

## **UC San Diego**

### **Spring 2017 - UC San Diego Health Journal of Nursing: The Unique Power of Nursing**

#### **Title**

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#### **Permalink**

<https://escholarship.org/uc/item/9rh4s16f>

#### **Journal**

UC San Diego Health Journal of Nursing, 10(1)

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#### **Publication Date**

2017-04-01

Peer reviewed

# Showcasing Women's Pelvic Medicine Clinic at UC San Diego Health

By: Laura Aughinbaugh DNP, CNM, WHNP

**“Hello** , I'm Laura Aughinbaugh, the new Nurse Practitioner in Women's Pelvic Medicine, “ I must have said 100 times in my first six months at UCSD. “Where is that? What is that?” Was the response that I heard over and over, quickly followed by, “I didn't even know that existed here...”

UCSD Women's Pelvic Medicine Clinic, within the department of Reproductive Medicine, houses specialized healthcare providers treating female incontinence and pelvic organ prolapse. We are located in Chancellor Park, off Executive Drive in La Jolla, just a mile down the road from Thornton Hospital and Jacobs Medical Center. We are in the same building with other UCSD Ambulatory clinics such as Urology, Sports Medicine and Sleep Medicine. The next big question: What is IT? Not as easy to answer as where we are located. IT: Pelvic Medicine is what we do and in more eloquent terms is Urogynecology. So really, what is Urogynecology? By definition a newer specialty of medical and nursing care treating women whom suffer from pelvic floor disorders. Of course, what on earth is a pelvic floor disorder (PFD)? PFD is a group of conditions that effect the muscles, ligaments and connective tissue in the lower pelvis— these tissues ultimately support the bowel, bladder, uterus, vagina and rectum. Obviously very important body parts that effect multiple body systems and effect human functioning on many levels. When the supportive tissues of the lower pelvis are injured or weakened, the area fails to function well or comfortably. The most common PFDs are urinary incontinence, fecal incontinence and pelvic organ prolapse. Yes, pelvic organ prolapse.

A topic hardly mentioned during nursing training and hardly even discussed in private realms. Pelvic organ prolapse (otherwise known as POP) is when the pelvic organs drop, caused by loss of support from the vagina. “Drop” defined as the prolapsing and protruding of the vagina and/or cervix through the vaginal opening.

How often do women have POP? About 50% of women will develop POP across the lifespan, especially those women whom have experienced vaginal births. Women can still develop POP having never experienced a vaginal birth and this a result of genetics, aging and other risk factors such as obesity, chronic constipation and menopause. Some women are born with conditions, such as spina bifida, that predispose them to POP. Some women are asymptomatic and sadly, only 10-20% seek treatment for their condition. For those women who are symptomatic, most report the sensation of a bulge at the opening of the vagina or pressure at the opening of the vagina. Depending on the degree of descent of the vagina and pelvic organs, a protrusion of tissue can be as far as several inches past the outer folds of the vulva. Common descriptions by patients range from “I feel like I'm sitting on an egg” “My bladder is hanging between my legs” to “I can hardly walk or move with the bulge between my thighs”. The implications of POP for a



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woman's life are significant and have extensive impact on her quality of life. She is most likely effected in her physical, sexual, social and emotional functioning.

POP is rarely dangerous to a women's life. The one instance that POP is dangerous is when a women cannot empty her bladder. This condition is due to obstruction, resulting in kinking of the bladder neck from the displacement of the bladder or a consequence of neurologic issues where brain-bladder-pelvic floor communication does not function appropriately. In any of these instances, urinary retention develops and can force urine to collect in the bladder, ureters and/or kidneys and subsequently cause kidney damage. Most frequently women will report discomfort and difficulty voiding or they will present with recurrent urinary tract infections since they are unable to empty their bladder well. Very rarely, a woman will not and she will only present for care when she is in kidney failure.

As for urinary incontinence, prevalence among women range

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from 25% to 31% and the percentage increases with age. That means that about one-third of all women suffer from this issue! The predominant type of urinary incontinence among women is mixed incontinence, which is a combination of stress incontinence and urge incontinence; leaking without an urge to urinate and leaking with an urge to urinate, respectively. Although not imminently dangerous to a women's life, urinary incontinence poses an immense financial burden on the patient herself (personal care) and on the healthcare system (evaluation, diagnosis, treatment, complications and nursing home admissions). Luckily, for many of the women who suffer from urinary issues, proper diagnosis and

treatment can improve continence within just a few weeks. I hear the following comments too many times to count “You have given me my life back” “I had no idea how bad I was suffering because I just became accustomed to being incontinent” “I'm free to live my life now!”

Fecal incontinence, the third most prevalent condition we treat at Women's Pelvic Medicine is defined as the involuntary passage of gas, mucus, liquid or solid stool. Although prevalence ranges from 2.2% to 24% depending on the definition used, we find in our clinic that a significant number of women whom present with POP or urinary incontinence also report fecal incontinence. We call this co-occurrence rates and this ranges from about 50%-80%. Again, fecal incontinence is not imminently dangerous to a women's life, however, is it both devastating and embarrassing. In fact, the data on incidence, prevalence and costs is quite limited since most patients are too embarrassed to report symptoms.

With all this in mind-- What can we do to help them? Well, we have Women's Pelvic Medicine here at

UCSD which is staffed by an awesome crew of physicians, nurses, medical assistants and physical therapists that have

an abundance of knowledge, perspectives and passion to improve the quality of life of women whom suffer from PFD. All new patients that arrive in our clinic are triaged by one of our physicians to determine where to start—which diagnostics are needed, and which therapies will be most beneficial to best improve each woman's life. There is no concrete algorithm that states what degree of POP or degree of incontinence needs this medication or that surgical procedure, but instead, the care for each women is determined by her goals, her health status; and her ability to live full and well per her standards. With this, many patients do not opt for surgery and we are able to help improve

their functioning with conservative measures such as lifestyle and diet modifications, biofeedback and/or pelvic floor physical therapy. Many times, conservative treatment is all that is needed for our patients. More complex patients will choose to use medical devices (called a pessary) or opt for reconstructive surgery.

Significantly, several of our patients undergo a very exclusive evaluation called Urodynamic Testing. This highly specialized diagnostic is done in our clinic by our nursing staff. Urodynamic testing is a process of instilling sterile water into the bladder and observing how the bladder fills and empties to best illicit voiding functioning and discover why a women suffers from urinary incontinence or obstruction. In this way, treatment of urinary issues can be tailored and most effective. There are few places in San Diego County that perform Urodynamic Testing and it is a virtue that we are able to offer this service at Women's Pelvic Medicine.

Once an established patient of Women's Pelvic Medicine, our patients are a part of our clinic for as long as their symptoms persist. Pelvic floor dysfunction is a complicated condition and we form a close relationship with our patients to assist them on their journey to living well. The medical assistants and nurses offer 50+ years combined of urologic, gynecologic and pelvic medicine experience—we have seen and done it all!

What can you do to help women who may be suffering from PFD? Ask if they suffer from urinary or fecal incontinence or POP and reassure them they are not alone and we are here to help improve their quality of life. Most importantly, know that the Pelvic Medicine Clinic is a part of the UCSD system and route your patients to our clinic for evaluation.

I was graciously invited to join the UCSD Women's Pelvic Medicine staff in October of 2015. The initial part of my journey was integrating the Advance Practice Nursing role into this clinic. Being a doctorate prepared Nurse-Midwife and

Women's Health Nurse Practitioner, gave me the knowledge, skills and intuition to do this well. And luckily, working side by side with providers that desire to improve the lives of women, makes for a synchronous relationship. With this, I have begun to bridge the gaps between our physicians, nurses, medical assistants, physical therapists, administrative staff and learners in the Women's Pelvic Medicine Clinic and improve our model of care—especially by improving patient access, work flow and compliance within the UCSD system. As a clinician, my role has evolved into the management of non-surgical interventions for treating PF dysfunction: from the use of medications and medical devices to biofeedback, pelvic floor stimulation and neuromodulation. I love what I am able to do for the staff, our patients and for the UCSD health system—to bridge the gaps in holistic care for those who give and receive treatment for pelvic floor dysfunction. Helping individuals with pelvic floor dysfunction is complex and multifactorial, it is truly a privilege to be granted their trust and I am confident we will continue to improve the lives of many more women.

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# PRECEPTING: A chance to give back

Part of advanced practice nursing education includes applying knowledge from the classroom in a clinical environment. Preceptorship is common in nursing, as all registered nurses participate in clinical during their training. Many advanced practice nurses at UC San Diego are preceptors for students enrolled in advanced nursing training.

Advanced practice nurses are preceptors for many reasons. Some view this role as a way to “give back” because we were all students at one time. Preceptorships are important for students to learn their craft and enhances quality of practice. Students learn to function in the real clinical world and learn from advanced practice nurse practices. Precepting students also keeps nurses “on our toes” to stay current in knowledge and skills.

I encourage colleagues to consider precepting students if schedules will permit. Students may be able to spend just one day with you, or many days over the course of a semester. Any offer to teach will be appreciated!

Below is a list of local nursing schools offering advanced practice degrees:

<b>Clinical Nurse Specialist Programs</b>	
School Name	City
Azusa Pacific University	Azusa
California State University, San Marcos	San Marcos
Loma Linda University	Loma Linda
Mount St. Mary's University - Los Angeles	Los Angeles
Point Loma Nazarene University	San Diego
San Diego State University	San Diego
University of California, Los Angeles	Los Angeles
University of San Diego-Hahn School of Nursing & Beyster Institute for Nursing Research	San Diego
<b>Certified Nurse Anesthesia Programs</b>	
Loma Linda University School of Nursing Nurse Anesthesia Concentration	Loma Linda
University of Southern California	Los Angeles
<b>Certified Nurse-Midwifery Programs</b>	
San Diego State University	San Diego
<b>Nurse Practitioner Programs</b>	
Azusa Pacific University	Azusa
California State University, Long Beach	Long Beach
California State University, Los Angeles	Los Angeles
Loma Linda University	Loma Linda
San Diego State University	San Diego
United State University	San Diego
University of California, Irvine	Irvine
University of California, Los Angeles	Los Angeles
University of San Diego-Hahn School of Nursing & Beyster Institute for Nursing Research	San Diego