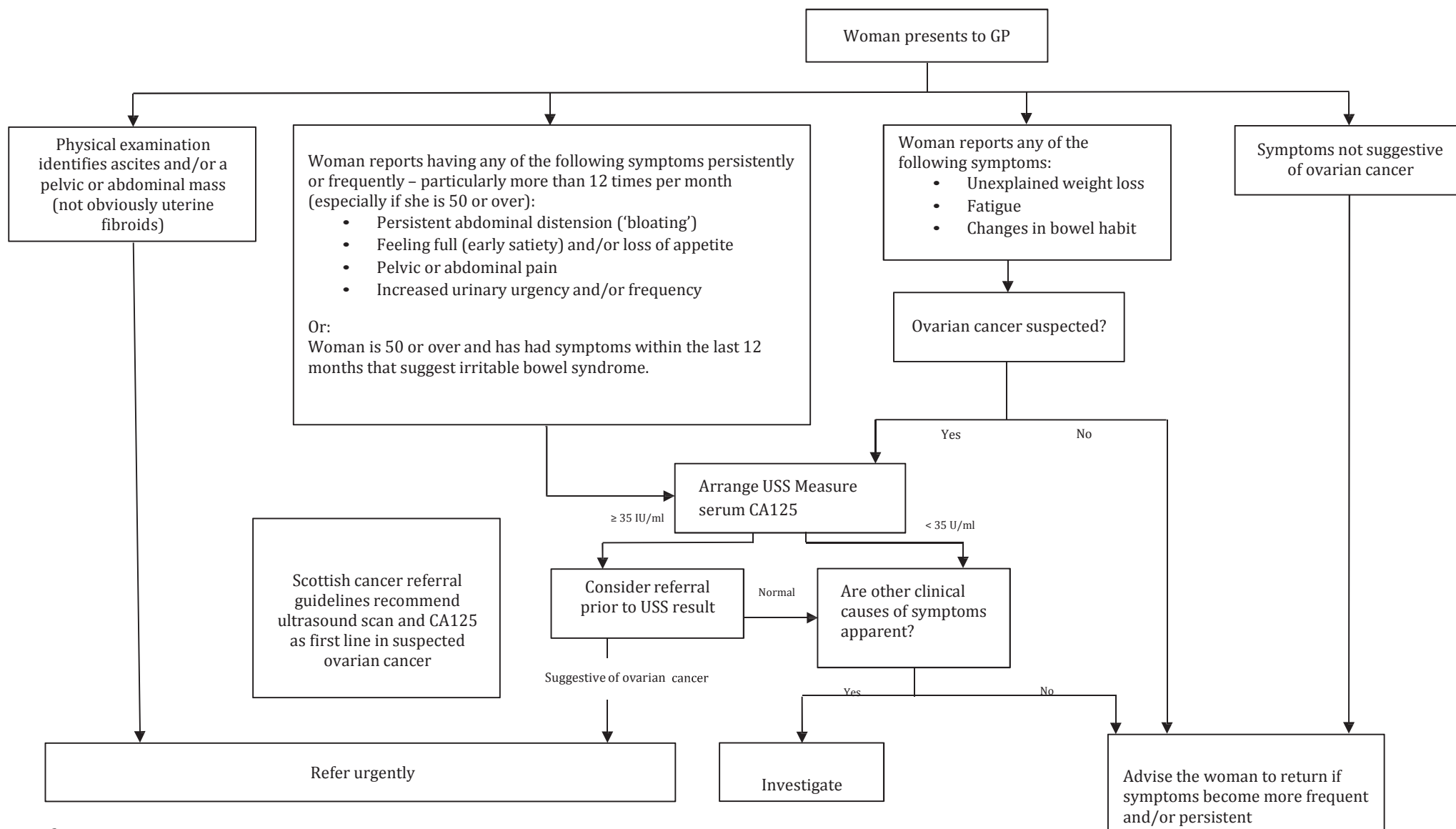


Appendix 1. Detection of ovarian cancer in Primary Care



References

1. NICE guideline. The recognition and initial management of Ovarian Cancer. <https://www.nice.org.uk/guidance/cg122/evidence/full-guideline-181688797>
2. Scottish Cancer Referral Guidelines. <http://www.cancerreferral.scot.nhs.uk/gynaecological-cancers/>



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PelvicFloorExercises

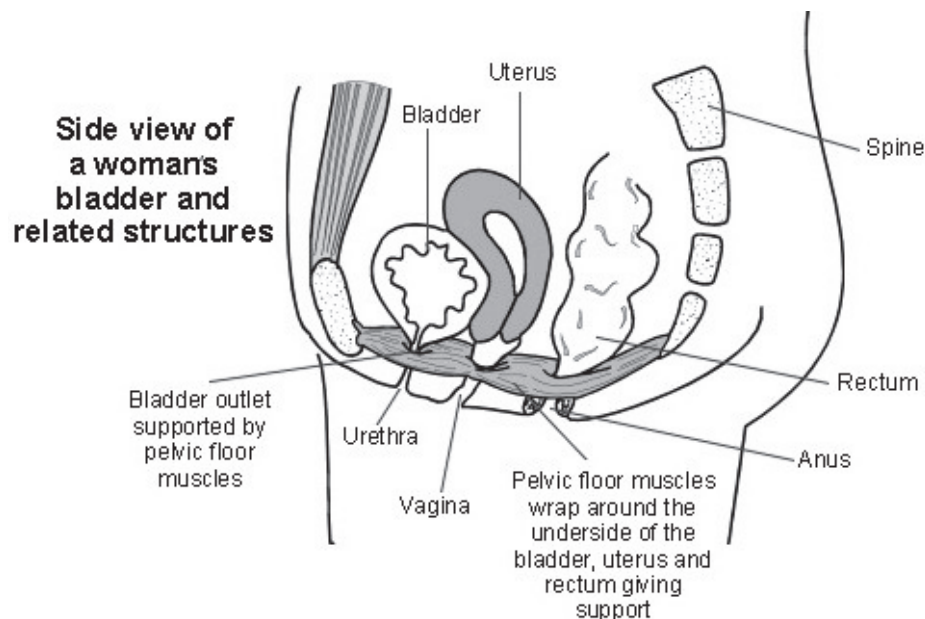
If you develop stress incontinence, there is a good chance that it can be cured with **pelvic floor exercises**. Pelvic floor exercises are also useful to prevent incontinence, particularly for women who have had children.

What are the pelvic floor muscles?

The pelvic floor muscles are a group of muscles that wrap around the underneath of the bladder and rectum. Your doctor may advise that you strengthen your pelvic floor muscles:

- **If you develop stress incontinence.** In stress incontinence, urine leaks when there is a sudden extra pressure ('stress') on the bladder. Urine tends to leak most when you cough, laugh, or exercise (like jump or run). Strengthening the pelvic floor muscles can often cure stress incontinence.
- **After childbirth.** The common reason for the pelvic floor muscles to become weakened is childbirth. If you do pelvic floor muscle exercises after childbirth, it may prevent stress incontinence developing later in life.

In addition, some people feel that having strong pelvic floor muscles heightens the pleasure when having sex.



Pelvic floor exercises to treat stress incontinence

It is important that you exercise the correct muscles. Your doctor may refer you to a continence advisor or physiotherapist for advice on the exercises. They may ask you to do a pelvic floor exercise while they examine you internally, to make sure you are doing them correctly.

The sort of exercises are as follows:

Learning to exercise the correct muscles

- Sit in a chair with your knees slightly apart. Imagine you are trying to stop wind escaping from your back passage (anus). You will have to squeeze the muscle just above the entrance to the anus. You should feel some movement in the muscle. Don't move your buttocks or legs.
- Now imagine you are passing urine and are trying to stop the stream. You will find yourself using slightly different parts of the pelvic floor muscles to the first exercise (ones nearer the front). These are the ones to strengthen.
- If you are not sure that you are exercising the right muscles, put a couple of fingers into your vagina. You should feel a gentle squeeze when doing the exercise. Another way to check that you are doing the exercises correctly is to use a mirror. The area between your vagina and your anus will move away from the mirror when you squeeze.
- The first few times you try these exercises, you may find it easier to do them lying down.

Doing the exercises

- You need to do the exercises every day.
- Sit, stand or lie with your knees slightly apart. Slowly tighten your pelvic floor muscles under the bladder as hard as you can. Hold to the count of five, then relax. These are called slow pull-ups or long squeezes.
- Then do the same exercise quickly and immediately let go again. These are called fast pull-ups or short squeezes.
- The aim is to do a long squeeze followed by ten short squeezes, and repeat this cycle at least eight times. It should only take about five minutes.
- Aim to do the above exercises at least three times a day.
- Ideally, do each set of exercises in different positions. That is, sometimes when sitting, sometimes when standing and sometimes when lying down.
- As the muscles become stronger, increase the length of time you hold each slow pull-up or long squeeze. You are doing well if you can hold it each time for a count of 10 (about 10 seconds).
- Do not squeeze other muscles at the same time as you squeeze your pelvic floor muscles. For example, do not use any muscles in your back, thighs, or buttocks.
- Some people find it difficult to remember to do their exercises; a chart or a reminder on your phone may help.
- Try to get into the habit of doing your exercises at other times too, whilst going about everyday life. For example, when brushing your teeth, waiting for the kettle to boil, when washing up, etc.
- You may find it helpful to do a 'squeeze' just before you do something that would otherwise cause you to leak, like coughing or lifting.
- After several weeks the muscles will start to feel stronger. You may find you can squeeze the pelvic floor muscles for much longer without the muscles feeling tired.

It takes time, effort and practice to become good at these exercises. It is best to do these exercises for at least three months to start with. You should start to see benefits after a few weeks. However, it often takes two to five months for most improvement to occur. After this time you may be cured of stress incontinence. If you are not sure that you are doing the correct exercises, ask a doctor, physiotherapist or continence advisor for advice.

If possible, continue exercising as a part of everyday life for the rest of your life. Once incontinence has gone, you may only need to do one or two bouts of exercise each day to keep the pelvic floor muscles strong and toned up and to prevent incontinence from coming back.

Other ways of exercising pelvic floor muscles

Sometimes a continence advisor or physiotherapist will advise extra methods if you are having problems or need some extra help performing the pelvic floor exercises. These are **in addition** to the above exercises. For example:

- **Electrical stimulation.** Sometimes a special electrical device is used to stimulate the pelvic floor muscles with the aim of making them contract and become stronger.

- **Biofeedback.** This is a technique to help you make sure that you exercise the correct muscles. For this, a physiotherapist or continence advisor inserts a small device into your vagina when you are doing the exercises. When you squeeze the right muscles, the device makes a noise (or some other signal such as a display on a computer screen) to let you know that you are squeezing the correct muscles.
- **Vaginal cones.** These are small plastic cones that you put inside your vagina for about 15 minutes, twice a day. The cones come in a set of different weights. At first, the lightest cone is used. You will naturally use your pelvic floor muscles to hold the cone in place. This is how they help you to exercise your pelvic floor muscles. Once you can hold on to the lightest one comfortably, you move up to the next weight and so on.
- **Other devices.** There are various other devices that are sold to help with pelvic floor exercises. Basically, they all rely on placing the device inside the vagina with the aim of helping the pelvic muscles to exercise and squeeze. There is little research evidence to show how well these devices work. It is best to get the advice from a continence advisor or physiotherapist before using any. One general point is that if you use one, it should be in addition to, not instead of, the standard pelvic floor exercises described above.

Pelvic floor exercises if you do not have incontinence

The type of exercises are exactly the same as above. If you are not used to doing pelvic floor exercises then perhaps do the exercises as often as described above for the first three months or so. This will strengthen up the pelvic floor muscles. Thereafter, a five-minute spell of exercises once or twice a day should keep the muscles strong and toned up which may help to prevent incontinence from developing in later life.

Further help & information

B&B - Bladder and Bowel Community

Unit 7 , The Court, Holywell Business Park, Southam, Warwickshire, CV47 0FS

Tel: 01926 357220

Web: www.bladderandbowelfoundation.org

Pelvic, Obstetric and Gynaecological Physiotherapy (POGP)

Web: pogp.csp.org.uk/

Further reading & references

- **Urinary incontinence in women: management;** NICE Clinical Guideline (September 2013)
- **Faiena I, Patel N, Parihar JS, et al;** Conservative Management of Urinary Incontinence in Women. *Rev Urol.* 2015;17(3):129-39.
- **Dumoulin C, Hay-Smith EJ, Mac Habee-Seguin G;** Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. *Cochrane Database Syst Rev.* 2014 May 14;(5):CD005654. doi: 10.1002/14651858.CD005654.pub3.
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- **Boyle R, Hay-Smith EJ, Cody JD, et al;** Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women. *Cochrane Database Syst Rev.* 2012 Oct 17;10:CD007471. doi: 10.1002/14651858.CD007471.pub2.

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What type of pessary will I use?

There are many types of pessary but this appendix will cover the ring pessary and Gellhorn. Most pessaries are durable and autoclavable as well as resistant to absorption of vaginal discharge and odours.

The ring pessary is often advocated for the initial fitting because it:

- is easy to use for provider and user
- can be used for any type of prolapse
- intercourse is generally possible.

The Gelhorn pessary is a space-filling pessary which can be used for all types of prolapse but must be removed during intercourse.

There is no guidance to help with the selection of type or size of pessary and often trial and error is necessary. It seems appropriate to trial a ring pessary first particularly for stage 1 or 11 prolapses, and if this fails, trial the Gellhorn.

How do I size a ring pessary?

- measure the distance between the posterior fornix behind the cervix or vaginal vault (in cases of previous hysterectomy) and the symphysis pubis by inserting the index and middle fingers into the vagina
- withdraw your fingers and choose the fitting ring whose diameter best approximates the distance between your two fingers
- pessary sizing guides are available to help.

How do I insert the pessary?

- wash the pessary with soapy warm water
- apply lubricate to the leading edge of the pessary
- fold the pessary in half
- separate the labia and insert the pessary into the vagina rotating it so that part of the ring is behind the cervix and the opposite side is behind the pubic notch.

How do I assess for the correct fit?

There is no agreed definition of a successful fit of pessary. It is deemed to fit when:

- there is no discomfort or pain
- the biggest pessary is comfortably retained during walking, bending, squatting with cough and valsalva
- there is no occult stress urinary incontinence
- the women is able to void.

A larger size should be tried if the pessary is nearly or completely expelled with the above manoeuvres. A smaller size should be tried if the woman experiences discomfort or lower abdominal pain. A vague sensation of discomfort or irritation may be due to the insertion procedure and clinical judgement will be necessary to judge if removal and refit is necessary

What are the complications of pessary use?

- mild vaginal discharge
- constipation
- vaginal bleeding due to erosion or ulceration of the vaginal wall
- new or worsening urinary incontinence.

More serious but less common complications, generally occurring when patients do not attend for regular follow-up, include:

- severe vaginal discharge associated with infection e.g. bacterial vaginosis
- cervical incarceration
- impacted/ embedded pessary causing fistulae.

What follow-up should I advise?

Follow-up 1-2 weeks after insertion is recommended to ask about any problems and provide information. If the patient is self-managing their pessary education about washing, removal and reinsertion is also necessary.

All patients should also be educated about symptoms which require them to contact a health professional, such as vaginal bleeding, excessive discharge or odour and voiding or defaecation difficulties. Women should be reassured that the pessary cannot travel anywhere inside the body.

What self-care advice should I give the patient?

The pessary should be removed periodically for washing, drying and reinserting. They can be removed daily, weekly or monthly. There is no consensus in the literature about the optimal frequency, so this can be at the patient's discretion if they are self-caring. For those not suitable or not willing to self-care, review every 4-6 months is advised for removal, cleaning and refitting or renewal.

How often should the pessary be renewed?

The advice from the manufacturer is the pessary should be renewed every 3 months but some self-management projects within the UK advise renewal of the pessary once a year with cleaning and replacement in between. If the patient wishes to self care, she should be educated and given a contact number in case of any queries or problems.

Appendix 4. Lichen Sclerosus ³¹

This chronic inflammatory condition usually involves the anogenital skin. It is most common in post-menopausal women but occurs in both sexes at all ages. The cause is not known, but it is strongly associated with autoimmune disease, particularly thyroid disease in almost 30% of patients.

Why do we miss it?

- Lack of familiarity with the condition and failure to examine the genital skin
- We commonly mistake it for candida and postmenopausal vaginal atrophy. Beware diagnosing candida in women past child-bearing age – this is uncommon unless risk factors such as diabetes are present
- In children we are also unfamiliar with lichen sclerosus as a cause of severe constipation in girls and phimosis in boys.

How does it present clinically?

It is highly symptomatic, causing severe intractable itching and soreness, and scarring may follow with vulval stenosis. Squamous cell carcinoma on lichen sclerosus occurs in both sexes, and occurs in about 5% of women with lichen sclerosus. It has been mistaken for sexual abuse in children.

Adult women get:

- Severe vulval itching, with areas of white skin areas, affecting labia minora, majora and adjacent skin of the perineum. Perianal disease is common giving a 'figure of eight' pattern. The white skin often looks thin, wrinkled and fragile, with red or purple areas of bleeding into the skin, warty hyperkeratotic areas also occur.
- In patients with scarring, symptoms can include difficulty in passing urine, dyspareunia, and women may notice the change in the vulva with the loss of the labia minora.
- Occasionally the first presentation of lichen sclerosus will be when squamous carcinoma develops. A plaque, ulcer or nodule can arise very quickly, sometimes in a matter of weeks.
- Prepubertal girls often present with vulval and perianal itching and show the same changes as described for adult women, but they also present with intractable constipation, soiling, anal fissures and bleeding.

Investigation?

- Skin biopsy will provide the diagnosis. Avoid steroids before definitive diagnosis is made.
- Accurate diagnosis is important because these patients need long-term follow up and education about treatment and risk of cancer developing.
- Check thyroid function in all patients with lichen sclerosus.

How is it managed?

- If there is doubt about the diagnosis, refer for biopsy.
- Pending the diagnosis use emollients as soap substitutes, after the diagnosis use the very potent steroid clobetasol propionate ointment - a single application at night for four weeks, followed by alternate nights for four weeks and then twice a week for four weeks. Once symptoms are well controlled, use as needed.
- Some patients will have a complete remission, others will require ongoing treatment.
- Ask patients to return if their symptoms return or change. As many women with lichen sclerosus are elderly and may not be aware of changes (or the changes may not cause symptoms) we should examine them at least annually to check for any suspicious changes. If the diagnosis is made in secondary care, an annual follow up appointment is generally made.