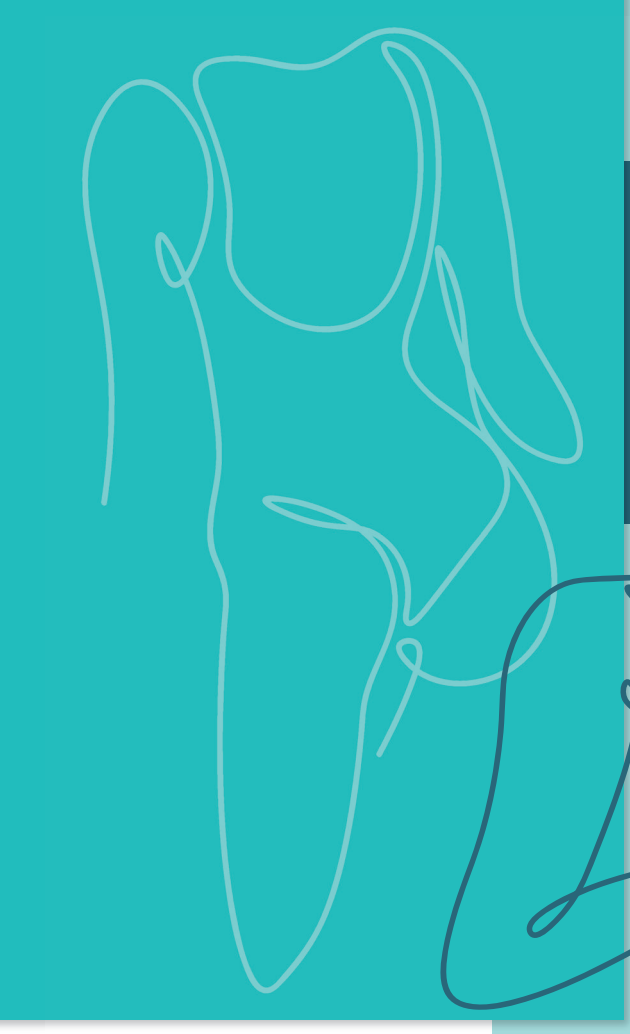
MENOPAUSE AND PERINEAL TEARS



Newson Health

MASIC
Mothers with Anal Sphincter Injuries in Childbirth

Leigh Day

MENOPAUSE AND PERINEAL TEARS

This booklet has been jointly produced by Dr Louise Newson and The MASIC Foundation for women who are entering the perimenopause and menopause and have experienced birth injury in the form of a 3rd or 4th degree tear leading to incontinence.

"I fear what the future holds for my continence"

This statement may ring true for you if you have had to cope with living with incontinence since your birth injury experience. You may have spent years trying to improve it with a combination of medical treatments, diet and lifestyle adjustments and pelvic floor exercises. Perhaps the thought of going through the menopause fills you with fear that any gains you have made may be lost as you get older.

Knowing the changes that might happen during the menopause will help you understand and recognise potential symptoms as they come along. The reassuring news is that there are very effective treatments available and the sooner you start treatment, the more it will help relieve your symptoms as well as protect your future health.

MENOPAUSE AND PERIMENOPAUSE

The medical definition of menopause is when you have not had a period for one year. The menopause occurs when your ovaries no longer produce eggs and, as a result, the levels of hormones called estrogen, progesterone and testosterone fall. The menopause can also occur when your ovaries are removed in an operation, or they stop working due to medication (such as chemotherapy) or radiotherapy.

The term 'perimenopause' describes the time before the menopause when you experience menopausal symptoms, but you are still having periods. These periods typically change during the perimenopause and may occur further apart or closer together; they can be more irregular, or heavier or lighter in flow.

After the menopause, your hormone levels will always be low, regardless of whether or not you experience symptoms, unless you take HRT.

Estrogen plays a role in many different systems in the body. During your perimenopause, levels of hormones such as estrogen fluctuate greatly, and the imbalance of these can often lead to a wide variety of symptoms such as hot flushes, mood swings, joint aches, brain fog, low mood, anxiety, sleep disturbance, headaches and vaginal and urinary changes.

The average age of the menopause in the UK is 51 years but this may be earlier for some women. Symptoms of the perimenopause often start at around 45 years of age. If the menopause occurs before the age of 45, it is called an early menopause and if it happens under 40 years old, it is classed as Premature Ovarian Insufficiency (POI). Early menopause or POI can sometimes run in the family and occurs in around 1 in 100 women in the UK.

HOW ESTROGEN HELPS YOUR VAGINA AND BLADDER FUNCTION

Estrogen works to keep your vagina healthy by acting as a natural lubricant, maintaining the 'plumpness' of vaginal and vulval tissue, and giving flexibility to the wall of your vagina. It also stimulates the cells in the lining of your vagina to encourage the presence of 'good' bacteria that protect against infection.

Estrogen also keeps the lining of the urethra and bladder thick and strong and helps fight off bladder and urinary tract infections.

When there is a lack of estrogen during the menopause and beyond, it can cause a range of symptoms to the vagina, vulva and urinary function and these are known collectively as 'Genitourinary Syndrome of Menopause' or GSM.

IMPACT OF VAGINAL AND URINARY CHANGES

As estrogen levels in your body decline during the perimenopause and menopause, your vagina, vulva, and urinary tract often suffer from a lack of this important hormone. The tissue lining your vagina thins (known as vaginal atrophy or atrophic vaginitis) and becomes drier and less able to stretch. This often makes the area feel sore and itchy and it can become red and inflamed (your skin may feel itchy in other areas too). Scratching the itch usually leads to more soreness, redness and inflammation – making the problem worse. You may also experience more frequent episodes of thrush or cystitis.

Your bladder and urethra may also become thinner and weaker which can cause you to pass urine more often and feel very desperate to go, often without much notice. You may experience some urine leaks or accidents, especially when you cough, sneeze, laugh or when bouncing or jumping up and down, for example in aerobics, horse riding or when on a trampoline.

You may experience pain at any time of the day, regardless of what you are doing. In more severe cases, the discomfort can be present all the time and affect normal every-day activities, such as what clothing you can wear or how long you can sit down for.

For other women, discomfort or pain is only felt when the tissue is stretched, such as during sex, when using tampons, or when having vaginal examinations (for example, cervical screening/smear test). This is because, as well as being drier, the tissue around your vagina become less flexible and does not expand as easily as it did before.

Some of these issues will sound very familiar to those of you who have lived with the consequences of a birth injury for many years. 80% of all women will experience symptoms related to GSM, but shockingly, studies have shown that only around 7% of affected women actually receive the right help. This is often due to embarrassment and being unaware that there are effective treatments out there.

Replacing the 'lost' estrogen really helps reverse and improve these symptoms – having these symptoms should not be considered an awkward part of the menopause that you have to endure in silence.

LOCAL ESTROGEN

Because these symptoms are due to a lack of estrogen in the tissues, the most effective solution is to put estrogen directly on and around the affected areas. This is known as 'local' or 'topical' estrogen and it is not the same as estrogen taken as part of HRT. Vaginal estrogen treatments can be taken safely for a long time, with no associated risks, and can be given alongside HRT.

Local estrogen is currently only available via prescription – your gynaecologist, specialist nurse or GP should be able to advise on which type would be best for you. There are two types of estrogen used – estradiol and estriol – and three main ways to absorb the estrogen directly from the vagina and surrounding area:

Pessary

The most common choice of vaginal estrogen is to use a pessary, such as Vagifem® (containing estradiol). This is a small tablet you insert into the vagina, using an applicator. It is administered daily for the first two weeks, and then twice weekly after that. Women usually insert the pessary at night time, so it can stay in place in the vagina for several hours. If twice-weekly application doesn't fully improve your symptoms, it can be used more frequently following advice from your healthcare professional.

Imvaggis® pessaries are a more gentle, lower dose alternative and contain estriol. They look like small, waxy bullets and do not require an applicator for insertion, so are more environmentally friendly. They can, however, sometimes result in a discharge when the product dissolves and leaves your vagina. You use one pessary every night for 3 weeks, then twice a week thereafter.

There is another type of pessary that is different to other estrogen preparations – Intrarosa® which contains DHEA, a hormone that your body naturally produces. Once positioned in your vagina, the DHEA is converted to both estrogen and testosterone. It can be used with or without an applicator and the usual dose is one pessary every night.

Cream or Gel

Estrogen creams, such as Ovestin® (containing estriol), are inserted inside the vagina on a daily basis for the rst two weeks, and then twice-weekly after that. An applicator can be used to insert the cream into your vagina, plus it can be applied with the fingertips on and around your vulval area as well – which can be useful if you are experiencing itching or soreness of the external genitalia.

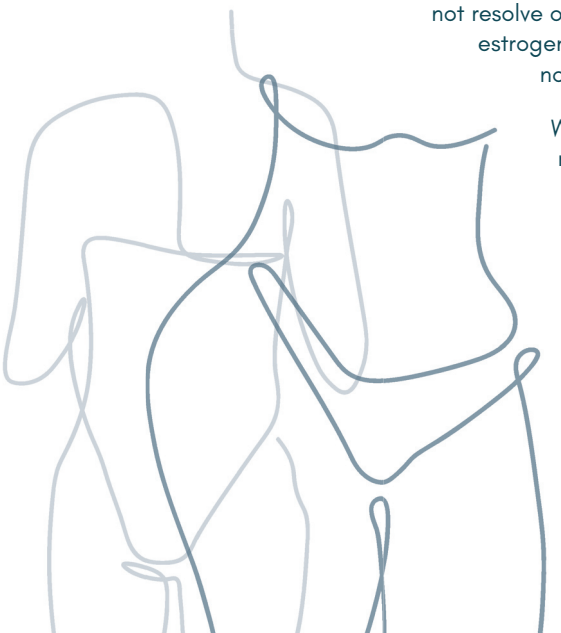
Blissel® gel is a newer product which also contains estriol. This is a lower dose option (but not quite as low as Imvaggis) which has an applicator to insert the gel inside the vagina. It is used every night for three weeks, then twice a week after that.

Ring

An alternative way to use vaginal estrogen is with an estrogen ring, such as Estring®. This is a soft, flexible, silicon ring you insert inside your vagina. The ring's centre releases a slow and steady dose of estradiol over 90 days and therefore needs to be replaced every three months. A health professional can insert the ring if you do not feel confident or able to do so. The dose released is slightly stronger than the Vagifem pessary. You can leave the ring in position to have sex, or remove and reinsert it, if preferred.

If you wait until symptoms are more severe, it will take longer for the estrogen to have a noticeable effect, so it is really important to start this treatment as early as you can. Discuss with your doctor which treatment may be best for you.

Once you need local estrogen for genital and urinary symptoms, you will need to use it forever. When symptoms become troublesome, they do not resolve of their own accord because your levels of estrogen stay low for the rest of your life (if you do not take any hormone intervention).



Women who cannot have HRT for clinical reasons can still use local estrogen treatments in the vagina, and this is also true for women who have had estrogen receptor positive breast cancer in the past.

Hormone Replacement Therapy – HRT

HRT is the most effective treatment for all menopausal symptoms, and for most women, the benefits from

taking HRT outweigh any risks. Many women find their genitourinary symptoms improve after taking HRT for a few months as HRT contains estrogen. HRT is effective at relieving a wide range of menopausal symptoms, and taking HRT also reduces your future risk of developing heart disease, osteoporosis (bone weakening), type 2 diabetes, bowel cancer, and dementia.

Many women with persisting symptoms of GSM experience other menopausal symptoms as well, so they take a combination of HRT and local estrogen. This is completely safe.

Vaginal moisturisers and lubricants

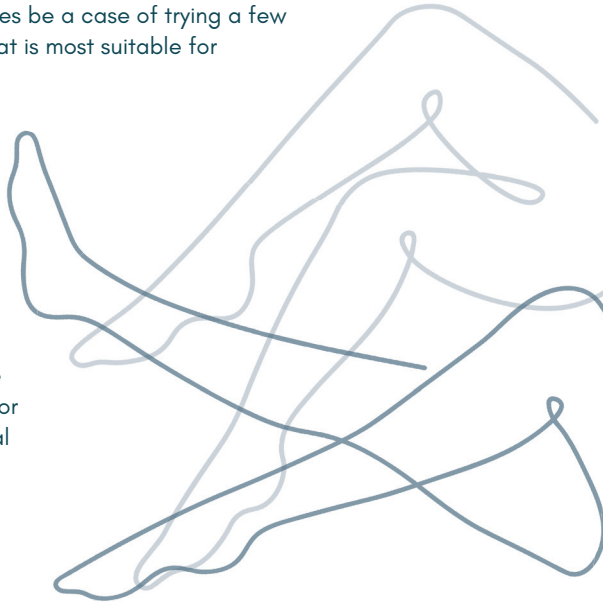
As well as vaginal estrogen treatments, there are moisturisers and lubricants which do not contain estrogen but act to keep the tissues well-hydrated and feeling less sore. Moisturisers help throughout the day and are longer lasting, so you may only need to use a moisturiser every two or three days. Lubricants are for using just before sex or any other activity that penetrates the vagina. Recommended brands of vaginal moisturisers are YES™VM, Sylk Intimate, and Regelle. Sylk can also be used as a lubricant and YES have lubricants known as YES OB or YES WB. If you are using condoms for contraception, and use a lubricant when having sex, make sure it is a water-based lubricant as this type will not dissolve the latex in the condom.

Moisturisers and lubricants can be used in addition to vaginal estrogen treatments.

Improvement of Symptoms

Your symptoms of GSM should improve after about three months of using vaginal estrogen treatments and moisturisers. Some women see significant improvement using estradiol-containing products and not with estriol - for other women, it is vice versa. Many women see good results with either type of estrogen or with DHEA. Therefore, it can sometimes be a case of trying a few preparations before you find the one that is most suitable for you. On occasion, it may be necessary to use one type inside your vagina and a different type for your external genitalia.

If you have still not had an improvement after three months, you should see a healthcare professional, as sometimes these symptoms can be due to other conditions. It is also very important to see your doctor if you have any unusual bleeding from your vagina, or a recurrence or worsening of your faecal incontinence or other birth injury symptoms.



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Dr Louise Newson is a GP and menopause specialist in Stratford-upon-Avon, UK. She has written and developed the website www.menopausedoctor.co.uk and is the founder of the 'balance' menopause app.

The website and app contain evidence-based, non-biased information about the perimenopause and the menopause. She created both platforms to empower women with information about their perimenopause and menopause and to inform them about the treatments available. Her aim is for women to acquire more knowledge and confidence to approach their own GP to ask for help and advice.

MASIC
Mothers with Anal Sphincter Injuries in Childbirth

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The MASIC Foundation (www.masic.org.uk) is the only UK charity to support women who have suffered the consequences of severe perineal injury during childbirth, resulting in bowel incontinence. The organisation represents injured women and a wide range of health professionals, all committed to ensuring safe, high quality clinical care to prevent and minimise the consequences of these severe birth injuries. Those supporting our work include midwives, physiotherapists, obstetricians, primary care clinicians, incontinence advisors, urogynaecologists, colorectal medical and nursing personnel, psychologists and lay advisors.

Leigh Day

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Leigh Day's medical negligence team (www.leighday.co.uk/Medical-negligence) acts for women who have suffered an injury during childbirth that could have been prevented, or where their treatment was sub-standard. Our team includes partners and solicitors, some with backgrounds in medicine, who understand the sensitivity of dealing with perineal tear cases.