



# Lancashire Gynaecologist

*Eric Mutema*

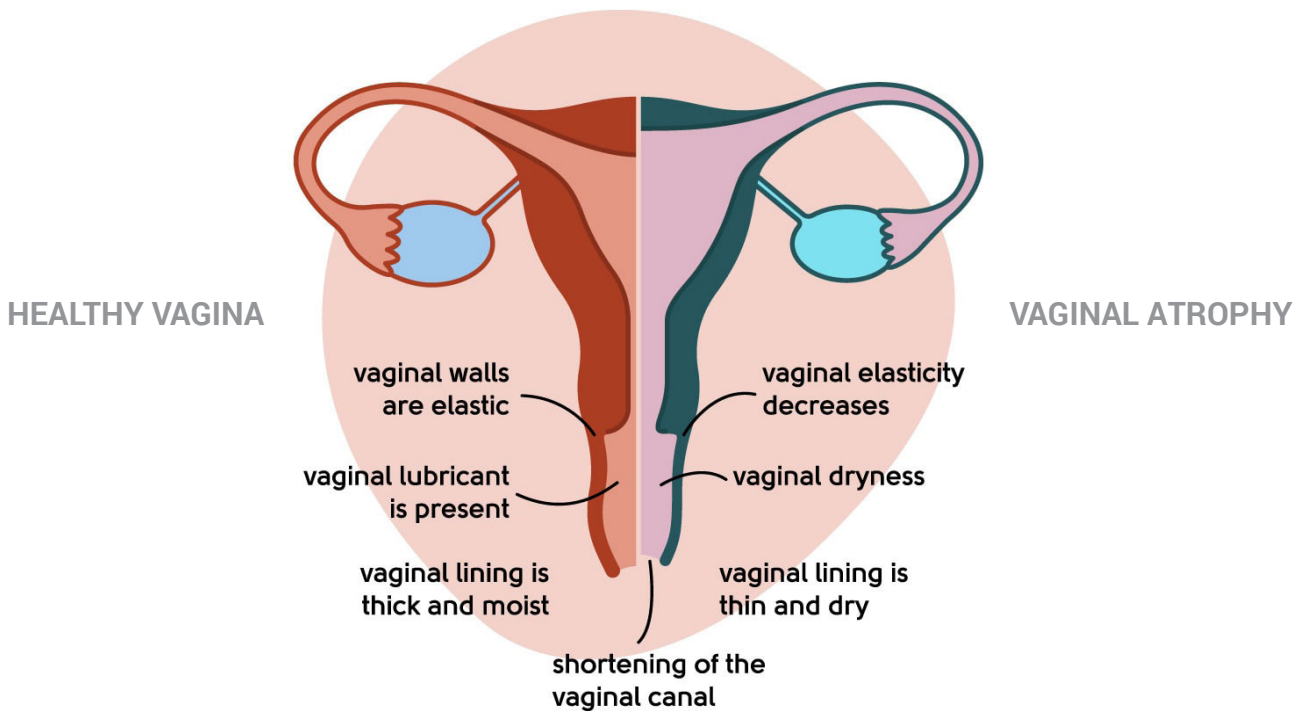
Bladder health and  
the Menopause



## Bladder health and the menopause

In this blog feature, we take a broad look at how menopause can affect a woman's bladder health, the effect that it can have on them, and how to prevent and treat bladder weakness.

Bladder problems are one of the most common issues women experience going through menopause. Until recently, menopause was a taboo subject, and women were expected to 'put up and shut up' about their symptoms. Thankfully, we live in more enlightened times and there is much more awareness and treatment available to women for menopausal problems that for some, can be debilitating; physically and mentally.



## The influence of menopause on the bladder

Bladder weakness usually starts in the perimenopause stage as a woman's levels of oestrogen start to drop, which can be quite marked in her urethra and bladder. This reduction causes the urethral and vaginal tissues to thin and in addition to this, as a woman ages, her pelvic floor muscles start to relax. Both of these factors can lead to urinary incontinence.

With the falling level of oestrogen which occurs around the time of menopause and beyond, symptoms such as frequency, urgency, and nocturia, (the need to frequently pass urine during the night) will mimic the symptoms of overactive bladder.

Menopausal women may also be at greater risk of urinary tract infections, stress incontinence and pain when passing urine (dysuria). Along with symptoms of vaginal dryness, irritation and pain during sexual activity, these menopausal symptoms are often referred to as "intermediate" menopausal symptoms, occurring a few years after the last period, or a few years after stopping hormone replacement therapy, although some women experience these symptoms early in the menopausal phase, and post-menopause.



## Urinary tract infections (UTIs)

Urinary tract infections (UTIs) are common in women going through menopause. Reduced levels of oestrogen in the body can cause the bladder and vaginal tissue to change prompting a range of symptoms and an increased number of urinary infections.

To help prevent UTI's occurring it helps to drink plenty of water to help flush bacteria out of your urinary tract and go to the toilet whenever necessary, allowing the bladder to empty as fully as possible.

Chronic and persistent UTIs will need medical treatment, and we will consider the options in a little more detail in this article.

## Urinary incontinence

Menopause also causes the tissues of the vagina and urethra to lose elasticity which may mean that a woman will experience sudden, strong urges to pee, followed by an involuntary loss of urine (urge incontinence).

Women will often experience the loss of urine when they cough, laugh or do something strenuous like lifting (stress incontinence), which can be embarrassing.

More generally, incontinence can also increase the occurrence of UTIs.

The symptoms of urinary incontinence can be reduced by doing pelvic floor exercises and using a vaginal oestrogen preparation, but in more serious cases, other treatment may be necessary.

## Management of urinary problems

### Hormonal treatments

Local oestrogen replacement therapy has been shown to alleviate urgency, urge incontinence, frequency, nocturia, dysuria (discomfort on passing urine) and reduce urine infections.

Genuine stress incontinence does not appear to be helped by oestrogen alone, but it might help to support the action of other treatments used.

Newer treatments including HRT, DHEA, (a synthetic hormone), Bulkamid (which we've featured previously), various topical ointments and laser therapy can have a beneficial effect on bladder problems.

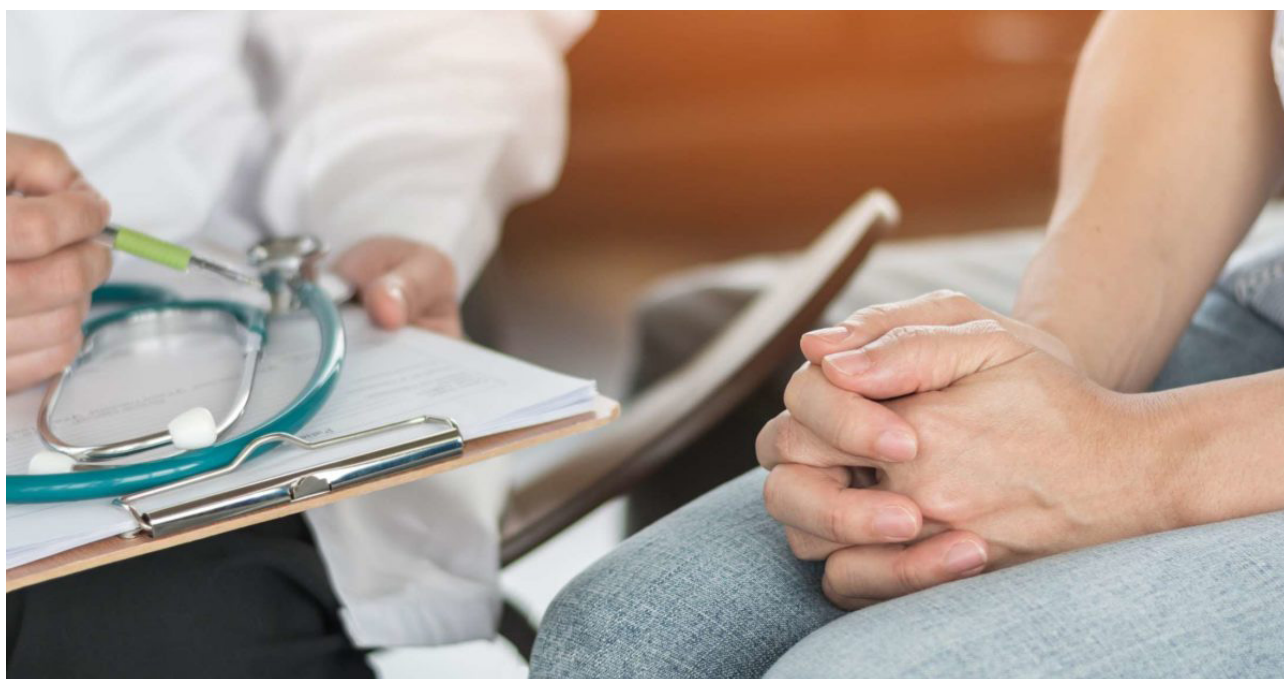
### Pelvic floor exercises

These can strengthen the pelvic floor reducing the risk of uterovaginal prolapse. Many women have learnt these techniques from childbirth, but it is well worth relearning them.

Pelvic floor physiotherapists can fully assess and monitor a woman's pelvic floor function and teach appropriate techniques to strengthen and retrain the bladder. A doctor should be able to refer you to a specialist pelvic floor physiotherapist.

### Surgery

Sometimes assessment is needed using "urodynamics" in a specialist clinic, but surgery is usually rare, and when it is required, the latest surgical methods are as non-invasive as possible.



Mr Eric Mutema  
Consultant Obstetrician and Gynaecologist  
MBChB, MRCOG



## How the Lancashire Gynaecologist can help

The Lancashire Gynaecologist and practice founder Mr Eric Mutema is a respected consultant in urogynaecology and the treatment of urinary incontinence. Our practice combines Mr Mutema's clinical expertise with excellence in patient-centred care, empathy and consideration for the individual.

His practice has successfully treated the condition in many women, using a range of the latest treatments, including cystoscopy which help to accurately diagnose various bladder problems and offer the most appropriate solutions for treatments.

To find out more about how we can help, please visit our website and get in touch. Our practice can support you to and help restore your physical and mental well-being during menopause.



Lancashire  
Gynaecologist  
*Eric Mutema*

For more information, contact:

Cheryl Wood  
Secretary to:  
Mr Eric Mutema  
Consultant Obstetrician and Gynaecologist  
MBChB, MRCOG

Tel: 07835487700

Call: [info@lancashiregynaecologist.co.uk](mailto:info@lancashiregynaecologist.co.uk)

[lancashiregynaecologist.co.uk](http://lancashiregynaecologist.co.uk)