

# What's up down there?

No one likes talking about intimate issues but if you're affected, it's vital to speak up. These are the key conditions not to be embarrassed about



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**C**ystitis, thrush and urinary issues are all extremely common, yet many women endure problems that can be easily treated because they're too embarrassed to talk to their GP. But it's important to acknowledge intimate issues. Here's my guide to the vaginal conditions you may be secretly concerned about.

## You're 'leaking'

Stress incontinence is when there's increased pressure on the bladder, causing you to leak urine, and can occur when a woman laughs, coughs or exercises. It's not abnormal to

occasionally pass a little urine when you do these things, but if it happens regularly, you should seek help.

The problem occurs when trauma to the area, most usually childbirth, weakens the pelvic floor muscles. This changes the angle of the urethra and makes it harder for the muscles that control urine leakage to do their job. Kegel exercises (squeezing the muscles of the anus and vagina in and up) can help strengthen muscles involved. If exercises really don't help, stress incontinence can be treated with surgery, where synthetic tape is used to support the urethra and bladder neck and lift it into place.

## It stings when you wee

There are a few types of cystitis, all with similar symptoms: stinging or pain on urination; needing to urinate often but only passing a small amount when you do; and sometimes, traces of blood. One cause is a urine infection, which occurs if bacteria from the back passage get into the bladder. Your doctor will check

your urine for infection and may treat with antibiotics if necessary.

If it isn't an infection, drink lots of water, empty the bladder before and after sex, and use a lubricant as damage is more likely if the vagina is dry. Bruising of the urethra, often after sex, is another cause. Women in the menopause can be more prone, due to thinning of the vaginal skin.

In the UK, around 40,000 women have interstitial cystitis (IC). This is an inherent problem in the bladder itself, and may be characterised by small cuts in the bladder wall. It's diagnosed by cystoscopy, which examines the bladder with a small camera, and can be controlled via lifestyle changes such as avoiding irritating foods, stopping smoking or reducing stress. Treatment to help relax the bladder and reduce the need to urinate so often can also help.

## You're itchy and there's discharge

Thrush occurs when bacteria in the vagina are disrupted, triggering an

overgrowth of yeast that leads to a thick, curd-like, white discharge and itching. An over-the-counter tablet, pessary or cream will usually treat it, but about five in every 100 women suffer recurrences.

With recurrent thrush, changing your diet may help (sugar can feed the yeast bacteria), your partner may need treatment as they could be infecting you or vice versa, or it could be a sign of another health problem like diabetes (raised blood sugar level allows yeast to flourish). If necessary, see a gynaecologist.

Many women who think they have thrush actually have the skin conditions lichen sclerosus or vaginal eczema; their symptoms are similar to thrush. Treatments include general vulval care measures, such as avoiding perfumed toiletries, tight synthetic clothes and scratching, and using a low dose steroid ointment appropriately on medical advice.

## There's a strange smell

Another condition many women misdiagnose as thrush is bacterial vaginosis (BV), although symptoms are actually quite different. The discharge is grey, thin and watery; it may smell offensive (which thrush does not) and it doesn't normally itch. A change in bacteria levels in the vagina triggers symptoms. Factors that increase risk of infection include douching,

smoking, perfumed toiletries, feminine deodorants, strong chemical biological washing detergents and a new sexual partner. BV can be treated with antibiotics, it isn't normally dangerous and, unless symptomatic, can be left to clear up on its own. But it is important to get the condition treated if it appears in pregnancy as it has been associated with a higher risk of premature birth.

## Sex is uncomfortable

Atrophic vaginitis, also known as vaginal dryness, occurs at or after the menopause and can worsen with age. As oestrogen levels in the body drop, the skin around the vagina is more prone to thinning. This makes it more likely to get damaged during intercourse, can make women more prone to cystitis, and makes intercourse less comfortable. Many women think this is a natural side effect of menopause but it can be tackled with vaginal lubricants, or oestrogen tablets placed in the vagina\*. This is different from the systemic hormone therapy (oral or patch HRT) used to control other menopause symptoms and can therefore be used for as long as you need it. If there was one condition I wish more women knew could be helped, it would be this. Treating it can really change lives.

**FAST FACT:** Removing pubic hair can leave microscopic cuts that make it easier for bacteria to enter the body.

insight

## 'DIET CHANGES EASED MY PAIN'



**Emma Sands, 33**, is a sales executive from Litchfield. She developed interstitial cystitis (IC) in her early 20s.



'I got a lot of bladder infections in my early 20s. My GP said it was cystitis and prescribed antibiotics but it kept coming back. Over the next 10 years the pain worsened and I had to take morphine to control it. My diet was awful - the only foods that didn't make the pain worse were rubbish, like chips. I couldn't exercise and gained weight. I put up with this for years. It wasn't until my early 30s that I saw a specialist bladder consultant who confirmed I had IC but also endometriosis, where the lining of the womb grows over other pelvic organs. Removing that helped the pain, but my bladder was still sensitive.

'I also saw a dietician, as I read online that food could trigger symptoms. For a few weeks I ate only eggs, chicken, fish, green veg, pasta and rice, which don't irritate the bladder. My symptoms stopped and we reintroduced a new food each day. Now most foods are OK except coffee and fizzy drinks.

'I still have the odd flare-up, but no longer need morphine and have lost my excess weight. Finally, I can enjoy life again.' Visit the Cystitis and Overactive Bladder Foundation at [www.cobfoundation.org](http://www.cobfoundation.org).

