

Sex and your bladder: How female urinary problems can affect your sex life

Talli Y Rosenbaum, PT

Women commonly suffer from all sorts of bladder problems. One condition that frequently affects women is urinary tract infection (UTI), which can occur when bacteria enter the bladder and cause symptoms of frequent and often painful urination, difficulty urinating, and bladder discomfort. UTI may or may not be triggered by sexual activity, but certainly having sex when an infection is present can be very uncomfortable. Fortunately, UTIs are fairly quickly and easily treated with antibiotics, natural remedies such as cranberry juice or tablets and by increasing fluid intake, such that an occasional UTI does not generally affect one's sex life or partner relationship.

However, some women suffer from chronic bladder symptoms even when no bacterial infection has been determined. In many cases, these symptoms, which can include painful and frequent urination and bladder pain, are constant and intractable. This condition is referred to as interstitial cystitis (IC) and is estimated to affect 450,000 Americans.

IC is a chronic condition, which frequently goes undiagnosed. Women are more prone than men to this syndrome and one of its main features is a sensitive and sometimes

painful bladder. Because the bladder may be displaced slightly by sexual intercourse, having penetrative sex can be very uncomfortable. IC is similar to vulvar pain syndromes in that the vaginal muscles are often in a state of hypertonus (tightness) (please link to second article about pain with sex). One difference is, that women with IC may not necessarily have pain upon initial penetration but may suffer from pain with deep penetration or upon orgasm. As with chronic vulvar pain conditions, women with IC need not give up on having a sex life. However, when these conditions exist, it is very important to communicate openly with one's partner. Sometimes simple modifications such as modifying positions may be helpful, and often, openness to non-penetrative sexual activity and emphasis on sensual pleasures that don't hurt, can facilitate a healthy sexual life.

Even more common than chronic painful conditions of the bladder are those bothersome urogenital problems such as urinary frequency, urgency and incontinence. In fact, it is estimated that one out of four women will suffer from incontinence at some point in her life. Leaking urine with activities such as coughing, laughing or sneezing is known as *stress incontinence*. This occurs when the pressure on the bladder that occurs during activities such as these, exceeds the pressure provided by the urethral sphincter, which keeps the urethra, the tube that carries urine from the bladder out of the body, closed. This occurs due to insufficient strength of the pelvic floor, which may be weakened by pregnancies, births and hormonal changes, particularly menopause.

*Urge incontinence* describes a situation where one has a strong urgent desire to urinate, to the extent that urine is lost involuntarily before making it in time to the toilet. This occurs because of unwanted contractions of the bladder. This can be stimulated by drinking coffee, cold weather, running water, or upon arriving close to the bathroom destination (also known as “key in the door” incontinence).

While these are distressing conditions in themselves, patients rarely volunteer (and all too often doctors don't ask) information about how their sex lives are negatively affected by it. Women with incontinence are often afraid of leakage during sex, and as a result, they avoid intimate situations. Women with stress incontinence are more likely to leak with penetration due to pressure on the bladder and women with urge incontinence may leak during orgasm, which may or may not occur with intercourse.

Both urge and stress incontinence can be treated. Pelvic floor strengthening exercises have demonstrated success in curing incontinence in several controlled studies. Urgency can be managed as well, with behavioral techniques such as bladder training, timed voiding, and dietary restrictions. In severe conditions, medications that control bladder contractions, known as anti-cholinergic medications, may be helpful as well. In more severe cases, when pelvic floor rehabilitation is not effective enough, surgical repair may be the appropriate intervention.

If urinary problems are affecting your sex life, you should consider the following suggestions:

- Speak to your doctor about your symptoms. Something as simple as an anti-cholinergic medication to prevent bladder contractions a half hour before sex may prevent orgasm related leakage
- Speak openly with your partner about your fears and discomforts. If intimacy has been greatly affected by urinary or vulvar discomforts, consider consultation with a couples counselor or sex therapist
- Request a referral by your physician to a pelvic floor physical therapist in your area who can address your symptoms and help improve the quality of your life, particularly, your sex life