



## Bladder and Bowel Community

### The Menopause and the effects on the bladder

The postmenopause is the stage of every woman's life that follows the menopause, or her last menstrual period.

A woman is definitely postmenopausal when she has not had a period for at least a year. Most women in the UK go through the menopausal transition between the ages of 45 and 55, with the average age of the last menstrual period being about 52.

After the menopause the ovaries cease to produce the main female hormone, oestrogen, and its absence can produce a wide range of symptoms.

In the short-term many women experience hot flushes and night sweats and many emotional changes. In the long-term lack of oestrogen may predispose many women to osteoporosis. Most women are aware of these problems, and are able to openly discuss them with their healthcare providers and feel comfortable enough to debate with their friends and family as to what approach they will choose when coping with these symptoms.

### Urogenital Problems

Many women also experience urogenital problems such as vaginal discomfort and urinary incontinence in the years after the menopause, but most find it hard to admit to these symptoms even with their closest friends, let alone to ask their doctor or nurse for help.

Most women decide to "pad-up and put up" and suffer in silence, rather than face the embarrassment of discussing this and finding out if anything can be done to help. Women are often unaware of how common and normal these problems are and what help is available to them.

### Pelvic floor changes and prolapse

Many postmenopausal women become aware of "ballooning" or bulging of the walls inside the vagina, or even of a feeling of descent of the neck of the womb. Others simply experience a generalised pelvic dragging sensation. About half of post-menopausal women are found to have weakening of the front wall of the vagina (anterior vaginal wall prolapse); about a quarter have similar problems with the back (posterior) wall, and one-fifth with the highest part of the vagina.

The muscles and ligaments of the pelvic floor (which should normally support the womb, bladder and other organs like a trampoline) are also oestrogen-sensitive, and changes in collagen, due to oestrogen deficiency, have a profound effect on the support mechanisms of the pelvic floor. The protective covering of the clitoris is often affected by the changes in the collagen of the vulval skin, and the clitoris itself can become sore and traumatised. These skin changes are often so profound that genuine skin conditions emerge ("dermatoses"), and may need separate treatment.

Many women find these changes make them uncomfortable on a daily basis. These changes can also be a precursor to the process leading to problems with the bladder and “waterworks”.

### **Lower urinary tract symptoms**

As they get older many women may find they have problems with their urinary tract (“waterworks”). Some suffer from stress urinary incontinence.

Urgency incontinence is even less commonly referred to. Some postmenopausal women have difficulty “holding on” once they sense that they need to empty their bladder. They may also leak and start to pass urine before they can get to the toilet.

### **Recurrent urinary tract infections (UTIs)**

Commonly called cystitis, this is another form of “waterworks” problem that affects women of all ages, but increases with age with many elderly women being particularly troubled.

### **Management of urogenital problems**

Recognising that these problems are more widespread than most women imagine, and feeling able to talk to friends, family or even to a nurse or doctor about them is one thing, but is there any point? There are many ways that women can be helped so that they do not have to suffer in silence. Many women in their 40s and 50s simply tell no-one that they have to wear sanitary protection to be able to exercise or go to the gym. Often women resort to using tampons again, although they are not having periods. However, we would not advise this as a way of managing urinary incontinence due to the risk of developing toxic shock syndrome.

### **Management of urinary problems**

The role of local oestrogen in the management of urinary problems is complex. Oestrogen replacement therapy has been shown to alleviate urgency, urgency incontinence, frequency, nocturia and dysuria.

Stress urinary incontinence would not appear to be helped by oestrogen alone, but it does seem to add to the action of other treatments currently used.

Pelvic floor exercises can help keep your pelvic floor muscles in good shape and give you more control over your bladder

The Bladder and Bowel Community provides information and support for people with bladder and bowel issues. We publish a wide range of user friendly booklets and factsheets.

For more information please call us on 01926 357220, email [help@bladderandbowel.org](mailto:help@bladderandbowel.org) or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.

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