

Health Your Questions

Today's aim

Generalised discussion of
women's Health

- Prolapse
- Incontinence
- Menopause
- Ovarian screening



Mrs Ami D Shukla

MBBS, MD, FRCOG

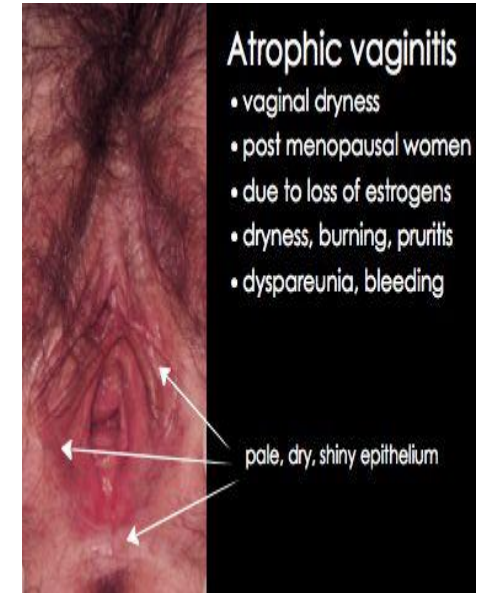
Dip Medical Law, Dip Medical Ultrasound
Consultant Gynaecologist, Lead Urogynaecologist

How can I help?
Woodland Hospital
Kettering
Three Shires
Northampton

Sexual Health

- External Genital Health
 - maintain healthy Ph
 - Avoid Irritants
 - Regular wash
 - Not all discharge is abnormal
 - Use of Live yogurt for recurrent infections
 - Avoid shaving
 - Treatment regime for BV or recurrent thrush
 - Atrophic vaginitis / Lichen sclerosis /Chronic inflammation

Vulval/ Vaginal soreness, pain Dyspareunia



Remedies

Home Remedies for VAGINAL ITCHING AND BURNING

APPLE CIDER VINEGAR

1. Add 1 tbsp raw, unfiltered apple cider vinegar to a glass of warm water.
2. Mix in 1 tsp honey.
3. Drink it twice daily for a few days.

COLD COMPRESS

1. Wrap few ice cubes in a clean cloth & tie it together.
2. Put this ice pack on your vagina for a few minutes.
3. Take a break for 30 seconds & reapply it.
4. Repeat until the itching stops.
5. Use this remedy as needed.

SALT WATER BATH

YOGURT



Indian Lilac (Neem)

1. Boil a handful of neem leaves in filtered water.
2. Strain and allow it to cool.
3. Use this solution to rinse the vaginal area once daily for a few weeks.

HONEY

1. Apply unpasteurized honey as an ointment on the affected area.
2. Leave it on for about 30 minutes.
3. Take a bath in warm water.
4. Repeat at least twice a day.

KEFIR

To explore more, visit

Top10
Home Remedies

www.Top10HomeRemedies.com

Treatment

- Yes
- Hyalofemme
- Local oestrogen Cream or pessaries

Sexual Health

- Smear Test
 - Most successful screening program
 - Rationale for 25 to 65 age
 - 1 in 20 abnormal result
 - Abnormal \neq cancer
 - Combined test with HPV
 - Role of Colposcopy/ See and treat

Pelvic Pain/ Dyspareunia

- Endometriosis, Pelvic infection, Ovarian cyst, Adenomyosis
- Commonest cause is Bowel dysfunction
- Good History Taking and clinical assessment
- Avoid self diagnosis!
- Bowel care
- Ultrasound scan
- Treat according to the cause
 - Role of hormones
 - Role of Laparoscopy

Menstrual Problems

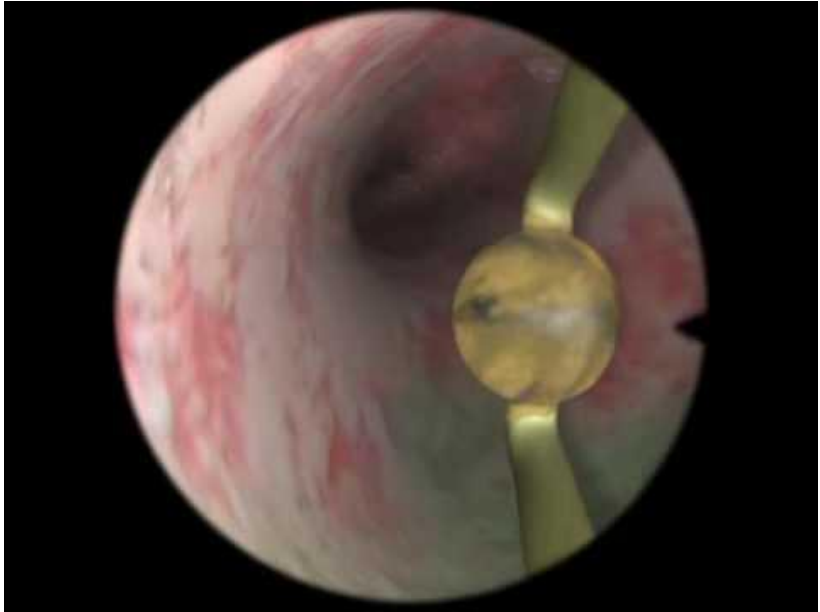
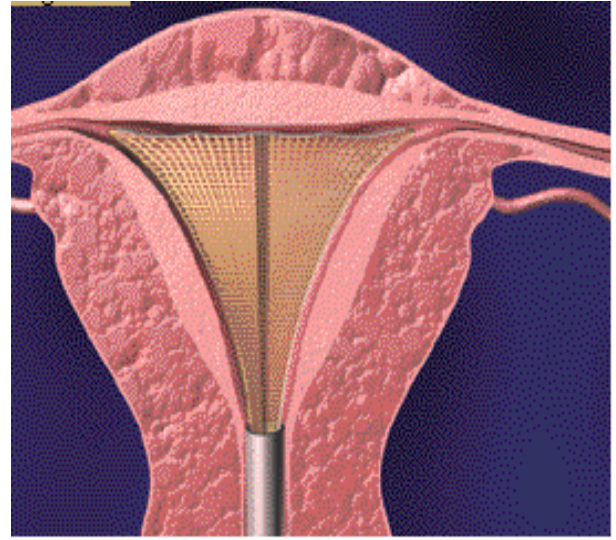
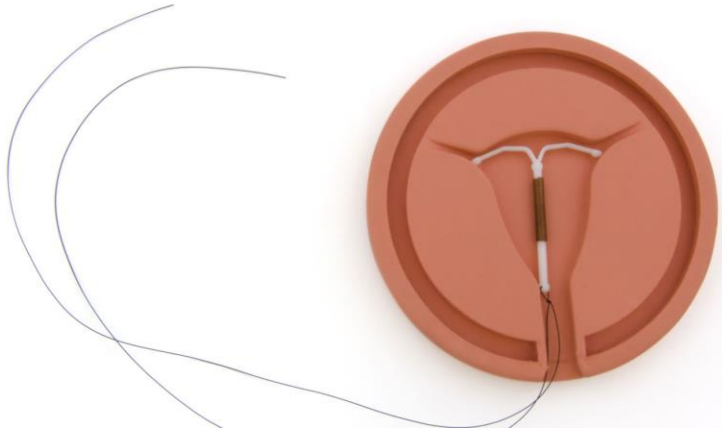
Heavy, irregular, intermenstrual, postcoital

Causes

- Hormonal
- Fibroids (not all fibroids cause problems)
- Ovarian Cysts
- Polyps
- PCOS

Treatment

- Tranexamic and Mefenamic acid
 - Hormonal (especially if contraceptive effect is required)
 - Surgical
- depends on desire for fertility, aetiology, severity, associated symptoms like pain



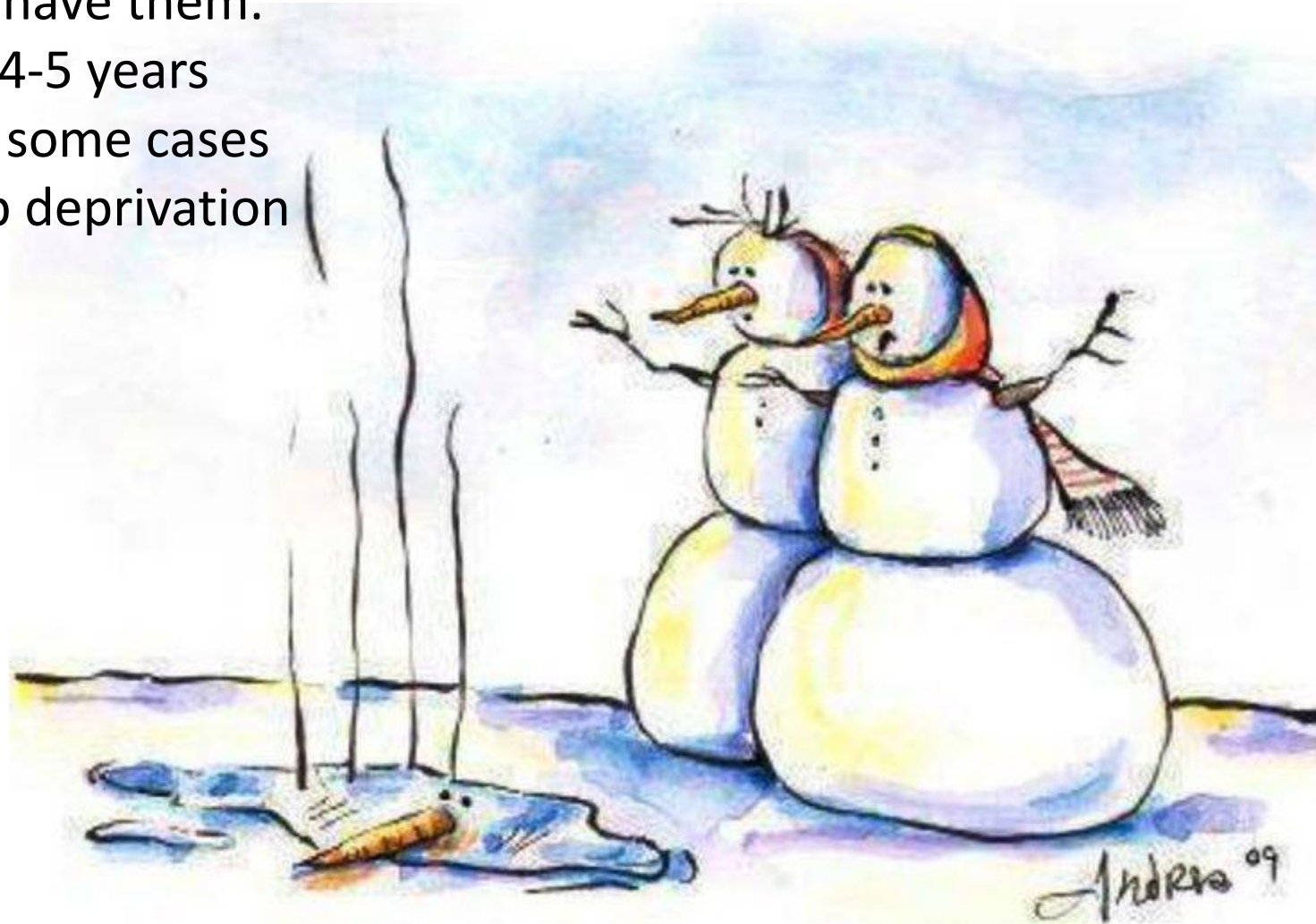
Peri/Menopausal Symptoms

- Hot Flashes/ Night sweats
- Vaginal dryness
- Irritability
- Difficulty Sleeping
- Reduced sex Drive
- Lack of concentration
- Anxiety/Palpitations/ Depression (x 2.5)
- Lethargy/ Lack of energy
- Recurrent UTI



Average age of menopause is 51.4 with peri menopausal symptoms for 4 years before the menopause

- 80% of women have them.
- Usually last for 4-5 years
- Much longer in some cases
- Can cause sleep deprivation



Poor Millie, that was one heck of a hot flash!

Hormone replacement Therapy Friend or Foe

- Better if start early
- Dose and duration dependent risks
- Benefits outweigh the risk if CV and breast cancer risk is less
- Risk differs with single or combined therapy. (Use to be limited to 5 years if combined therapy)
- Risk of stroke and VTE less with transdermal preparation
- Benefits are less if started long after menopause
- Positive effect on osteoporosis, colorectal cancer, cognitive function, dementia, skin, eyes, sexual function, overall mortality if used appropriately

Pendulum has swung too far. New recommendation requires individualised approach

HRT in 50-59 age group

Combined oestrogen-progestin therapy

Number of cases per 1000 women per five years of hormone use when compared with placebo:

- Coronary heart disease (CHD) – 2.5 additional cases
- Invasive breast cancer – 3 additional cases
- Stroke – 2.5 additional cases
- Pulmonary embolism – 3 additional cases
- Colorectal cancer – 0.5 fewer cases
- Endometrial cancer – no difference
- Hip fracture – 1.5 fewer cases
- All-cause mortality – 5 fewer events

Oestrogen-alone therapy:

Number of cases per 1000 women per five years of hormone use when compared with placebo:

- CHD – 5.5 fewer cases
- Invasive breast cancer – 2.5 fewer cases
- Stroke – 0.5 fewer cases
- Pulmonary embolism – 1.5 additional cases
- Endometrial Cancer – increased risk
- Colorectal cancer – 0.5 fewer cases
- Hip fracture – 1.5 additional cases
- All-cause mortality – 5.5 fewer events

HRT and Breast Cancer

A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.
Approximate number of women developing breast cancer over the next five years.

NICE Guideline, Menopause:
Diagnosis and management
November 2015

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week



Bladder Health

Recurrent UTI

- Fluid intake (what do you drink and how much)
- Bladder training
- Pelvic floor exercises
- Cranberry juice
- Use of local oestrogen
- Hygiene
- Natural products like Uva ursi, Urikleer, D-Mannose
- Low dose antibiotics
- Cystistate Bladder instillations

Pelvic Floor Exercises

- Start early (teenage onwards) but it is never too late
- Structured assessment and teaching is better to start with
- NHS app Squeezy
- “Stress no More” or Kegel website
- Use equipment if needed (Loads available on market. Seek advice)
- Prevention of incontinence and prolapse, better sexual function



Squeezy: NHS Pelvic Floor App

Propagator Ltd Medical

★★★★★ 362

3 PEGI 3

! You don't have any devices

+ Add to Wishlist

£2.99 Buy

Incontinence (Urinary)

It's NOT ok to leak

Stress Incontinence

- Weight Control
- Pelvic Floor exercises
- Surgery

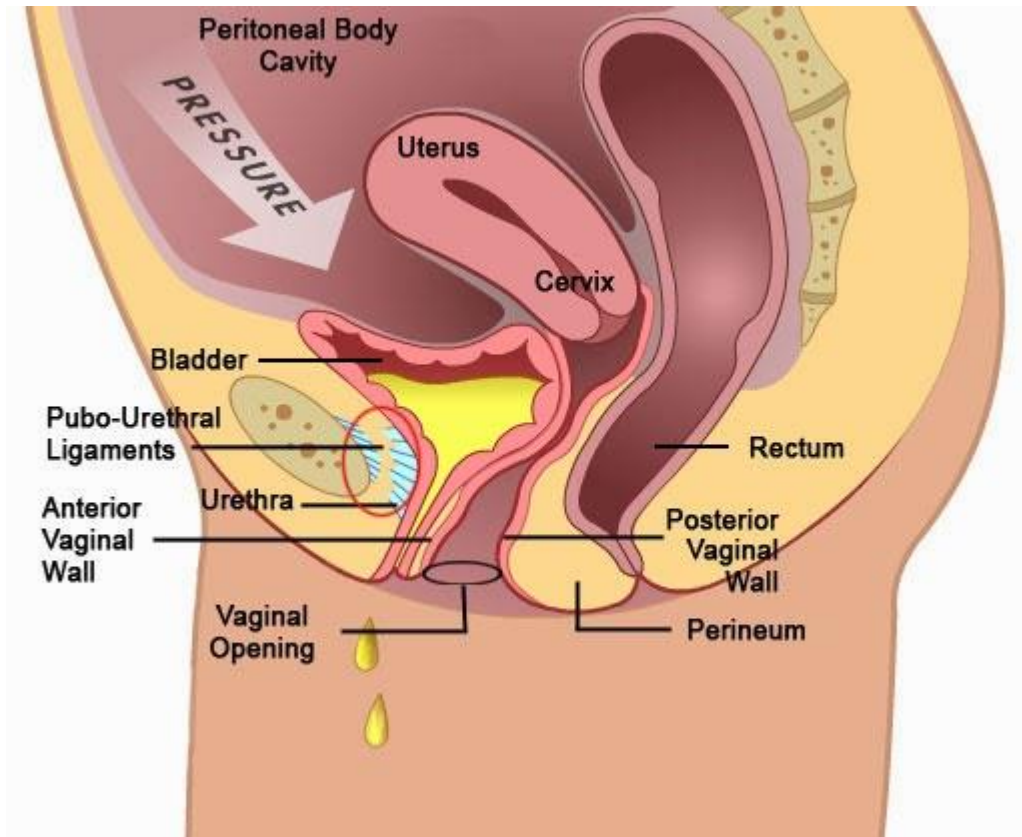
If you need surgery
You don't have to have mesh

Overactive Bladder

- Weight Control
- Pelvic Floor exercises
- Fluid management
- Bladder retraining
- Medication
- Botox
- Posterior Tibial Nerve Stimulation

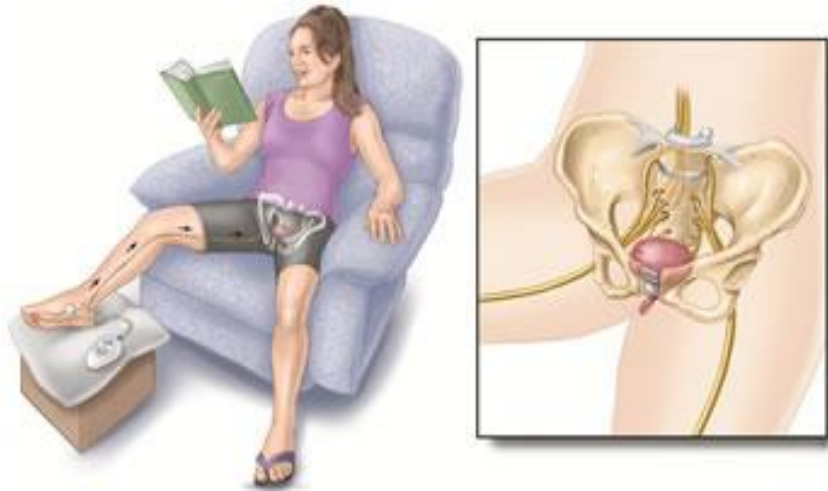
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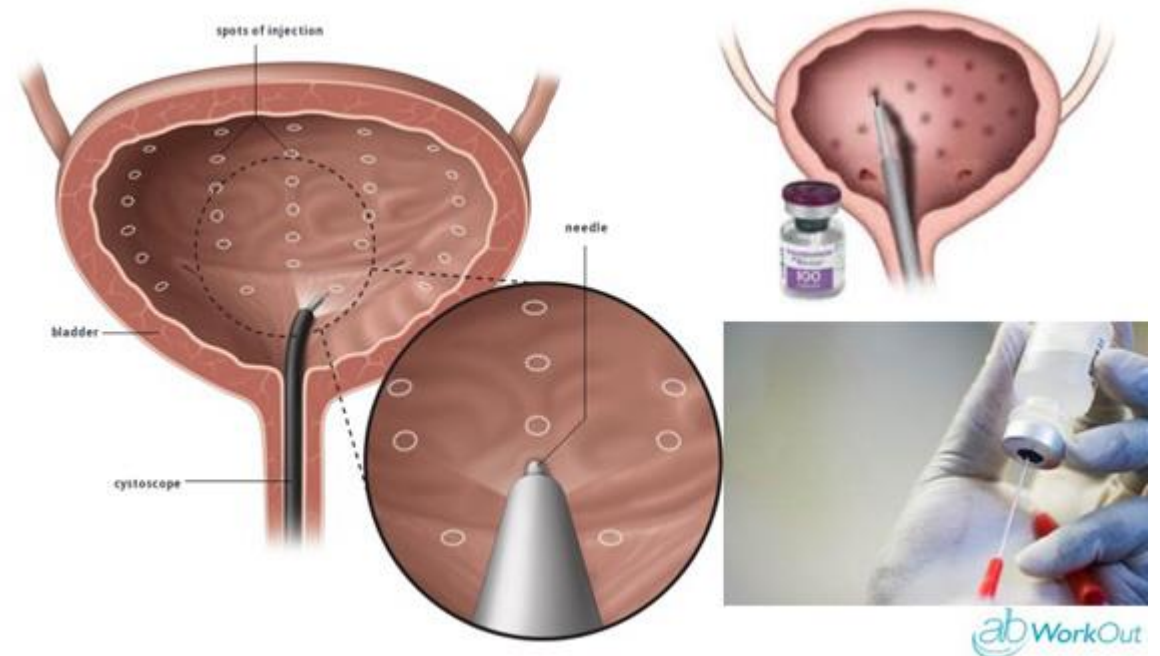


Overactive Bladder

- Posterior Tibial Nerve Stimulation
- 8 to 12 weekly sessions

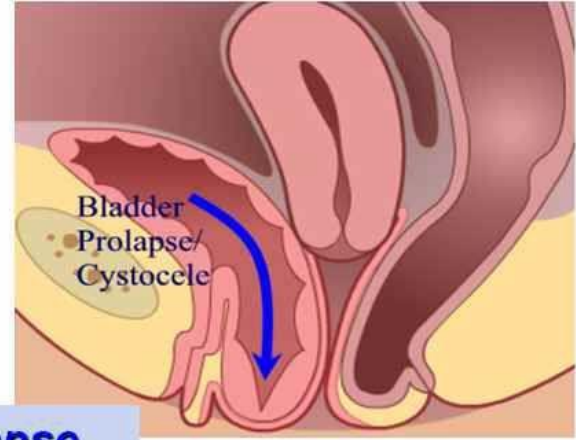
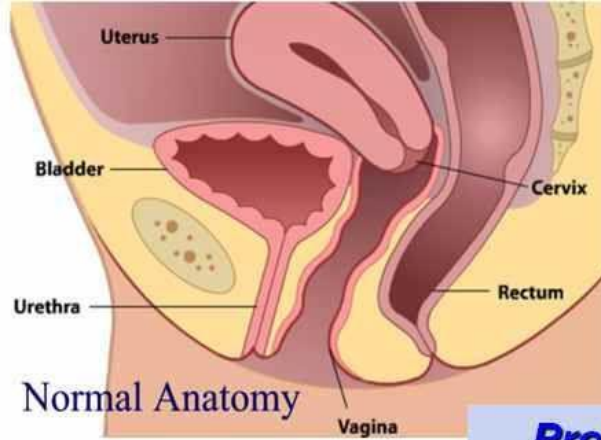


- Botox Intravesicle Injection
- Repeated doses 6 to 9 months
- Under local anaesthetic

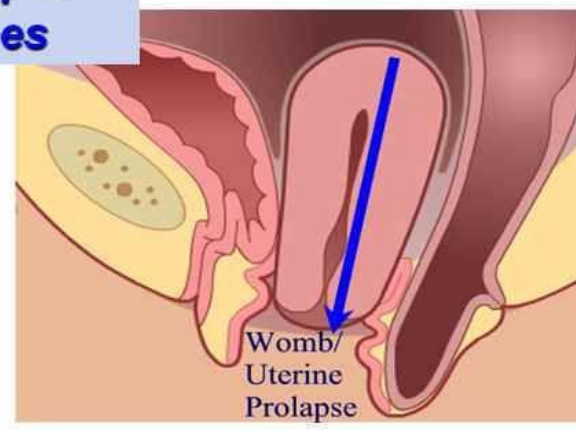
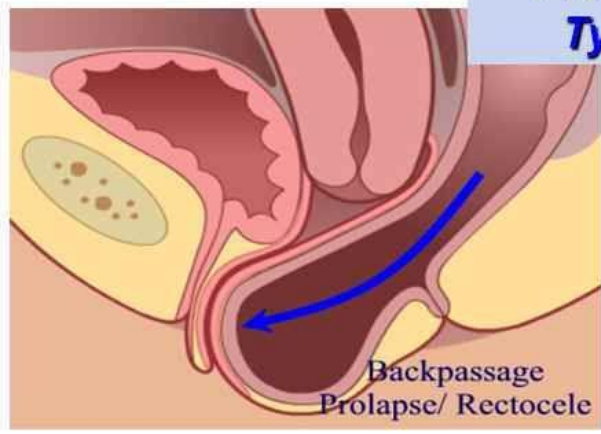


Urogenital Prolapse

- Symptoms depend on site and extent
- Prevention
 - Avoid heavy, strenuous work
 - Constipation
 - Obesity
 - Smoking
- Treatment
 - Pelvic Floor exercises
 - Weight control
 - Vaginal pessaries
 - Surgery



**Prolapse
Types**

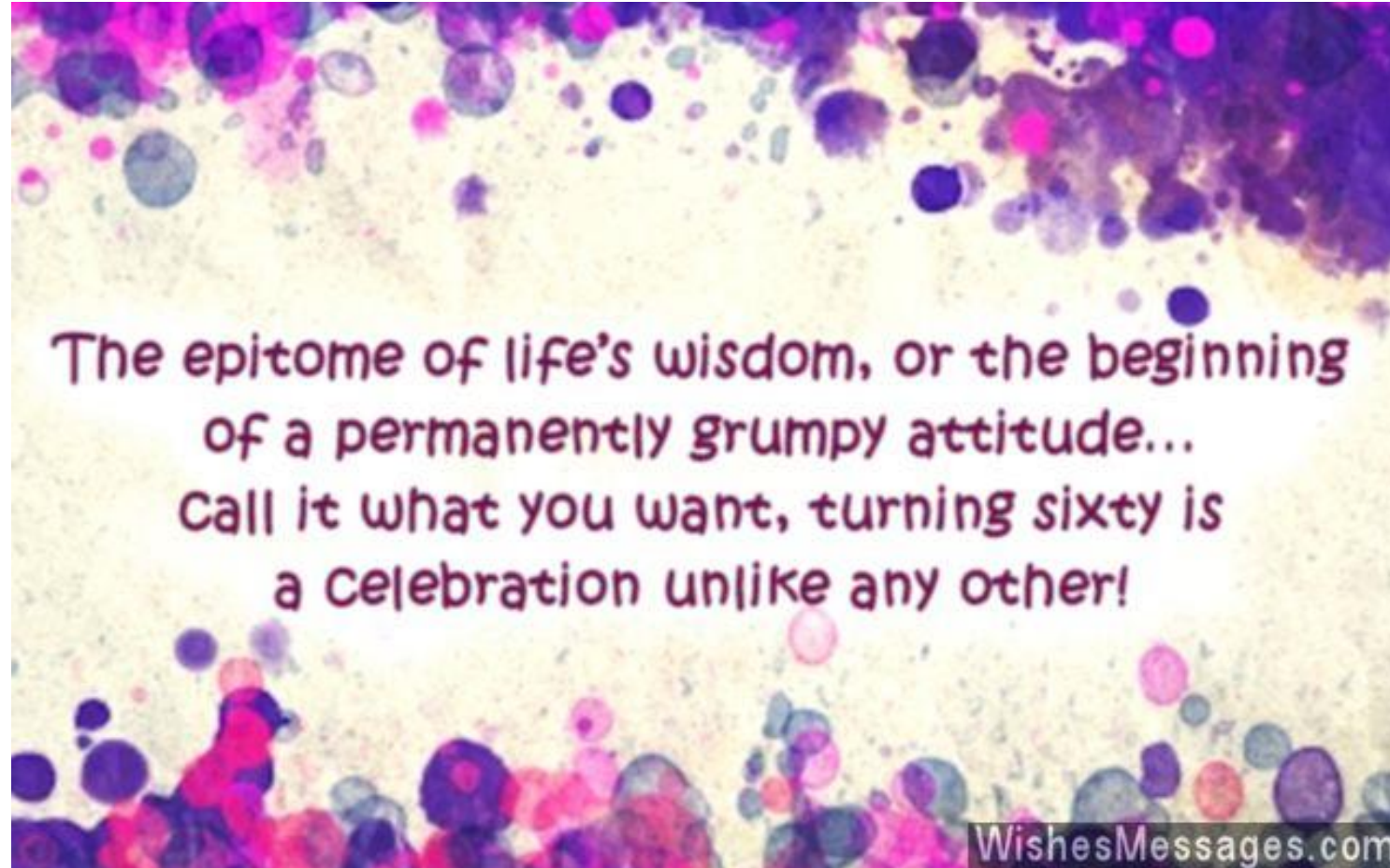


Non surgical treatment for prolapse

- Pelvic Floor exercises
- Vaginal Pessaries
- ???Laser or other vaginal rejuvenation ???



Sweet Sixties and onwards



*Don't Feel alone
Just Ask.....*





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Dip Medical Law, Dip Medical Ultrasound
Consultant Gynaecologist, Lead Urogynaecologist

Home

Condition Specific
Information

Patient Information

Patient Feedback

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FAQ

Links

Introduction

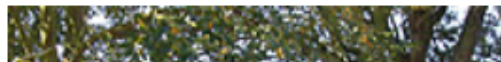
Welcome to female-gynaecologist.com Here you will find information about common Gynaecological problems and their treatment.

This site is written by Mrs Ami Shukla who is a **Female Gynaecologist** at Three Shires Hospital, Northampton , Woodland Hospital, Kettering and a Consultant Gynaecological surgeon at Northampton General Hospital.

Practices

With private practices at :-

Ramsay Woodland Hospital, Rothwell Rd, Kettering, England, NN16 8XF



Mrs Shukla consults at Woodland

Urogynaecological and gynaecological services provided

Mrs A Shukla provides a professional service for the assessment and treatment of a wide range of gynaecological issues which includes the following:

Bladder function:

- Cystitis (urinary infection)
- Urge / frequency (overactive or urgent bladder)
- Urge incontinence (leak with urge)
- Stress incontinence (leak with exercise or activity)
- Voiding difficulty (problem with bladder emptying)
- Painful bladder symptoms (interstitial cystitis)
- Bedwetting
- Coital incontinence (leaks during sex)