

MyHealthy Decisions

WOMEN'S HEALTH ISSUE 2020



Bassett Healthcare
Network

Why put up with **pelvic organ prolapse**?

Expert women's health care is here to help

Pelvic floor disorders affect 1 in 5 women in the United States, with pelvic organ prolapse affecting 3 percent of U.S. women. Prolapse occurs when the pelvic floor muscles become weak or damaged and can no longer support organs such as the bladder, uterus and rectum. The causes include multiple natural childbirths, aging and family history.

Frances Brockett, 82 years old and a retired registered nurse from West Winfield, had been coping with the symptoms of prolapse for many years—until a few months ago, when her bladder function worsened. “My condition was seriously impacting my quality of life,” she says.

GREAT NEWS

Brockett read in the local paper about a new physician at Bassett Medical Center in Cooperstown who specializes in urogynecology, Samuel S. Badalian, MD. After learning about his history and expertise, she called for an evaluation and appointment.

“I found him to be a very caring person,” she says. “He puts you at ease immediately and reassures you that he can help. He explained that he could do a surgical procedure that would help alleviate my symptoms.”

Dr. Badalian performed pelvic reconstructive surgery on Brockett on Dec. 18, 2019. After one overnight stay in the hospital, she went home and was relatively pain-free, with great results.

“I feel that we are so fortunate to have a specialist of Dr. Badalian's caliber in the area, as many women I have talked with have similar problems,” Brockett notes. “I would recommend him to anyone and have already done so with relatives and friends.”

Dr. Badalian has a wide array of skills that he brings to women's health issues, including surgical and nonsurgical treatment options. **Turn to page 2 to learn more about the good doctor.**



Meet the new chief of women's health



Samuel S. Badalian, MD, PhD, DrMedSc, is among the world's foremost urogynecologists and an award-winning scientist who has published original research advancing women's health. As chief of women's health for Bassett Medical Center, he oversees 26 providers—seven physicians and 19 advanced practice clinicians—and brings previously unavailable surgical and nonsurgical treatments to Bassett Healthcare Network to treat female urinary and reproductive tract problems.

In addition to being board certified in obstetrics and gynecology, Dr. Badalian is certified in the subspecialty of female pelvic medicine and reconstructive surgery. Dr. Badalian has been practicing medicine for 39 years. He has been a physician in the United States for the past 28 years.

GROUND-BREAKING RESEARCH

Earlier in his career, Dr. Badalian delivered babies and conducted research on fetal amniotic fluid and the fetal breathing cycle. His doctorate research concentrated on the renal function of kidneys in fetuses.

However, he says, "In the last 20 years, my main interest shifted and I concentrated on postmenopausal health."

Being an expert in kidneys led him to combine his interest in urology and expertise in gynecology. He recognized the high demand for medical treatments for women as they age.

In 2010, Dr. Badalian published ground-breaking research: "The Prevalence of Vitamin D Deficiency in Women With Urinary and Fecal Incontinence." He noticed that many women with osteoporosis also struggled with incontinence, and he used his research skills to discover and prove that there is a correlation.

WORLD-CLASS CARE

Trained in his native Armenia and respected internationally, Dr. Badalian speaks four languages: Armenian, Russian, English and French. After teaching other physicians and surgeons around the world in urogynecology, Dr. Badalian realized that these treatments were not available to women in the eight counties that Bassett Healthcare Network serves. Since joining Bassett, he has already helped women from Utica, Rome, Binghamton and Syracuse—and word is spreading quickly that this specialty care is now available.



DID YOU KNOW?

Pelvic organ prolapse is a pelvic floor disorder that means a dropped bladder, bowels or uterus that need surgical repair. It's important for women, especially, to be aware of this condition and to seek treatment.

LEAKY BLADDER?

You're not ALONE

It's a very common and
treatable problem

Do you experience involuntary leakages of urine? Known as incontinence, this condition affects 25 million Americans.

Studies show that 50 percent of women will experience some form of incontinence at some point in their lives. It is almost twice as common in women due to pelvic muscles being stretched and strained during pregnancy and childbirth. Weakening of the pelvic floor is also common in women as they age.

There are three types of incontinence: stress, urge and mixed. Bassett Healthcare Network has options to help alleviate these conditions.

Knowledge is power—here's what to know about the types of incontinence and how they're treated.



STRESS INCONTINENCE

Stress urinary incontinence occurs during physical activity—often while coughing, laughing, sneezing, jumping or running—when there is downward pressure on the abdominal muscles.



URGE INCONTINENCE

Urge incontinence is often called *overactive bladder*. The urge to go to the bathroom frequently or unexpectedly is caused by a spasm in the bladder.



BY THE NUMBERS

50% of nursing home residents (male and female) experience incontinence.

10% to 30% of the adult female population and **15% to 35%** of women over 60 years old are affected by urinary incontinence.

Urinary incontinence costs Americans

\$15 billion per year.

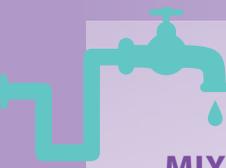
Half a billion dollars

are spent on absorbent products every year.

The cost of diapers and other absorbent products amounts to a staggering

10% of total nursing home care costs.

Source: Agency for Healthcare Research and Quality, 2015



MIXED INCONTINENCE

Mixed incontinence is a combination of stress and urge incontinence. The severity of a person's inability to control the contents of the bladder or the bowel leaving the body will help determine the best treatment.

Initial treatments can include eliminating or reducing bladder irritants, such as:

- ▶ Caffeinated beverages.
- ▶ Alcohol.
- ▶ Spicy foods.
- ▶ Citric juices.
- ▶ Vinegars.

Managing urinary incontinence includes:

- ▶ Limiting fluid intake at certain times of the day, especially before sleep.
- ▶ Taking medication.
- ▶ Losing weight, if overweight.
- ▶ Making behavioral modifications.
- ▶ Pelvic floor exercises, such as Kegel exercises and BTL Emsella® chair. (See page 5 for more about the chair.)

The longer incontinence goes untreated, the worse the problem can get.

SURGICAL OPTIONS

Surgical options include a minimally invasive sling procedure that is estimated to take 30 to 35 minutes. Sling surgery is only recommended for women who are no longer bearing children.

Samuel S. Badalian, MD, Bassett Healthcare Network's Chief of Women's Health, performs many types of sling surgeries and more complicated prolapse surgeries. He recommends simpler procedures for his older patients so that they spend less time under anesthesia.

SPECIALIZED CARE

If you have incontinence, you should know that this problem is common and very treatable—there is no need to suffer in silence or be embarrassed or anxious about talking to your physician and getting help.

Bassett Healthcare Network now offers urogynecology, which blends the specialties of urology and gynecology. We encourage you to talk to your doctor and seek treatment.

Source: National Association for Continence



Get it under control

Incontinence has gotta go—make an appointment today!

Call **607-547-3160** or **800-227-7388**. To learn more about how we can help, visit [bassett.org/controlincontinence](https://www.bassett.org/controlincontinence).

Leak-free with **new technology**

Strengthening pelvic muscles the easy way

"I thought it was normal—just something I had to deal with," says Jennifer Moore, 44, of Cooperstown.

For several years, Moore noticed that when she laughed or sneezed, she would leak a tiny bit of urine. She also noticed that after resisting the urge to urinate for a long time, she did not always make it to the bathroom in time.

Moore did not realize she had a treatable condition that is very common for women. "I had not mentioned this problem to a doctor," she says.

Her mother, Debbie, also had what the medical profession calls urinary incontinence.

"My mother needed surgery to correct a similar problem, which was more complicated because of a previous hysterectomy," she says. "It was my mother who referred me to Dr. Badalian."

NONSURGICAL OPTION

Moore did some research online and initially tried Kegel exercises, but they didn't help. During the summer of 2019, Moore met with

Now that Moore is leak-free, she has talked to girlfriends, saying, "I did not realize this problem I had was so common."

Dr. Badalian and learned that she was the perfect candidate for the BTL Emsella® chair, a nonsurgical treatment option.

In November 2019, Moore had six, 28-minute treatments in the Emsella® chair, twice a week for three weeks. The chair is an FDA-cleared device that provides effective treatment for stress and urge incontinence. The chair transmits electromagnetic stimulation to the pelvic muscles, producing the equivalent of 11,000 contractions in 28 minutes of treatment.

Moore described the treatments this way: "It's a weird feeling that is hard to describe. It doesn't hurt. It feels like waves of motion. It starts off slow and increases in intensity. One sensation that is only one part of the whole experience feels like you are being snapped by a rubber

band very lightly. It is not painful and you get used to it right away."

'IT WORKED'

Another advantage of this noninvasive treatment is that the patient receiving the treatment is fully clothed.

"I would bring my book to my treatments and read for 28 minutes," Moore says.

Over the course of three weeks, Moore noticed "slight changes" in her ability to control her bladder. A couple of weeks after completing her six treatments, she says: "I have not worn a panty liner or had any accidents! It worked."

Now that Moore is leak-free, she has talked to girlfriends, saying, "I did not realize this problem I had was so common."

The BTL Emsella® chair, available at Bassett Medical Center's women's health clinic in Cooperstown, is not currently covered by insurance and costs \$300 per treatment.



Samuel S. Badalian, MD, says Emsella chair therapy can be a good option for treating urinary incontinence for women and men. Learn more about this new technology at bassett.org/mhdemsella.

Easy access to specialty care

Fix your floor.

If you have symptoms of a pelvic floor disorder, talk to your primary care practitioner or OB-GYN about getting a urogynecology assessment, including urodynamic testing.

Bassett Healthcare Network has women's health clinics in Cooperstown, Oneonta, Cobleskill, Herkimer and beyond.

Schedule your urogynecology exam today!



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WOMEN WHEN TO START KEY SCREENINGS

Age	Recommended tests
	CHLAMYDIA AND GONORRHEA. Be screened yearly through age 24 if sexually active.
20	BLOOD PRESSURE. Be screened at least every 2 years. CHOLESTEROL. Be screened every 4 to 6 years.
21	CERVICAL CANCER. Have a Pap test every 3 years.
25	CHLAMYDIA AND GONORRHEA. Continue screening if at increased risk for infection.
30	CERVICAL CANCER. Have a Pap test plus an HPV test every 5 years (preferred) or a Pap test every 3 years.*
45	BREAST CANCER. Start having mammograms. COLORECTAL CANCER. Talk with your doctor about screening options. DIABETES. Be screened at least every 3 years (or start earlier based on risk factors).
55	LUNG CANCER. Be screened yearly based on your history of smoking.
65	OSTEOPOROSIS. Start screening (or start earlier based on risk factors).
	<i>*Women who have been screened regularly and have had normal results may choose to stop screening at age 66.</i>



Why women's health tests are vital to care

Health screening tests are important. They can help detect problems early, at a more treatable stage—such as cervical, breast and lung cancer; osteoporosis; diabetes; and more.

Certain exams can detect abnormalities even before symptoms are apparent. I encourage you to review the list of recommended health screenings (at left) and talk with your women's health care provider about what tests are appropriate for you, based on your age and risk factors.

—Jessica Colby, nurse practitioner in Women's Health



NEED A CHECKUP?

Jessica Colby, NP, and the women's health team at Hamilton-Madison are taking new patients. Call **800-BASSETT (800-227-7388)** to schedule an appointment.

These recommendations are for most women. Talk with your doctor about what's right for you.

Sources: American Cancer Society; American Diabetes Association; American Heart Association; U.S. Preventive Services Task Force