

## **Obesity and the pelvic floor**

You have been given this information leaflet as you are considering undergoing surgery but are at risk of complications during and after surgery because of your weight. This leaflet will also give you general information about the effects of obesity on your pelvic floor. The information provided is not meant to distress or embarrass you but to help you make the best decision. Obesity is a leading health problem in the UK. Obesity is calculated weight in kg divided by height in m<sup>2</sup>). This measurement is called body mass index or BMI. Obesity is defined as BMI of more than 30. Your doctor will calculate your BMI for you.

Obesity has wide ranging effects on the whole body and can affect the pelvic floor in three different ways. Both your bladder and bowels can become difficult to control and you may experience embarrassing leaking. Continual pressure can also weaken the pelvic floor and cause the bladder, the bowel and the vagina to “prolapse” or bulge through the muscle.

Lack of control over the bladder is “urinary incontinence” and this has two types. The first one is “stress incontinence” and occurs when urine leaks when you sneeze, cough or exert yourself. The more overweight you are, the more likely you are to suffer from this. Reducing your weight by only 5% can halve the level of incontinence! Duloxetine, a pill, that has been used successfully in the treatment of stress incontinence is less effective if you are overweight. Surgery has lower cure rates and more risks of complications. You are also more likely to have recurrent stress incontinence after surgery compared to patients with normal BMI. The other type of urinary incontinence is “overactive bladder” when you need to go to the toilet more often and during the night and also find it hard to “hold on” and you may leak before you get to the toilet. Research has shown that obesity may make this condition worse and that weight reduction can help to improve the symptoms. Weight loss is a recommended first line treatment for this patient population.

Prolapse is very common in overweight women and just gets worse with time. If you lose weight you cannot heal the prolapse but it may stop it getting worse. Weight loss is therefore recommended to be the first line treatment for obese patients with prolapse symptoms.

We know that in women undergoing LVMR, there is a linear adverse outcome for every unit increase in BMI over 30. This is due to technical difficulties and less optimal surgery and/or the effects of fat deposition within and around the pelvic floor organs.

### **Surgery in the obese patients**

All women are at risk of problems during and after surgery, however if your BMI is 30 or more you may be at increased risk of surgical complications. If your BMI is 40 or more this risk is of more concern. The main risks that are much more common in obese patients are listed below.

- Difficulty putting in a cannula (drip)
- Difficulty with administering anaesthetic during surgery and airway /breathing problems afterwards
- Difficulty with lifting and moving a patient while under anaesthetic Surgical difficulty
- Failure to complete surgery
- Bleeding and blood transfusion
- Internal visceral/organ damage
- Infection
- Thromboembolism (blood clots in the leg or lung which can be fatal)

Alternatives to surgery include weight loss, exercise and changes of diet, medical therapies and physiotherapy. Your doctor will discuss this with you in more detail depending on your specific diagnosis. These should be thoroughly considered before proceeding to surgery.