

LOCAL ESTROGEN REPLACEMENT FOR URINARY INCONTINENCE RELATED TO UROGENITAL ATROPHY Patient Fact Sheet

Introduction

Adequate levels of estrogen inside the walls of your urethra are essential for these walls to be strong enough to maintain continence (bladder control) along with the urethral sphincter muscle. Perimenopause, the time in a woman's life in which the hormone that stimulates an egg to be released from the ovaries (follicle stimulating hormone), may start to increase while estrogen levels begin to decrease, and may be what starts urinary continence changes. Menopause is understood to be complete when there have been no menstrual cycles for at least 12 months. These changes in the hormone levels cause thinning and dryness of vaginal and urethral tissue, which is called urogenital atrophy. Urogenital means the female organs and the urinary tract, and atrophy means decreasing in size and ability to work.

The primary concern that you may have about the use of local or systemic estrogen replacement may be the conflicting reports seen in the media as to a possible link between breast cancer, heart disease, and estrogen replacement. A discussion with the nurse or physician about the latest research findings will help you to determine what is best for you and for your situation.

The symptoms that you might notice include:

- Feeling of "dryness" in and around the vaginal area
- Irritation after sexual relations
- If occurring at the same time as perimenopause or menopause, may have:
- Urgency, need to empty the bladder quickly
- Frequency, need to empty the bladder often
- Urge incontinence, where urine leaks out when the need to empty the bladder is felt
- Urinary tract infections
- Stress incontinence, leaking of urine with sneezing or laughing

Signs that your health care provider may find on examination

- Vaginal exam reveals a thin, shiny, very fragile tissue
- Urinary incontinence when woman bears down or coughs
- Bacteria in urine

Treatment

Currently, both estrogen to the vaginal area alone, or in combination with either ERT (estrogen replacement therapy) or HRT (estrogen AND progesterone replacement therapy for women with a uterus) is considered very beneficial in reducing the signs and symptoms noted above. The amount of drug prescribed will be considered on an individual basis. Current forms of local estrogen replacement include:

- Vaginal cream applied by either a vaginal plunger or with a finger-tip application
- Vaginal ring placed in the vagina and changed every 90 days
- Vaginal suppositories placed in the vagina 2 times per week to start, eventually changing to a one time per week dose

Prevention

No known way to prevent this from happening, as it occurs with almost every woman who experiences menopausal symptoms. It is possible to decrease the symptoms with the use of local or systemic hormone replacement.

* This information was taken from the SUNA (Society of Urological Nurses Association) website.