a Urogynecologist is always helpful, as you would know when to seek help and avoid worsening of problems.

Section 4: The stage is all yours (Afterword)

A few golden rules beyond the Crossroads of Childbirth:

Rule 1: The pelvic floor problems are COMMON after childbirth, But they are not normal or inevitable

As you know now, there is a menu of treatment options that can be tailored to suit your need. If your symptoms are making your life feel 'Not up to the mark', do not suffer in silence. Make sure that you seek help.

Rule 2: Do not give up until you find relief

With rare exceptions, there's always another treatment that you can try further. This field is a constant work in progress and there are innovations coming in.

Rule 3: Stay informed

Keep giving the necessary attention to these important aspects of your body too, beyond what is highlighted in the media or what you have known so far.

Rule 4: Elective surgery is Elective!

There is no 100% in any aspect of medical sciences. Weighing the risk vs benefit and having a fair estimate of the kind of life after a treatment is imperative before you decide on any medical/surgical intervention.

Rule 5: Your body always matters as a priority: before, during and after childbirth.

Do make an effort to equip yourself with the right knowledge, to be able to take informed decisions about the needed intervention for prevention and treatment and do justice to yourself.

Together,
let's

Stop
suffering
silently..

We Urogynecologists endeavour
to let all women have the
"Confidence with Continence"

Take Home

Preserve the dignity you rightly deserve!

Pelvic floor disorders (chiefly continence issues and prolapse) could be very distressing. These are quite common, causing a range of emotional and social implications such as constant discomfort, shame, loss of self-esteem, and depression. Incontinence of urine and/or stools and prolapse (descent of pelvic organs) are quite common in the middle-aged and old women. However recent studies have shown that healthy young women also face problems related to holding/ passing urine or stools. With simple questions and a few office and lab tests, doctors can estimate the severity of the disease.

Experts have identified that pelvic floor muscles which support the womb, the bladder, and the bowel, are constantly in action and cannot take the load, at times. While extreme challenges like Pregnancy and childbirth can lead to loss of control of the bowels or bladder, there are definite ways, you can prevent these problems. Kegel's exercises are an easy way. It simply involves rhythmic clenching and releasing of the muscles of the pelvic floor. Once you learn how to do the Kegel exercises, you can do them anywhere at your will. When you first start Kegels, it can be hard to find the right set of muscles. Better visit a Urogynecologist or a Pelvic floor physiotherapist, so that you do it correctly, avoiding adverse effects. Biofeedback training also can help you find your pelvic floor muscles and focus on them.

Today treatments are getting better and less invasive with easy-to-use techniques. There are minimally invasive outpatient surgeries too, if at all required.

Being aware and making the right decisions is the crux!

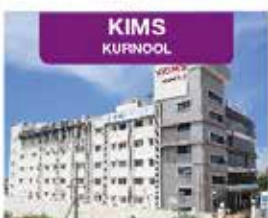
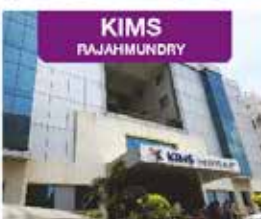
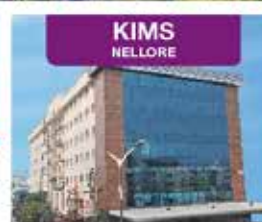
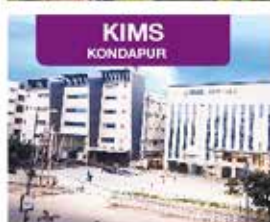


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