Hong Kong Continence Society 香港理遺學會

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Announcement

2018 Annual Meeting of the International Continence Society

www.ics.org/2017 **(Aug 28-31, 2018) at Philadelphia, USA**

2019 Annual Meeting of the International Continence Society

(Sep 3-6, 2019) at Gothenburg, Sweden

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尿頻之中醫認識和處理

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尿頻

正常成人日間排尿 4-6 次，夜間 0-1 次，小便次數增多則屬尿頻。常見有以下兩種尿頻情況:

1.排尿次數增多，每次尿量正常或偏多。可由生理性因素引起，如大量飲水或多吃利尿食物，又或因腎濃縮功能出現障礙、糖尿病等病理問題引起。

2.排尿次數增多，每次尿量偏少。常見有精神焦慮緊張、抑鬱、恐懼等心理性因素，也可跟泌尿系統炎症、膀胱結石、前列腺增生、前列腺炎等病理問題有關。

中醫認為尿液的生成、排泄與肺、脾、腎、膀胱等臟腑有密切關係，如臟腑的功能失常便有機會出現尿頻的情況。常見證型有:

1.肺脾氣虛

證候: 尿頻而量中或量多，尿後餘滴不盡，甚至有尿滲或失禁，神疲體倦，聲低氣短，容易感冒，易出汗，食慾不振，便溏。舌淡紅，苔薄白，脈沉無力。

脾為氣血生化之源，而肺主一身之氣，氣有固攝作用。由於肺氣虛致膀胱不能固攝尿液，脾虛致氣血生化不足而不能涵養腎臟，腎虛則濃縮尿液的功能減低，故
而尿頻。此證常見於先天不足者、或多吃生冷寒涼食物、食無定時定量或缺乏運動等人士。

2.腎陽不足

證候: 小便頻密清長，或夜尿多，甚或遺尿，常伴腰膝痠軟，肢冷畏寒，聽力下降或耳鳴，男子可見遺精早泄，女子帶下清稀量多，月經不調，不孕等。舌淡或淡黯，苔白，脈沉無力。

由於「腎主封藏」，能把人體的尿液、精液固封收藏，這功能一旦薄弱，尿液、精液便會不正常地從身體洩漏出來，稱為「腎氣不固」。腎氣虛弱，不能約束膀胱可見日夜尿頻、失禁等症狀。而中醫認為腎對全身水液代謝有重要作用，腎的「蒸騰氣化」功能可將有用的清液分開，並將濁液化成尿液輸往膀胱。若腎虛致蒸騰氣化無力，可見小便清長，小便頻密。

此證型多見於先天不足、年老體虛、多食生冷寒涼食物、過度操勞、房事過度、久病或大病過後而失於調養或腎病後期者。

此證多表現為多尿性尿頻，類似現代醫學認為的尿液濃縮功能減退、抗利尿激素（ADH）分泌減少的情況。

3.肝經鬱熱
證候：小便頻密，色偏黃而量少，精神緊張急躁，手足心熱，面赤唇紅，目赤澀，口乾口苦，睡眠欠安。舌紅，苔黃，脈弦數。

肝主疏泄，能舒暢全身氣的運行及調暢情志。如長期精神緊張抑鬱，令肝失疏泄，肝氣鬱結而化熱，熱迫膀胱可致尿頻。

此證常見於精神緊張、壓力過大、思慮過多的人士。此類患者多表現為尿頻而量不多。

4.濕熱下注
證候：小便頻數短赤，急迫難忍，尿道灼熱疼痛，小便混濁，或伴發熱，口乾苦，胸悶腹脹，胃納減少，女子帶下黃稠。舌紅，苔黃膩，脈滑數。

平素喜辛辣煎炸肥甘食物、嗜酒、又或正氣不足，被濕熱穢濁之邪外侵的人，容易出現脾胃或肝膽濕熱，當濕熱下注擾動膀胱，便可引致小便頻密。多見於因泌尿系統炎症引致的尿頻。

對於尿頻患者，中醫常以中藥治療，根據「熱則寒之，寒則熱之；虛則補之，實則瀉之」的治療原則，對於腎氣虛寒者可為其溫補腎陽，脾肺氣虛者則為其健脾補肺益氣，對於肝經鬱熱者，使用瀉肝清熱之法，濕熱下注者為其清熱利濕。常用的藥物有桑螵蛸、益智仁、五味子、杜仲、桑寄生等補腎固澀藥；還有健脾補氣類藥，如北芪(黃芪)、黨參、白術、芡實、山藥等。若辨證準確及堅持服用，患者一般在 1-3 個月內情況可改善或痊癒。

針灸也常被採用以配合中藥療法，以調整各臟腑功能。多選取脾、腎、膀胱經之穴位，如腎俞、太溪、三陰交、崑崙等，也常選取小腹位置穴位，如關元、氣海都有良好效果。每星期進行 2-3 次，一般以 10 次為一療程。

利用艾條或隔罐溫灸也可改善尿頻的症狀，特別適合肺脾氣虛、腎陽不足型患者。主要用於氣海、關元穴每日早晚艾薰 15-20 分鐘，有溫經散寒、行氣通絡的作用。症狀嚴重者，可加上艾薰膀胱俞、腎俞和命門來補腎固精。此療法的優點是患者可自行在家中進行。

另外，還可配合耳穴治療，將王不留行子或磁珠耳穴貼貼於腎、膀胱、脾、肺、肝、神門、皮質下等耳穴。每穴按壓 1-2 分鐘，每日 2 次，其中一次為睡前 30 分鐘。兩耳交替進行敷貼。

最後還有敷臍法，即在臍部（神闕穴）進行中藥貼敷。一般選用溫陽固腎功效的藥物，以加強固攝尿液的功能。每夜 1 貼，連續進行兩星期。

除了接受治療，病者還可配合食療，服用含有黑豆、合桃、栗子、芡實、淮山、白果、黨參、北芪、桑寄生等的湯水也有不錯的補腎縮尿的效果。水果中的覆盆子(Raspberry)，性味甘、酸、微溫，亦有益腎固精縮尿之用。而精神緊張型尿頻患者可沖玫瑰花茶飲用。

建議尿頻病人要有適量的運動鍛鍊，也要戒食生冷食物，以免進一步損害脾腎，加重病情。不宜多吃西瓜、冬瓜、粟米等利尿祛濕的瓜果，減少喝茶、咖啡和酒等利尿飲料。

圖片來源:

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NURSING MANAGEMENT IN PELVIC ORGAN PROLAPSE (POP) – USING VAGINAL PESSARY

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Pelvic organ prolapse is defined as the descent of one or more of the following: anterior vaginal wall, posterior vaginal wall, and apex of vagina (cervix / uterus) or vault (cuff) following hysterectomy. Absence of the prolapse is defined as stage 0, and prolapse as stages I to IV[1-2]. POP is common in women; its prevalence is 41.1% in the US[3] and 19.7% (range, 3.4-56.4%) in developing countries.

Women with POP usually have urinary, bowel or sexual symptoms, leading to distress and impaired quality of life[5-6]. Women may complain of low back pain, heaviness or dragging sensation that may not be significant to aware the presence of prolapse. Regarding urinary symptoms, women may complain of urgency, frequency, urinary incontinence and nocturia; they may also complain of voiding problem such as slow stream of urine, hesistancy, intermittent stream, sense of incomplete emptying as well as terminal dribbling. Recurrent urinary tract infection may be happened if incomplete bladder emptying is a result of POP. For bowel symptoms, constipation, anal incontinence or obstructive defaecation may be happened in POP. Dysparunia, orgasmic dysfunction or coital incontinence may be one of the sexual disorder in POP.

Treatment of POP can be divided into conservative and surgical treatment. Nurses can provide first-line conservative management in POP, including pelvic floor exercise, lifestyle modification and using vaginal pessary. Women are advised to avoid activities that increase intra-abdominal pressure e.g. constipation, heavy lifting and chronic cough, etc to avoid increase of prolapse. Vaginal pessaries have been used to manage POP[9], more than 86% of gynaecologists and 98% of urogynaecologists use pessaries daily for their patients[7,10]. Nurses can also make a valuable contribution in the use of vaginal pessaries for POP and stress urinary incontinence[8, 9].

Vaginal pessary

Indication and contraindication

Common indications for the use of pessaries are relief of symptoms before surgery, unwilling or unfit for surgery, diagnose for occult stress incontinence, pelvic organ prolapse during pregnancy, etc. Although pessaries are comparatively low risk option for treatment of pelvic organ prolapse, there are also relative contraindications, e.g. for women who are non-compliance follow up, dementia, having active vaginal infection or persistent vaginal ulceration or allergy to the materials[7].

Types of pessaries

Most of the pessaries used in Hong Kong are made of PVC and silicone. PVC ones are hard in texture whereas silicone ones are hypoallergenic and soft in texture, thus less likely to produce bleeding, ulcerations and infection. Silicone pessaries can be autoclaved therefore they are reusable but the cost is higher than the PVC ones.

Pessaries can be divided into two categories: support pessaries and space-occupying pessaries. Support pessaries are usually used in women with intact perineal support, stage II and early stage III POP. Pessaries include ring (with or without support), Hodge and Gehrung pessaries. Space-occupying pessaries are used in less perineal support, wide genital hiatus and advanced type of prolapse which include donut, cube, Gellhorn and Inflatoball pessaries.

Complications of vaginal pessaries

Common complications include vaginal discharge, odour, vaginal erosion and discomfort. Vaginal discharge is caused by irritation from the pessary which is usually intermittent and inoffensive. However, if the discharge is greenish and foul smelling, infection is likely and nurse has to refer patient back to doctors for further management. Vaginal bleeding is an alarming symptom which may cause by friction rub from the pessary on the vaginal wall. When patient calls back with per vaginal bleeding, nurse should refer back to doctors within a reasonable period for further management or examination. Rarely, if a vaginal pessary is being neglected and forgot to be removed for a long time, removal may be difficult and may require anaesthesia. Also, migration to the peritoneal cavity, urinary bladder and rectum is possible.

Fitting and care of vaginal ring pessaries

Before using vaginal ring pessary, possible complications e.g. increase of vaginal discharge and vaginal erosion should be explained to women. Then pelvic examination will be performed before insertion of pessary and the stage of prolapse will be graded according to the Prolapse Organ Prolapse Quantification (POP-Q) system. The prolapse should be reduced manually before insertion of pessary. The length of the vagina is measured by the vaginal finger from the posterior fornix to the symphysis pubis and the calibre of the vagina will be measured by spreading the index and middle fingers horizontally at the level of the cervix or vaginal vault. Size of ring pessary can be varied from 50-110mm. Vaginal ring pessary should be lubricated and then squeezed or folded before insertion to reduce discomfort. After insertion, if woman does not feel any discomfort, she will be asked to walk, sit, perform Valsalva manoeuvre and try to void and see if the pessary is in-situ before she leaves the clinic.

Initial follow up will be around 2 weeks to see if any complications arise e.g. discomfort or ulceration. If there is no complication, trained nurse can teach woman for self-management of ring pessary, including regular removal and replacement to reduce irritation from pessary [8,9,11]. If women are unwilling or unable to perform self-management of ring pessary, she will be recommended to follow up by three-monthly visit and then half-yearly thereafter if no complications arise[12]. For women who are willing and able to manage themselves, they are recommended to remove the pessary for washing at least 2-3 times per week or daily before bed and then replace after waking up in the morning. The follow up can be up to six to twelve months interval which complication rates were comparable to those requiring medical professionals for pessary care[13].

Conclusion

Nurses can play an active role in conservative management for women with symptomatic POP using vaginal pessary. They can teach those women self-management of a ring pessary to improve their quality of life.

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