The Coalition Talk Show with Dr. Shani: Pelvic Health, Let's Get to Our Core with Shenelle Wilson, MD Transcript

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Introduction to The Coalition and Dr. Chanel Wilson

Welcome to The Coalition. This is a talk show dedicated to discussing health, wellness, and inspiration. I'm your host, Dr. Shani Belgrave. Hello, everybody.

Welcome to The Coalition. I'm your host, Dr. Shani Belgrave. I am a bariatric and minimally invasive surgeon. You can learn more about me and get connected at www.drshanibelgrave.com.

I'm delighted to welcome to the show today, Dr. Chanel Wilson. Dr. Wilson is a urologist with a sub-specialty of urogynecology. She joins the show today to tell us what we should know about pelvic health.

Dr. Chanel Wilson, welcome back. Thank you for returning to the coalition. Well, thank you for having me again. So Dr. Wilson, you are the founder of Metro Atlanta Urology.

We are going to be talking about pelvic health. Can you please let us know what that is? What is there to know about pelvic health? Ah, the pelvis. Pelvic health is overall health.

Everything, we all plug into the pelvis. Our backs plug into our pelvis. Our legs plug into our pelvis. Our armpits, our arms, all of these things plug into the pelvis.

What Pelvic Health Covers

And we have a bunch of other organs in there, our reproductive organs, our GI organs, And so we have our bones, we have skeletal muscles. So pelvic health is not really a microcosm, but it really encompasses so many different systems within health within our bodies so that you can really think of pelvic health as overall health.

And so there are a lot of conditions and issues that people can have with their pelvic floors. And oftentimes, they don't really know where to start. So just to list off some of the many conditions that I treat, there's pelvic pain, there's constipation, there's pelvic organ prolapse where some of your pelvic organs are prolapsing out of your vagina if you're a woman.

There's urinary incontinence, there's fecal incontinence. There is voiding dysfunction. There are people who have neurogenic issues. There's a lot of sexual dysfunction.

I guess that's really it. There's a lot of different issues that can occur. Well, that was a lot. Yeah, there's a lot. I'm a man. I think I've talked about a lot of different things.

There's infections. This is the other that can occur in your pelvic floor. And it was in your pelvis. And so it's a lot to talk about and really encompass when you're talking about pelvic health.

But it's important for people to recognize that we all have we probably all have pelvic floor issues and we need to be aware of what we're doing to our pelvic floor to be able to live our best quality of life.

Absolutely. So I spent a lot of my time dealing with the treatment of obesity. And so one of the things that comes along with obesity sometimes is urinary incontinence.

I was wondering if you could speak to incontinence and what we need to know. Absolutely. So, you know, urinary incontinence can affect men, women, everybody in between.

It's basically, generally, it's when you are leaking urine. It's when urine is escaping when you don't intend for it to happen.

Understanding Urinary Incontinence Types

And some of the things that can make it confusing is that there are a lot of different causes for urinary incontinence, even though the end result is that incontinence.

So there are, we'll talk, I'll basically kind of just talk about the most common ones, but do understand there are other issues that could be occurring.

So it's important that if you have urinary incontinence or anybody listening has it, that they talk about it with a healthcare professional. But one of the ones is stress urinary incontinence.

We hear about that so much, and that's why I wanted to start about it, because many people know about Kegels exercises. They're talking about pelvic force strengthening exercises.

And so stress urinary incontinence is usually what they are talking about treating with those exercises. It's when you get a leakage of urine, when you have an increase in abdominal pressure, any kind of valsalva movement.

people who are jumping and laughing and coughing or getting up from a stand or from a sitting position, you know, people who are jumping on the trampoline and they're just leaking urine when they do this.

And it's not because they had an urge to go, they did something, some kind of action that made them weak. That is stress urinary incontinence. It's more prevalent in women than men, but it definitely happens in guys a lot, especially if they've had some type of prostate surgery, like for prostate cancer or even for benign prostate disease.

So that is stress urinary incontinence. Another one that's very common is urge urinary incontinence, which is really just overactive bladder with urinary incontinence.

So it is still overactive bladder, and that is when you lose urine with the urgency to go. You get a sudden urge to go, you can't hold it. That can happen when you're walking to the bathroom and it's just as you see the toilet, you've got to pee.

Or maybe you're just driving around and you've got to pee and go. And so that is urge urinary incontinence. Many people have both of those. They can have, so it's called mixed urinary incontinence when you have both stress and urge urinary incontinence.

And another big one to know about is overflow incontinence, which can occur when your bladder is full. It really can't empty very well. So you leak, but just small amounts of urine that is just kind of top, you know, getting the bladder to be topped off essentially.

And so that can happen with any kind of movement or urgency, but it's not, it's because of an obstruction of some sort usually. And so those are kind of the main incontinence that I see.

But again, that is not an exhaustive list. So what are some of the causes? Because with stress incontinence, it sounded like a lot of it had to do with increased abdominal pressure.

what is the cause of the overflow? Well, you said certain types of blockages, but maybe you could let the viewers know what kinds of things can happen that can cause that.

Yes, definitely. So with overflow incontinence, we see that a lot in guys who have large prostates, so their bladder just can't push any more past their enlarging prostate, so they're just holding on to a lot of urine.

And then they get overflow incontinence. They'll tell you, oh, I'm going all the time. It sounds like urgent

incontinence. But when we scan their bladders, we see they're full of urine, even though they're peeing every 10 to 15 minutes.

Causes of Overflow and Overactive Bladder

So then we know it's overflow. You can also get it with stricture disease or any kind of obstruction in the urethra. So with men, there could be a prostate.

You can also have scarring. Women can also get scarring too. And then there could also be something like a non-relaxing bladder neck because the exit, essentially, entrance and exit to the bladder is the bladder neck.

And that is controlled by muscles and nerves. And that cannot relax in the way it's supposed to. And so even though there's not a physical obstruction there, it's not opening, so you're still obstructed.

And so patients can get overflowing continence with that. In terms of urinary incontinence, that's one of my favorite ones to treat, really. And there are quite a few things that can contribute to urgent continents.

And women, definitely genitourinary syndrome of menopause. So once we start losing estrogen to our vaginal tissues, our tissues become, everything down there becomes much more sensitive.

We can get a lot of overactive bladder symptoms. So treating genitourinary or GSM is a great way of managing overactive bladder in women. Also constipation.

is a huge cause of overactive bladder and urgent continence. Because if you think about it, our pelvic floor is, it doesn't matter how big we are on the outside, everybody's about the same size on the inside.

And I tell my patients that our pelvic floors are like a bony bowl lined with muscles. And we have all of these organs jammed trying to get out of this small exit.

And then women, we've got uterus there, we've got our colons there, we've got our bladders there. you know, men have their colons and their bladders there.

So we have a lot of stuff trying to get out of this small entrance. And so constipation, if your sigmoid colon is full of stool, your bladder can't really expand, your nerves are trying to get rid of the stool.

So those are the same nerves that are treating the bladder too or innervating the bladder. So that overactivity or all of that trying to get you to have bowel movements can then result in urgent overactive bladder symptoms.

And so constipation is another big thing. Then caffeine. Caffeine is huge. We're here in the South. In the South, we drink our Coke and our sweet tea, and that is just setting people's bladders on fire.

But Dr. Wilson, I have to stop you right there, because the sugary drinks are part of the obesity epidemic. So we can't be doing the sweet drinks, the sweet teas.

and the sodas. I had to get that out there. Okay, go ahead. I totally agree. I always tell people that I'm going to write a letter to Chick-fil-A one of these days and say, can we at least have caffeine-free options?

Because they have some sugar-free options, but we also need to get rid of the caffeine because it's a known bladder irritant. And even if you've always been okay with it, things change.

I get people who come in, they're Oh, I've been drinking caffeine for 30 years. I'm like, well, you had a 30-year-old bladder before, and now you don't.

So you have to remember that our bodies do change. And so something that you could tolerate before, you may not be able to tolerate as much of. So those are some of the main causes of overactive bladder.

Diagnosis and Treatment Options

Right, right. So take us down the road of someone has any number of these issues. What's the next step? They come to see you, and then kind of what happens next?

Definitely. So they come in and they say that they're leaking. And they don't really know why they're leaking. And sometimes they may come in and, oh, my friend had this done, and so I just need to have this done.

But since, as I've discussed, I really need to first figure out what type of leakage you have, why you're leaking, what's the cause, because it impacts the type of treatments.

Treatments for stress urinary incontinence, a lot of those can make urge incontinence worse. And so you can come out leaking more if you get something done for the wrong procedure, wrong treatment.

So I do a lot of questionnaires with my patients. I try to make sure I understand, you know, why they're leaking and what situations they're leaking. And then we kind of work back, we get a very detailed history, make sure that I know how often they're peeing and what they're eating and drinking and how often they're pooping, figuring out when these symptoms started.

And then that's how we start to figure out what is the root cause and then what treatments that we can offer. For stress urinary incontinence, that is an issue with basically some kind of weakness.

There's something that where the pressure goes, you know, the urethra, the pelvic floor, whatever it is, cannot support and cannot hold the urine past that pressure.

So when we're looking at treatments for stress urinary incontinence, we're looking at strengthening pelvic floor muscles, or maybe putting in a pessary, something that can obstruct and cause some pressure on the urethra.

Maybe we put in a sling or we do urethral bulking, but again, that's all to support that urethra and cause an obstruction essentially, so that when the extra increased abdominal pressure happens, you won't leak from urine.

very different treatment for overactive bladder and urgent condensate. Those times we're looking to stop the bladder from spasming. So those are, medications can help with that.

Although I tell all of my patients, medications only work in 50% of people. So if this doesn't work for you, that doesn't mean that we don't have a treatment.

Just because you're on it doesn't mean that you're treated. You're treated if your symptoms are better. And so medications can help for overactive bladder, but we do have procedures like bladder Botox.

We have stakeholder neuromodulation, We have tibial nerve stimulation. So we have a lot of different things we can do. And many times we can do them in concert with each other.

So it's not like you have to do one treatment or the other. My baseline treatment and the most conservative thing for all of these urinary incontinences is usually pelvic floor physical therapy.

I work with pelvic PTs all the time. They are my favorite people because they can manage so many of the options patients come to see me for. without them needing surgery, without them needing medications, getting their baseline back, working with a good PT is also really helpful for all these conditions.

Wow. Well, this was truly eye-opening. I learned a lot, because this is super sub-specialized. Thank you so much. So Dr. Wilson, do you have any takeaways for anybody watching that has had issues with urinary incontinence?

Absolutely. The first thing, it's not normal. It's not a normal part of aging. So many times when people come to me, they've been told, oh, well, I was just told that I'm going to do this.

I had a baby. I'm 50. I'm whatever it is. So this is going to happen. It's not normal. You don't have to live like that. So if you have the issue, bring it up with your provider.

If they don't address it or they tell you that it's normal, find another provider, get a referral to somebody who will listen to you and start talking to you about the different options.

understand that there are different types of leakage. So it is important to know that what works for one person may not work for the other and not to get frustrated and understand that if you find someone who's going to work with you on this, that they're going to try to make sure that they get you the right treatments that works for your life.

Key Takeaways and Where to Find Dr. Wilson

So be patient also. Those are the main things. It really frustrates me a lot when I get patients who've dealt with urinary incontinence for a very long time and have kind of been blown off and told that this is something to expect.

And so really just get evaluated and, you know, get to live in your life. Absolutely. Well, I want to thank you again, Dr. Chanel Wilson. The aim of the coalition is how can we give people information so that they can improve their lives and live their best lives.

And so by you coming on and sharing You know, some education and letting people know some option is really useful information for folks that are interested in learning more about you and getting connected.

What is the best way for them to reach out to you? Thank you. So you can reach out and find me at MetroATLUrology.com. That is the website for my practice.

You can also follow me on Instagram and Facebook at ChanelWilsonMD. And I'm on Twitter as well at Chanel with two ones for the L's. But yeah, those are the ways to find me.

Awesome. Well, thank you so much for joining the coalition, Dr. Wilson. I hope to see you on the show another time. Absolutely. Thank you for having me again.

Well, everybody, thank you so much for tuning in for another impactful episode of The Coalition. You can learn more about me at www.drshoniedalgrave.com.

You can get connected with Dr. Chanel Wilson online and also on Instagram. Thanks, everybody. I'll see y'all next time.