



KK Women's and
Children's Hospital
SingHealth

INPUTS FOR MR CHEW SING LI, ZAobao LOHA

INPUTS FROM ASSOCIATE PROFESSOR HAN HOW CHUAN HEAD AND SENIOR CONSULTANT, DEPARTMENT OF UROGYNAECOLOGY KK WOMEN'S AND CHILDREN'S HOSPITAL

韩孝泉副教授，主任兼资深顾问医生，泌尿及骨盆重造科专科，脚妇幼医院妇女主任兼资

20 JUNE 2013

Three years ago, 65-year-old Mary (not her real name) came to my clinic, complaining of pain in her urine for the last three days. She was a home-maker and had four children. When I asked her more about her symptoms and medical history, I found that she have been suffering from uncontrollable leakage of urine for many years and keep feeling that something was coming out from her vagina. Because of this concern, she stayed at home most of the time and was unable to find work, and her relationship with her husband also suffered. Upon examination and investigation, she was diagnosed to have prolapse of the uterus, urge urinary incontinence and urinary tract infection (UTI). Mary was offered the options of a ring pessary insertion or surgery and was treated medically for her urinary tract infection and incontinence. She subsequently opted for a ring pessary insertion as she was afraid of surgery. She was satisfied for a couple of months and had to return to the clinic for a change of ring pessary once every four months. A year later, she decided to go for a surgery instead. Recently she came to my clinic for a follow up and I found out that she has started working part time, increased her social activities, and has rekindled her relationship with her husband. She told me she has never been happier. As a doctor, I am glad that I have helped Mary manage her condition and helped regain her quality of life. This sense of satisfaction I get is what spurs me on in my work.

Like Mary, millions of women worldwide are affected with pelvic floor disorders such as pelvic organ prolapse and urinary incontinence. The mortality is rare but it greatly affects the quality of life in women. Although these disorders are prevalent, women do not talk about it often, are too embarrassed to bring them up, or consult their doctors about it. It often affects their work, social life and family life. They suffer in silence emotionally and physically, unaware that these disorders are treatable.

At KK Women's and Children's Hospital Urogynaecology Centre, we see patients affected with these conditions everyday. More than 2000 new patients see us yearly for evaluation and treatment. Some common conditions we seen at the centre include pelvic organ prolapse, urinary incontinence, voiding disorders and other bladder problems such as urinary tract infections and haematuria. Let me share briefly how these conditions can affect a woman.

Pelvic Organ Prolapse refers to a descending or drooping of organs into or outside of the vaginal canal. Organs include bladder (cystocele), uterus (uterine prolapse), vagina (vaginal vault prolapse), small bowels (enterocele), rectum (rectocele). Patients usually come in with complaints of a feeling of pressure in the pelvic area, feeling of something



coming out of the vagina, urinary problems, painful intercourse, spotting or bleeding from the vagina.

Urinary incontinence is the unplanned release of urine. If you have leakage of urine at times of physical activities such as coughing, sneezing, laughing or exercising you may have stress urinary incontinence. The leakage may be a drop or two of urine or a stream of urine. This is the most common type of incontinence. If you have a desperate need to urinate and cannot reach the toilet on time, you may be suffering from urge urinary incontinence. The sudden urge may be triggered by hearing the sound of running water, sipping a drink or nothing at all. Suffering from these conditions can take an emotional toll on women. Frequent trips to the bathroom, uncontrollable leakage of urine, fear of accidents may lead to social isolation.

Voiding disorders is defined by an abnormally slow flow of urine during voiding, sensation of incomplete emptying of the bladder. Symptoms include delay in initiating urination, need to immediately revoid, dribbling of urine after complete bladder emptying, slow urinary flow, the need to strain to void. If left unrecognised, it may lead to permanent damage to the bladder and kidneys.

UTIs are the second most common type of infection in the body. Many women suffer from recurrent UTIs. Women are especially prone to UTIs for anatomical reasons. Most are not serious, but some infections may lead to serious problems such as kidney infections. A type of this infection that causes much unhappiness in women is an inflammation of the urinary bladder, also known as "Honeymoon Cystitis". This is caused by local irritation due to frequent, prolonged, recent or first time sexual activity in women.

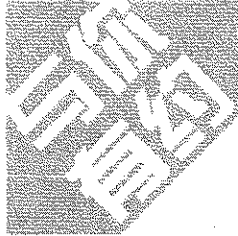
Haematuria is the presence of blood in the urine. This can be seen microscopically or is visible to the naked eye. Some causes of haematuria are serious, others are not. This is a sign that something is causing bleeding in the kidneys, the tubes that carry urine from the kidneys to the bladder (ureters), the bladder, or the tube that carries urine from the bladder out of the body (urethra).

Having worked as an Urogynaecologist at KKH for over 20 years, I see women everyday with these symptoms. Some are clueless that they even have these conditions until I ask the right questions, or maybe they are embarrassed to talk about it. Some women delay in seeking medical attention, wasting years by putting up with their condition when treatment is just within their reach. Some women even refuse treatment after a consultation and come back years later, realising that life would have been much easier and better if she had done it earlier. Being a gynaecologist, I do not like seeing women suffer when help is just a phone call away. As mentioned, it gives me great satisfaction that I have treated women successfully medically and surgically and have managed to improve their quality of life.

Therefore, I urge all women to not be embarrassed to share these urogynaecological symptoms with their healthcare providers. These conditions are mostly treatable. The most important thing that women need to realise is that they are not alone. As Hippocrates once said, "Cure sometimes, treat often, comfort always"



KK Women's and
Children's Hospital
SingHealth



竹脚妇幼医院

主办华语讲座

>讲题：子宫脱垂
的预防及治疗，
阴道松弛是否可
医治？

主讲人：妇产科

及妇女泌尿资深顾问韩孝泉副教授

>讲题：尿失禁的最新疗法

主讲人：妇产科及妇女泌尿科

客座顾问李丽婵医生

>讲题：预防膀胱发炎的秘方，尿液带
血是否严重？

主讲人：妇产科及妇女泌尿科

专科客座顾问王兴福医生

>讲题：频尿的原因和治疗

主讲人：妇产科及妇女泌尿科专科客

座顾问曾令安医生

>讲题：尿失禁与物理治疗

主讲人：资深物理治疗师蔡诗灵

>讲题：阴道出血的原因

主讲人：预防侵袭性疾病侦查部门
资深顾问林莹贵医生

日期：7月14日（星期日）

时间：下午2时至4时

地点：

竹脚妇幼医院地面层培训中心礼堂

KK Women's and Children's Hospital

Auditorium (Training Centre),

Level 1, Women's Tower

报名截止日期：7月11日（星期四）

收费：8元

报名电话：63943096/1027/5038或上网

www.kkh.com.sg查询

年前，65岁的玛丽（化名）到诊所，抱怨在过去三天疼痛。她是一名家庭主妇，四个孩子。当我向她深入询问病史时，我发现她面部的液体从阴道排出来，还有液体从阴道排出来。期间都呆在家里，无法出门之间的关系。经过检查后，急迫性尿失禁及尿道

以通过置入子宫托或手术的问题。由于害怕做手术，虽然必须每四个月回到诊所治疗。最近，她来复职工作，社交活动增加。她告诉我，她从未如能够帮助病人控制病情，这样的满足感成为我

永久性受损

对妇女和玛丽一样，面对慢性疾病。这类疾病虽然影响着患者的生活质量。虽然一般不会出现相互影响，但因不知道这些疾病地承受生理和心理压力，我们每天都面对这0多名病患前来诊断和治疗器官下垂、尿失禁、排尿其他膀胱问题，现在让响一名妇女的生活。

泌尿妇科患者并不孤单

妇女千万不要羞于向医生提及泌尿相关的症状。这些病况大多可以治愈的。至关重要，是，妇女们必须意识到，她们并不孤单。

盆腔器官下垂指的是器官下垂到阴道腔内或外部。这些器官包括膀胱（膀胱膨出）、子宫（子宫下垂）、阴道（阴道穹窿膨出）、小肠（肠疝）和直肠（脱肛）。患者的骨盆部位一般会感觉压力，觉得有液体从阴道排出，还面对泌尿问题，性交时疼痛或阴道出血。

意外排出来的尿液即尿失禁。如果在咳嗽、打喷嚏、大笑或运动时出现漏尿情况，你可能面对压力性尿失禁。如果感觉尿急但又无法及时上厕所，则可能是迫切性尿失禁。这种突如其来想上厕所的感觉，可能由流水声、喝水引发，但也可能没有任何原因。面对尿失禁问题，对妇女是一种很大的情绪压力。经常上厕所，无法控制漏尿情况，担心会出现意外状况，都可能影响患者的社交生活。

排尿障碍指的是排尿时尿液的流量异常缓慢，而且感觉无法将尿液排清。症状包括尿液无法立即排出，必须立即再次排尿；在排尿后会滴尿，尿流缓慢，必须使劲才能排清尿液。如果不加理会，会导致膀胱和肾脏永久性受损。

病况大多可以治愈

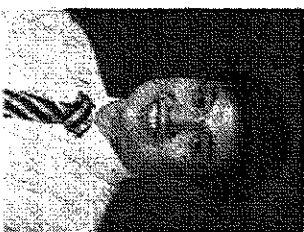
尿道感染是第二常见炎症。许多妇女会面对复发性尿道感染。基于多种原因，妇女特别容易面对尿道感染问题。大多数患者的情况并不严重，但有时可能引发肾脏炎等严重的问题。让妇女备受困扰的其中一种感染是“蜜月膀胱炎”，由频繁、长时间、近期或第一次性交导致局部受刺激而引发。

血尿是尿液中出现血迹，可通过显微镜或肉眼看到。血尿的一些导因很严重，一些则无需过于担忧。出现血尿情况，显示肾脏、输尿管、膀胱或尿道有出血现象。

在竹脚妇幼医院工作了20多年，我每天都看到面对这类问题的女患者。有些患者在我详细询问之前，甚至不知道自己面对这些问题，又或者她们羞于启齿。有些妇女延迟就医，浪费时间忍受病况，但治疗方案其实近在咫尺。有些妇女在求诊后拒绝接受治疗，但在发现接受治疗后能让生活更好过，而且越早治疗越好，于是在数年后又回来就医。身为一名妇科医生，我不喜欢看到妇女明明能够很容易就能获得治疗，但仍备受疾病困扰。如前所述，能成功为妇女提供医药和手术治疗，让她们能够改善生活质量，让我有很大的满足感。

因此，我呼吁所有妇女不要羞于向医生提及这些泌尿相关的症状。这些病况大多可以治愈的。至关重要，是，妇女们必须意识到，她们并不孤单。古希腊伯里克利时代医师希波克拉底就曾说过：“有时可治愈，常常可帮忙，总是可安慰。”(Cure sometimes, treat often, comfort always)

韩孝泉副教授/文
译征/译



（作者是竹脚妇幼医院泌尿及骨盆重建科科主任兼资深顾问医生）

竹脚妇幼医院主办讲座

- > 讲题：子宫脱垂的预防
阴道松弛是否可
主 讲 人： 妇产科及妇女科 韩孝泉副教授
- > 讲题：尿失禁的最新治疗
主 讲 人： 妇产科及妇女科 韩孝泉副教授
- > 讲题：预防膀胱炎
主 讲 人： 妇产科及妇女科 客座顾问医生
- > 讲题：尿频的原因和治疗
主 讲 人： 妇产科及妇女科 客座顾问医生
- > 讲题：尿失禁与物理治疗
主 讲 人： 资深物理治疗师
- > 讲题：阴道出血的原因
主 讲 人： 客座顾问医生
- > 讲题：预防侵袭性疾病侦查部
日期：7月14日（星期日）
时间：下午2时至4时
地点：竹脚妇幼医院地址
报名截止日期：今天（11月）
收费：8元，报名电话：
上网 www.kkh.com.sg 查询