

*Northern Region Palliative care  
Physicians Group Meeting  
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# **“Pelvic Health in Palliative Care”**

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# Introduction / Aims

- Identify pelvic health symptoms and appropriate onward referral
- To increase knowledge of available treatments within pelvic health
- Gain confidence on how to approach / ask about these often 'taboo' subjective questions!



*If you don't ask, you  
don't get*



# Pelvic Floor Dysfunction

## Urinary Incontinence

- **Stress** (cough, sneeze, run, lift, laugh)
- **Urgency** (Wet / Dry)
- **Frequency** of voiding (*more so than the average!*)
- *Frequency with urgency (MUI)*
- **Nocturia (nocturnal enuresis)**
- \*Transfer
- Endurance - fatigue



**“Any leakage if you cough or sneeze?”**

**“Any issues holding onto your urine?”**

**“How’s your waterworks, have you got control?”**



# Pelvic Floor Dysfunction

## Sexual Dysfunction - Women

- Dyspareunia
- Vaginal dryness / Vaginal discomfort
- Reduced sensation / ability to orgasm / reduced libido

**\*Menopause**

**\*Psychosexual**

**\*Dermo-vulval / Radiotherapy**



**“Do you suffer with any vaginal itching or discomfort at all?”** *\*this would be with absence of a change/increase in vaginal discharge*

**“A lot of women experience vaginal dryness and discomfort, have you experienced any of these symptoms recently?”**





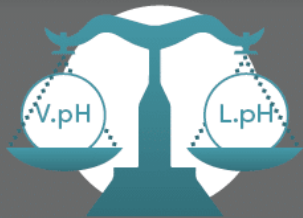
# WWW. YES YES YES. ORG

## VAGINAL pH



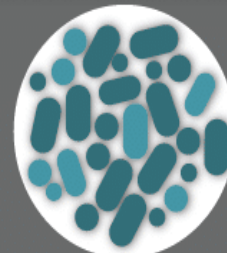
NORMAL VAGINAL pH IS IN THE RANGE OF 3.8pH – 4.5pH BUT CAN FLUCTUATE DURING THE MENOPAUSE <sup>\*(1)</sup>

LUBRICANTS AND VAGINAL MOISTURISERS CAN BE USED TO ALLEVIATE THE SYMPTOMS OF MENOPAUSAL DRYNESS AND MAKE LOVE-MAKING MORE COMFORTABLE



THESE LUBRICANTS SHOULD BE pH-BALANCED TO NORMAL VAGINAL pH

SOME LUBRICANTS AND VAGINAL MOISTURISERS AREN'T pH-BALANCED AND MAY BE TOO ALKALINE OR TOO ACIDIC



HIGH pH CAN LEAD TO BACTERIAL VAGINOSIS (BV), URINARY TRACT INFECTIONS (UTI) AND THRUSH <sup>\*(3)</sup>

AN UNBALANCED pH CAN BE TREATED WITH HORMONAL REPLACEMENT THERAPY (HRT) OR REDUCED WITH PRESCRIPTION OR OVER-THE-COUNTER (OTC) LUBRICANTS OR VAGINAL MOISTURISERS WHICH ARE pH-BALANCED <sup>\*(5)</sup>

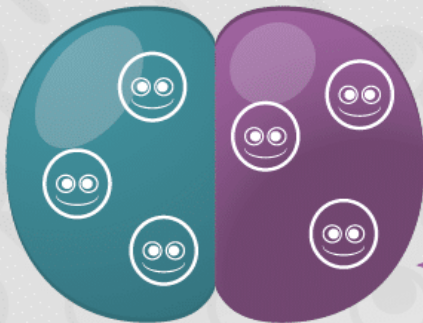




# OSMOLALITY



Osmolality is the measure of  
**DISSOLVED PARTICLES**  
per **UNIT OF WATER**  
in a solution, or plasma.



The osmolality of a lubricant is important to help the skin maintain an equilibrium of osmolality between the skin cells and the lubricant on the outside wall of the cell <sup>\*(6)</sup>

Hyper-osmotic is when a lubricant has a higher osmolality than human cells or bodily fluids <sup>\*(6)</sup>

When tissues are in contact with a hyper-osmotic lubricant they try to dilute the lubricant by releasing water, potentially causing the cell to die <sup>\*(6)</sup>



Hyper-osmotic lubricants can irritate the skin and leave the vagina or anus to be more susceptible to bacterial infections or Sexually Transmitted Disease (STI) contraction <sup>\*(6)</sup>



Hypo-osmotic is when a lubricant has a lower osmolality than human cells or bodily fluids <sup>\*(6)</sup>

When tissues are in contact with a hypo-osmotic lubricant they try to pull water from the lubricant into the cell <sup>\*(6)</sup>

Hypo-osmotic lubricants can rehydrate dry tissue, but an extremely hypo-osmotic lubricant could cause the cells to burst <sup>\*(6)</sup>



**70**  
YEARS  
OF THE NHS  
1948 - 2018



Susi and Sarah set up in business in May 2003, after six weeks on the north coast of Bali (yes, it was a completely perfect place to plan Yes), reviewing their lives, ways of working together and their personal values that defined the ethics that now governs their business. They then spent three and a half years researching, planning and formulating products, and started trading in August 2006. To fund the business start-up and long R&D period, both Susi and Sarah sold their houses. Sarah is the Chemist. Susi is the English graduate, and rather handy with words. They are both adept at juggling test tubes and subjunctions.



Normal secretion of the vagina is 260 – 290mOsm/kg <sup>\*(3)</sup>

Vaginal moisturisers and lubricants should ideally be no more than 380mOsm/kg to reduce the risk of epithelium damage <sup>\*(3)</sup>



The key to the osmolality and pH of lubricants and moisturisers is in the list of ingredients.



Products formulated with glycerine and/or glycols are likely to be hyperosmotic <sup>\*(1)</sup>

Glycerine



It's essential to read the ingredients of products used for relieving the symptoms of menopausal vaginal dryness to ensure you choose a product that's pH-balanced and iso-osmotic.



# Pelvic Floor Physiotherapy!



- Vulval inspection
- Vaginal / Ano-rectal examination
- Muscle grading ( PERFECT SCHEME)
- Issuing of SUPERVISED pelvic floor muscle exercises.



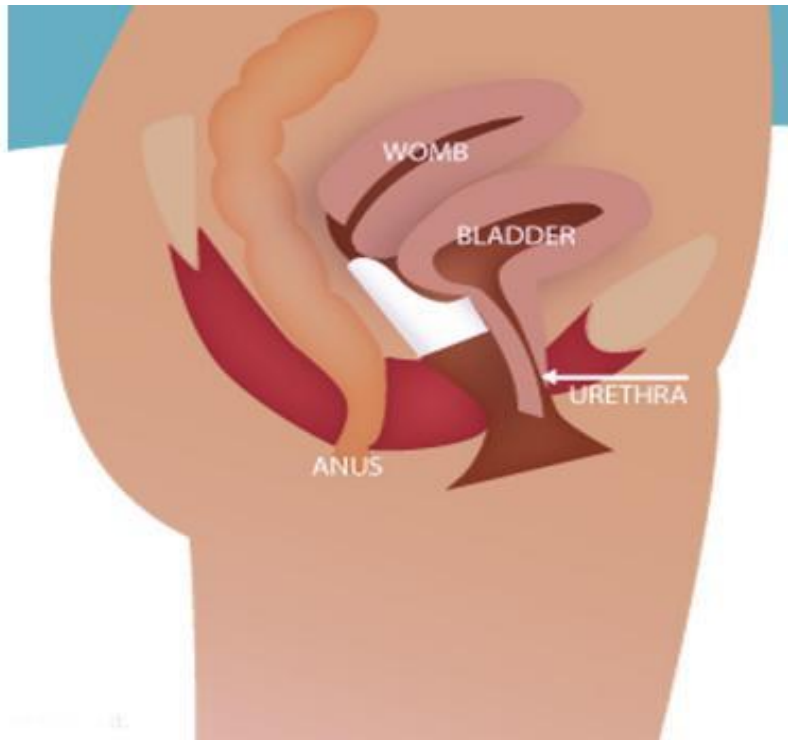


# PFM Down-training

- De-sensitising
- Diaphragmatic breathing
- Manual therapy
- Stretching
- Postural education
- Progressive strengthening
- General exercise



# Contiform Vaginal Pessary



# Other Vaginal Pessary



- Ring with 'knob'
- Urethral compression
- Gynecological clinic OR
- Nurse-led pessary clinic



# BOWEL HEALTH












# Fecal Incontinence / Chronic Loose Stools

## The Bristol Stool Chart

Adapted from the Bristol Stool Scale (Heaton et al 1992)

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, mushy stool
Type 7		Watery, no solid pieces. ENTIRELY LIQUID

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- Bristol Stool Chart 5-7








## QOL / Rx:

- Anal plugs / Loperamide
- PFM strengthening exercises
- Passive FI = transanal irrigation (TAI)
- Urge FI = EAS Retraining “Holding on Programme”

# Constipation

## The Bristol Stool Chart

Adapted from the Bristol Stool Scale (Heaton et al 1992)

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, mushy stool
Type 7		Watery, no solid pieces. ENTIRELY LIQUID

- Bristol Stool Chart T1-2
- Excessive straining

## Rx / QOL:

- TAI
- Lifestyle measures
- Optimal Positioning
- Laxatives / combination

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# Naloxegol for Treating Opioid-induced Constipation TA345 (2015)

Naloxegol is a peripherally acting opioid receptor antagonist. It therefore decreases the constipating effects of opioids without altering their central analgesic effects.

## Indications and dose

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Opioid-induced constipation when response to laxatives inadequate

By mouth

**For Adult**

25 mg once daily, to be taken in the morning.

## Dose adjustments due to interactions

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Manufacturer advises reduce initial dose to 12.5 mg daily with concurrent use of moderate inhibitors of CYP3A4, increasing to 25 mg daily if well tolerated.



# Summary / Takeaways

- Ask about sexual health “ are you sexually active, or experience any pain/dryness/discomfort/leakage during intercourse?”
- If not active, consider asking, *is this something that if these symptoms weren't apparent, you would want to be able to do?*
- Discuss continence and any concerns your patient discloses
- MDT (case-study)



# Thank you for listening!



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