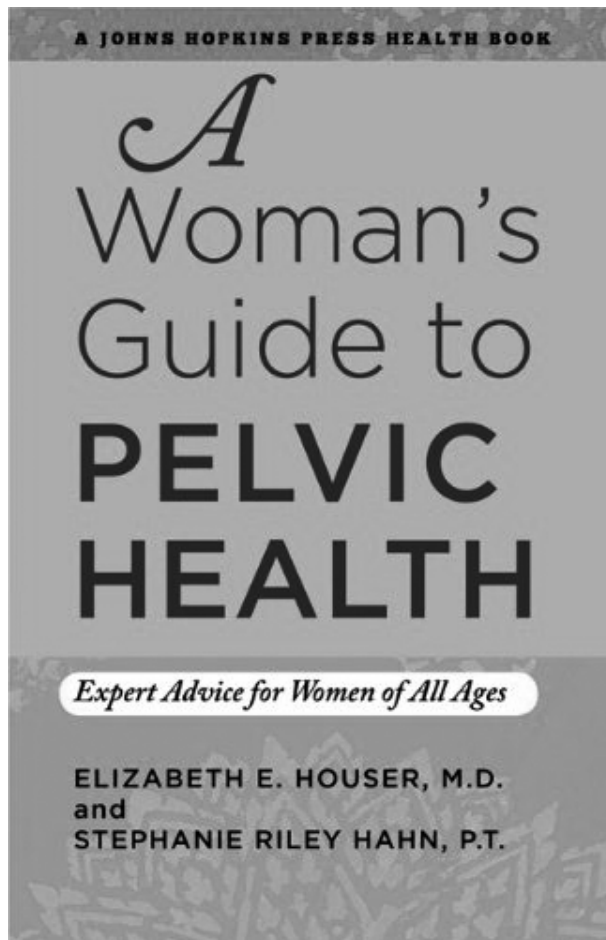


## Book reviews

### **A Woman's Guide to Pelvic Health: Expert Advice for Women of All Ages**

By Elizabeth E. Houser & Stephanie Riley Hahn  
The Johns Hopkins University Press, Baltimore,  
MD, 2012, 206 pages, paperback, US\$18.95  
ISBN 978-1-4214-0692-3



This self-help book is aimed at women suffering from incontinence and/or prolapse problems, and the multiple symptoms related to these conditions. Indeed, *A Woman's Guide to Pelvic Health: Expert Advice for Women of All Ages* is dedicated to “all women who need help with their pelvic disorders”. Written by two Americans, one a urologist and the other a physical therapist, it is a practical guide by women for women, and there is a distinct level of empathy throughout. The authors have produced an appealing text for women, who can learn about incontinence issues in the privacy of their own

homes. The content broadly covers subject areas such as the relevant anatomy, symptoms, conditions, medical tests, treatment options, side effects and pelvic floor muscle (PFM) training (PFMT).

*A Woman's Guide to Pelvic Health* is divided into nine moderately sized chapters. In an appropriate introductory measure, the first explores anatomy and pelvic health. It begins by listing five different case studies, which are prefaced by the opening question, “Is This You?” The case studies are pertinently angled at women of all ages at different stages in life, thus engaging the reader. Clearly, any woman who has bought this book must be trying to identify a condition that is affecting her. There is a helpful description of symptoms in layperson's terms, which is followed by what the medical opinion of those indications would be. This section also lets women know what to expect from an initial visit to the doctor.

Chapter 1 lists the five key topic areas covered within the book: stress urinary incontinence (SUI); overactive bladder (OAB) and urge urinary incontinence (UII); mixed urinary incontinence (MUI); pelvic organ prolapse (POP); and decreased sexual sensation. A very helpful and detailed questionnaire called the Pelvic Floor IQ asks readers 20 questions about their experience of their symptoms, which then allows them to determine exactly which type of problem they have. There is significant coverage of intrinsic sphincter deficiency and overflow incontinence, which are additional types of incontinence associated with faulty bladder sphincter function and neurological deficits. This is important in that it challenges the common misconception that incontinence is always the result of weakened PFMs. The authors also provide a simple and easily understood anatomical tour of the pelvic floor. The diagrams are user-friendly, but it is a shame that these are only reproduced in black and white.

Chapter 2 covers the first of the five key topic areas: SUI. A case study is used to open this section, and the medical, social, emotional and financial implications of this form of incontinence are discussed. The authors use the following sub-headings:

- “What is SUI – how do I know if I have it?”;
- “How common is SUI?”;
- “What causes SUI?”;
- “Risk factors”;
- “When to contact a doctor”;
- “How to prepare oneself before an initial visit to the doctor”.

There are some useful tips; for example, the sooner you address your problem, the better the success rate will be with conservative management (Culligan & Heit 2000). There is also helpful advice about what to note about your symptoms prior to an appointment, and specific questions to ask when you are there. Overall, there is a distinct focus on helping women to waste no time in getting the correct treatment, although the chapter exudes a certain degree of condescension when telling readers to remember to take their hearing aids and/or glasses to their appointment if they have poor hearing and/or sight! Assuming the patient is intelligent and insightful enough to have purchased the book, this painfully obvious piece of advice is heavy-handed. This section then concludes by examining treatment pathways, including PFMT both at home and guided by a specialist.

Chapter 3 is entitled “Overactive Bladder and Urge Urinary Incontinence”, and it follows the same format as Chapter 2. Once again, there is a very good emphasis on the importance of seeking prompt help, and a discussion of interesting research evidence on why women may delay seeing a doctor (Ricci *et al.* 2001; Shaw *et al.* 2001). Although there is a lot of repetition (e.g. “How do I talk to my doctor about overactive bladder or urge incontinence?”), the conservative treatment options are described slightly differently from SUI; for example, in terms of the evidence supporting the use of PFMT and electrical stimulation to treat urgency and UUI. There is also ample coverage of medication and its efficacy in treating OAB and UUI.

The fourth chapter covers MUI, which is experienced by one-third of all women. The authors provide good evidence that this is the most severe form of incontinence (Sandvik *et al.* 1995; Hannestad *et al.* 2000; Bump *et al.* 2003; Smith *et al.* 2006). They also make an interesting point about the majority of symptoms reported by women actually being solely those of severe SUI (Bump *et al.* 2003). Surprisingly, weakened PFMs are not listed as a possible cause of the symptoms of urgency, i.e. being unable to withstand detrusor pressure prior to the initiation of

voiding. Although this chapter follows the same format as before, the reader is referred back to the second and third chapters for advice on how to seek help and the way in which to speak to a doctor, and fortunately, there is no repetition of the conservative treatment options.

Chapter 5, which describes POP, repeats the same format as before. Once again, the authors strive to empower the reader by emphasizing that knowledge is power, and the more a woman understands about her own body, the better a health advocate she will be for herself. There are good prompts for questions to ask the doctor, and for the doctor to put to you. The authors do an excellent job of promoting PFMT as a preventive measure for POP. However, the drawbacks of this section are that the black-and-white images are not very clear, and there is no diagram illustrating a uterine prolapse.

The sixth chapter explores decreased sexual sensation, and sends out another unambiguous message to women: they should not have to accept an unsatisfactory situation, i.e. poor sexual response. The authors also examine the more holistic picture of increased sexual satisfaction leading to a better quality of life and happiness. They include some useful statistics, as well as very interesting citations of information about exactly why PFMs are vital to satisfactory sex. Indeed, the chapter as a whole is well referenced.

What has been a strong book so far begins to lose some credibility in Chapter 7, “At-Home Pelvic Floor Muscle Exercise Program”. Although it is interesting that the authors initially cite Bump & Norton’s (1998) statistic that 50% of women doing PFM training fail to locate and engage the correct muscle groups when given written instructions, they then proceed to state that they will effectively educate the reader with their own! Their instructions on how to do a PFM contraction correctly are far too long, and there are no diagrams to break up the text. The content is simply not user-friendly enough. I found myself losing concentration and interest while trying to follow all the authors’ directions on testing the strength of your PFM contraction, and my attention span is that of a qualified specialist!

The chapter then proceeds to discuss what seems to be the main teaching element of the home PFMT programme when, in fact, this has already been covered. This is a commendable attempt to provide an “invisible” physiotherapist in the home teaching format, but it is

very drawn out and creates confusion. The authors introduce “The 5 F’s of a Fit Pelvic Floor”: focused and fast, functional, freedom, fun, and future. This is a good concept that will engage readers, and motivate them to undertake and continue with PFMT. In reality, however, I am not convinced that it would be used.

On the positive side, slow and fast PFM exercises (PFMEs) are taught, and in line with general strength training, the principles of overload and specificity are covered, as are functional progressions (e.g. sit to stand, step up/down and lifting). There is also a useful section on using your pelvic floor during sexual activity. The authors clearly explain the difference between building muscle strength and maintaining it, and relate that to scientific evidence. There is also well-referenced promotion of the success rate of PFMT for all the conditions covered in previous chapters.

On the other hand, there are numerous other steps within each “F”, making Chapter 7 even more verbose and protracted than it needs to be. I do feel that the average person in the street would quickly lose interest. The authors also suggest performing the “tampon tug” to rate PFM strength. This test is not substantiated by the evidence base and seems rather inappropriate; I am sure that some women would not be comfortable with it. Once again, the illustrations are poor; for example, a diagram supposedly demonstrating a transversus abdominis contraction does not show the reader anything but a drawing of a woman in her underwear!

Chapter 8 discusses seven additional conservative treatment modalities, and once again, the reader is encouraged to “be active, be aggressive, and be your own best health care advocate”. However, it is very disappointing that only two pages in the section about PFMT guided by a specialist are allocated to this treatment modality when we know that 50% of women cannot easily identify and contract their PFMs following only written instruction (Bump & Norton 1998). To the detriment of this section, it feels as if the authors have given Chapter 7 far too much importance, and there is no reference to the fact that Chapter 8 incorporates the same training regime covered by the instructions in the previous section. No evidence is provided to support biofeedback, and no reference given for a cited study examining the efficacy of vaginal cones.

In contrast, the section on medication in Chapter 8 is useful and informative. The advice

on behaviour and diet modification is well focused on weight management, and interesting points are made about acidic and arylalkylamine-rich foods and fluids. However, the guidance about both bowel regularity and bladder training could be much more comprehensive. Chapter 8 also touches on other treatment options, including acupuncture, percutaneous tibial nerve stimulation, pessaries and urethral dilation.

Surgical solutions are covered in Chapter 9, which offers a good introduction to these procedures, and addresses levels of invasiveness and success rates. There is also a useful list for each type of procedure that adopts the following format:

- (1) What is rectocele repair?
- (2) Who are ideal candidates?
- (3) How does it work?
- (4) How invasive is the surgery?
- (5) How is the surgery performed?
- (6) What are the success rates?

However, this final chapter fails to deliver on several levels. First, the order of the content is a little muddled; for example, it would have been more helpful to have the general post-operative guidelines at the end of the chapter. Also, the risk factors associated with the different surgical techniques are listed at the beginning, which is confusing for the reader. It would have been better to start with a description of what the different procedures involve, and then move on to the risk factors associated with the surgery and the post-operative advice.

Secondly, although the author of this chapter is obviously surgically trained, she fails to give the layperson a fully comprehensible summary. This is purely because she uses too much medical jargon, which will probably fall on deaf, or confused, ears.

Finally, and perhaps most importantly, it is incredible that there are no diagrams whatsoever to illustrate any of the 11 surgical procedures. How is the general reader expected to comprehend what is involved? The lack of figures means that the descriptions of the various surgical methods are very verbose, and these will no doubt be incomprehensible to many people. Three whole paragraphs dedicated to describing the procedure, how it works and how it is performed could have been adequately summarized with detailed diagrams. The authors also discuss anatomy by making references to the obturator internus and the pubic arch without



including any pictures. Therefore, they are asking the impossible of their readers by expecting them to have a detailed knowledge of pelvic anatomy.

In summary, *A Woman's Guide to Pelvic Health* gets off to a good start, but gradually declines in quality towards the end. The empathetic tone at the beginning and the excellent use of case studies are abandoned in favour of a clinical style that would be more appropriate for healthcare professionals. I do not think that the title really justifies the content because only incontinence and prolapse are covered. Although the book includes a lot of useful information for both patients and clinicians, as well as a substantial list of additional resources, the conspicuous lack of diagrams and photographs weakens both the textual content and its didactic credibility. It is a shame that there is no conclusion: the book ends rather abruptly with an examination of the success rates for neuro-modulation. Indeed, after the authors' consistent advocacy of readers being proactive in seeking advice and treatment, it would have been appropriate to finish with a few strong words of encouragement.

*A Woman's Guide to Pelvic Health* is available on Amazon.co.uk at £9.71 and £9.22 for the paperback and Kindle editions, respectively.

**Romy Tudor**  
Senior Physiotherapist  
Women's Health Physiotherapy  
Worthing Hospital  
Worthing  
West Sussex  
UK

## References

- Bump R. C., Norton P. A., Zinner N. R. & Yalcon I. for the Duloxetine Urinary Incontinence Study Group (2003) Mixed urinary incontinence symptoms: urodynamic findings, incontinence severity, and treatment response. *Obstetrics and Gynecology* **102** (1), 76–83.
- Bump R. C. & Norton P. A. (1998) Epidemiology and natural history of pelvic floor dysfunction. *Obstetrics and Gynecology Clinics of North America* **25** (4), 723–746.
- Culligan P. J. & Heit M. (2000) Urinary incontinence in women: evaluation and management. *American Family Physician* **62** (11), 2433–2444.
- Hannestad Y. S., Rortveit G., Sandvik H. & Hunskaar S. (2000) A community-based epidemiological survey of female urinary incontinence: the Norwegian EPINCONT Study. *Journal of Clinical Epidemiology* **53** (11), 1150–1157.
- Ricci J. A., Baggish J. S., Hunt T. L., *et al.* (2001) Coping strategies and health care-seeking behaviour in a US

national sample of adults with symptoms suggestive of overactive bladder. *Clinical Therapeutics* **23** (8), 1245–1259.

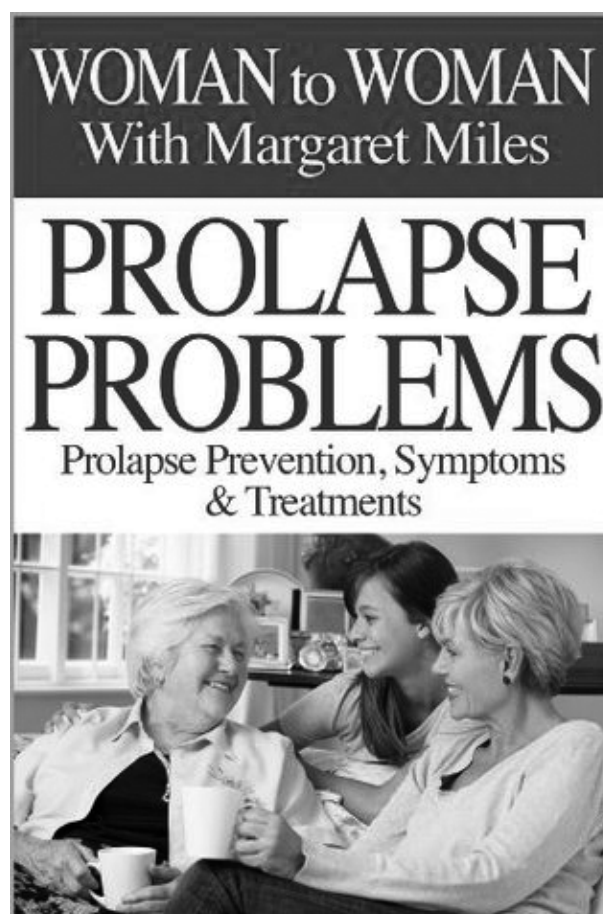
- Sandvik H., Hunskaar S., Vanvik A., *et al.* (1995) Diagnostic classification of female urinary incontinence: an epidemiological survey corrected for validity. *Journal of Clinical Epidemiology* **48** (3), 339–343.
- Shaw C., Tansey R., Jackson C., Hyde C. & Allan R. (2001) Barriers to help seeking in people with urinary symptoms. *Family Practice* **18** (1), 48–52.
- Smith P. P., McCreery R. J. & Appell R. A. (2006) Current trends in the evaluation and management of female urinary incontinence. *CMAJ: Canadian Medical Association Journal* **175** (10), 1233–1240.

## Prolapse Problems: Prolapse Prevention, Symptoms and Treatments

By Margaret Miles

<http://talkingwomenshealth.com>, 2013, 65 pages, e-book, £2.72

ISBN 978-0-646-57883-5



This book is a self-help guide that draws on the experiences of the author. Although Margaret Miles is not a medical professional, she has suffered from a prolapse herself. *Prolapse Problems: Prolapse Prevention, Symptoms and*

*Treatments* aims to “lift the veil” surrounding the subject by helping women to understand what has happened to them, and thereby, give them the confidence they need to seek appropriate help.

Miles begins by describing the history of her prolapse, and the sequence of events that ultimately led to her having a hysterectomy and anterior repair.

While regularly referring to the importance of seeking specialist medical advice, the author uses her own experience to emphasize the importance of talking to others who have suffered from a prolapse. This allows women to put the problem into context and demystifies the subject. The book is the first volume in a series of informative guides written by one woman for another.

A chapter on “normal anatomy” introduces the reader to the pelvic organs, and then systematically explains the various types of genitourinary prolapse and associated symptoms. Simple language is used to give clear descriptions and the text is illustrated by reasonable diagrams. Statements are made and statistics quoted regarding the prevalence of the various types of prolapse; however, the absence of references makes it hard to judge the reliability of this information.

The section on urinary incontinence broadly describes the three categories as being urge, stress and mixed, and addresses the likelihood of incontinence coexisting with the prolapse. The value of stating that, in many cases, incontinence will resolve itself once the prolapse has been corrected is questionable: clinically, it is not uncommon to find a woman who has not suffered from incontinence prior to surgery developing it after the repair (Brubaker *et al.* 2006).

Miles describes the merits of non-surgical approaches, and claims that, with “a little time and effort, the prolapse is often easy to solve”. Implying that there is a “quick fix” could mislead readers. Current thinking actually promotes teaching patients to alleviate and prevent any worsening of prolapse symptoms through lifestyle modification and exercises. This approach takes time and commitment on the part of the patient, and certainly should not be seen as an easy option.

The author quite rightly points out that the time to seek medical advice may be determined by the subjective impact of the prolapse on a woman’s quality of life rather than any specific objective measures. In simple terms, how “both-

ersome” the prolapse is can be an accurate, if not wholly scientific, measure of whether a woman is struggling to manage and needs to seek help.

A section is devoted to non-surgical options for prolapse management, and this includes brief mentions of PFMEs, pessaries and hormone replacement therapy.

Electrical stimulation is described as a technique used by doctors to “help nerves grow”, and Miles claims that it can help to reduce the incidence of urinary leakage. This statement is an oversimplification, and again, readers could be misled.

Vaginal cones are given a surprising amount of coverage. The author describes these devices as “an effective way to cure those little leaks”. She also claims that cones are more effective than PFMEs for women who are unsure of the correct exercise technique. Again, the evidence to support these statements is tenuous.

Surgical techniques are described, but only a brief mention of post-operative recovery is made, which is surprising since, ultimately, this can be a crucial factor in the successful outcome of surgery.

Having made references to PFMEs throughout *Prolapse Problems*, Miles devotes a larger section to these exercises towards the end of the book that includes detailed descriptions. A segment discussing “artificial aids” to help with the performance of PFMEs includes what is described as a “spring mechanism” that is used externally by gripping it between the thighs. This is troubling since such a device would surely encourage the use of the adductors and other accessory muscles rather than isolating the PFMs.

Lifestyle, diet, weight control and exercise are given a disappointingly small amount of attention considering the importance of these factors in managing prolapse in the long term. This is the case whether the approach used is conservative, surgical, or as is often the case, a mixture of both.

Miles concludes by listing the three reasons why she believes that women do not seek help for prolapse: embarrassment; viewing it as part of “normal ageing”; and a general lack of information, what is available being very limited.

This book is written in basic terms, and its content is drawn from the first-hand experiences of the author and her friends, which makes it very anecdotal in style. Furthermore, the lack of current evidence-based information means that it is unlikely that a clinician would recommend

*Prolapse Problems* to a junior colleague or patient. However, friends might suggest it to each other: the book does shine a light on a subject that is rarely discussed, and it could be a good starting point for women who are seeking help.

*Prolapse Problems* can be purchased as an e-book from Amazon.co.uk for £2.72. A second book in the series, *Breast Problems: Women's Health: Breast Awareness from Puberty to Post-Menopause*, has been published. This is also written in the same style, and draws on the author's first-hand experience of breast cancer.

**Kate Walsh**

Senior Physiotherapist  
Continence and Pelvic Floor Dysfunction  
Wirral University Teaching Hospital NHS  
Foundation Trust  
Arrowe Park Hospital  
Upton  
Wirral  
UK

## Reference

Brubaker L., Cundiff G. W., Fine P., *et al.* (2006) Abdominal sacrocolopexy with Burch colosuspension to reduce urinary stress incontinence. *The New England Journal of Medicine* **354** (15), 1557–1566.