UROLOGY UPDATE in relation to women's health Amberly Levan, FNP-C



RECURRENT UTI



Risk Factors

- New sexual partner
- Spermicides
- Family history
- Urinary and/or stool incontinence
- Cystocele
- Incomplete bladder emptying

Diagnosis

- Symptomatic
- 2 infections in 6 months or 3 within one year
- Must be confirmed on culture

Treatments

Behavioral modifications

- Water intake (2-3L)
- Contraceptive change
- Hygiene
- Postcoital voiding

OTC supplements

- Cranberry
- Dmannose
- Probiotics

Vaginal estrogen cream

Methenamine 1G PO BID

Antibiotic suppression

Mycoplasma and Ureaplasma

• Mycoplasma genitalium

• Mycoplasma hominis

• Ureaplasma spp



INTERSTITIAL CYSTITIS

Interstitial cystitis

- Diagnosis of exclusion
- Common with other pain syndromes
- Symptoms:
 - Discomfort with bladder filling, relief with voiding
 - Pressure
 - Spasms
 - Urinary frequency
 - Dysuria
 - Remission and exacerbations

Evaluation

- Urinalysis and culture
- STD screenings
- Post void residual
- Cystoscopy
- Urodynamics

Treatment

- Dietary modifications
- Behavioral modifications/ physical therapy
- Amitriptyline
- Atarax
- Uribel
- Hydrodistension
- Bladder cocktails

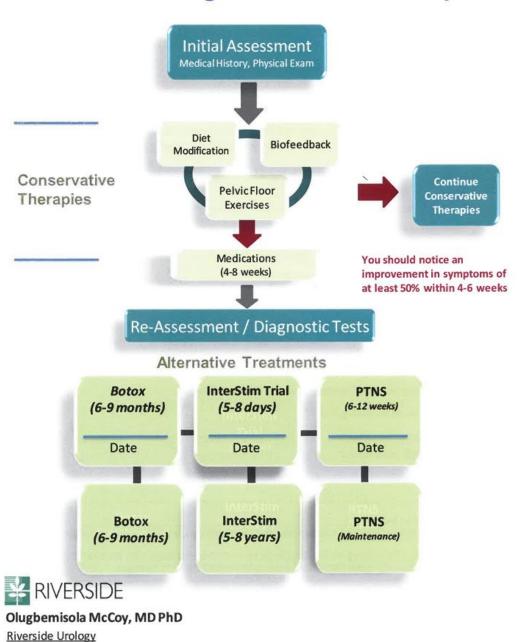
OVERACTIVE BLADDER



Overactive bladder

- Urinary urgency with or without leak
- Risk factors:
 - Anatomical problems
 - Neurological problems
 - Pregnancy/vaginal childbirth
 - Post menopause
 - Older age
 - Obesity

Bladder Management Care Pathway





STRESS URINARY INCONTIENCE

Stress urinary incontinence

- Loss of urine with activities that increase abdominal pressure
- Can be visualized on exam with cough. May or may not be accompanied by a pelvic organ prolapse.
- Rule out urinary retention

Stress urinary incontinence

Evaluation

- Cystoscopy
- Urodynamics

Treatment: Surgical intervention

- Urethral bulking
- Sling

thank you

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