

THE GIRL STUFF GUIDEBOOK

Vol. 2 – GYN and Menopause



Finally, after all of these years, you've stopped trying to be someone else. You've stopped trying to impress everyone else. You're happy just being you. You've made it, sister.

So what does your body decide to do now? It decides to CHANGE EVERYTHING. Your thermostat goes on the fritz. The only mood you DON'T experience in the course of the day is "in the mood." And wait, is that a hair growing out of your chin? Why yes, it is.

Welcome to the heart-pounding, sleep-depriving, sweat-inducing menopause years, my friend! But before you resign yourself to suffering in silence, know your options. The experts at MultiCare Women's Special Care clinics are here to help. From girl stuff basics like annual Pap smears, reproductive health services and postmenopausal health monitoring, to nonsurgical and surgical treatments for a range of "downstairs" conditions. Our women's health specialists include OB/GYNs, urogynecologists, breast health experts and gynecological surgeons. And our goal is to keep you happy and healthy through every new chapter in your life. Yes, even the "change of life."

This is stuff we all face. And just to make sure you know you're not all alone, we've put together this guide book just for you, girlfriend. Why? So you can get better connected to your changing body. So read on and don't forget to visit our [Women's Specialty Care clinics](#) for even more links and information.





Dial “M” for menopause.

The Big M marks the end of a woman's reproductive years. So let's start with the good news: After menopause, there will be no more periods. Period. But before that glorious “I'll wear white whenever I want” day arrives, something called perimenopause happens. Sometimes months, often years before you go through menopause, you'll experience fluctuating hormones, unpredictable periods and emotional rollercoasters. Of course, if you're already experiencing perimenopause symptoms, we're not telling you anything you don't already know.

Menopause can happen anytime between the ages of 45 and 55, though the average age range for women in the U.S. is 50 to 52.

News flash: Most of us will get hot flashes.

“A number of factors are thought to play a role in determining an individual woman's age of menopause, including genetics, ethnicity, smoking and reproductive history,” says Julie Che, ARNP, a family practice provider at MultiCare Kent Clinic. Lifestyle modifications, such as quitting smoking and maintaining a healthy weight, may help delay the onset of menopause symptoms such as hot flashes, night sweats and mood swings.

“Hot flashes are probably the biggest villain of menopause,” says Cheron Wittman, PA-C, who provides care at MultiCare Bonney Lake Internal Medicine. “Not every woman will get them, but approximately 75 percent of women do.”

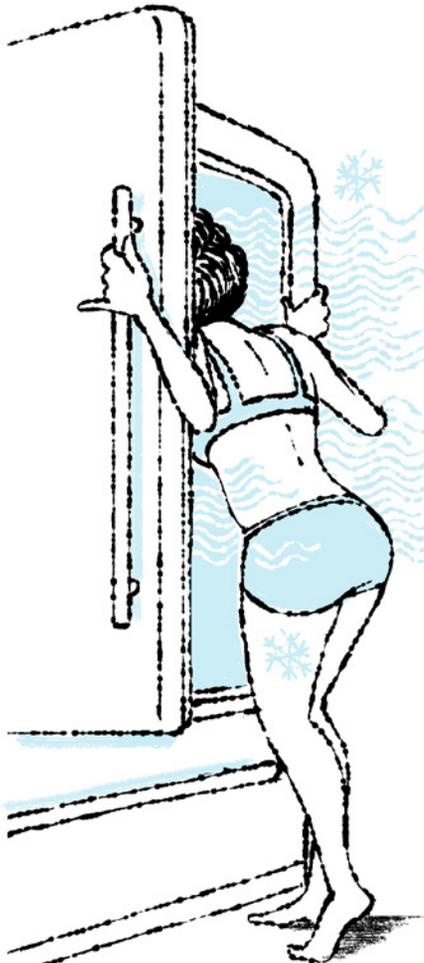
Those pesky flashes usually stop on their own over time. (Yes, we know it feels like FOREVER.) But if your hot flashes are so severe that they are interfering with your life, there are treatments to reduce or eliminate them completely.

For some of us, a few small lifestyle changes are all that's needed to send those hot flashes packing. Try:

- Dressing in light layers
- Lowering the thermostat
- Doing relaxation exercises
- Steering clear of the hot flash trifecta of spicy food, caffeine and alcohol. (Not fair. But true.)

Although no longer routinely prescribed, hormone therapy can still be an effective, FDA-approved, short-term treatment for more serious menopause symptoms. Talk to your doctor about your risks vs benefits.

[Read more](#) about menopause and find a doctor who can help with your symptoms.



Not your grandmother's menopause.

Women have been going through menopause well, since there have been women. But today, there are two major differences:

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1: WE CAN TALK ABOUT IT!

Shhhhh. Back in Grandma's day, women just didn't talk about menopause. You know that phrase we keep using about "suffering in silence"? It was probably invented by women going through menopause. Fortunately, as the "M" word loses its stigma, information (like this handy guidebook) is more readily available. Strength in numbers, my friend. We're all in this together.

2: WE LIVE LONGER

In 2012, the average life span for women in the U.S. was about 81 years. Assuming a woman experiences her menopause at age 51, she'll live an average of another 30 years. That's over ONE- THIRD OF HER WHOLE LIFE! By understanding the postmenopausal world, we're more likely to revel in it. Your doctor can help ensure that all those post-menopausal years are healthy and happy ones. Don't have one? [Find your doctor.](#)



Wake up! You don't have to spend sleepless nights.

Counting more sheep than z's these days? During perimenopause and menopause, your ovaries gradually produce less estrogen and progesterone, the hormones that (not coincidentally) promote sleep.

Hello, night sweats and insomnia!

Plus, "menopause is often associated with weight gain, which brings with it an increased risk of obstructive sleep apnea," says Kimberly Mebust, MD, Executive Medical Director of [MultiCare Sleep Centers](#).

Obstructive sleep apnea occurs when your airway collapses partially or fully while you are sleeping. Signs include loud snoring, daytime sleepiness, or choking or gasping while you sleep.

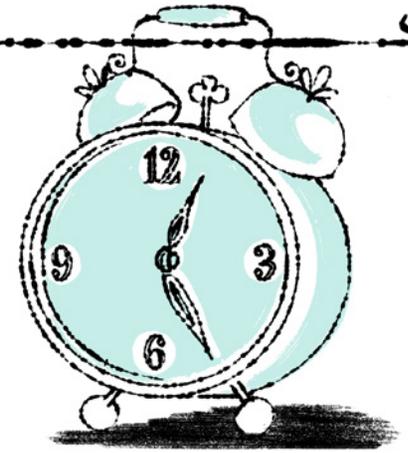
The result: daytime fatigue, irritability and depression. (Like we need to tell you.)

Muuuust. Sleeeep.

Here are some sleep tips that can help you outsmart menopause:

- Keep your bedroom cool.
- Ditch the heavy comforter and sleep with just a sheet.
- Exercise (yes it really, really helps).
- Avoid caffeine, especially close to bedtime.
- Limit or eliminate screen time for one hour before bedtime.
- Herbal supplements, such as black cohosh, and antidepressants may help alleviate symptoms; talk to your doctor first about your options.
- Hormone replacement therapy is an option for some women; your doctor can help you decide if it's right for you.

If your symptoms are keeping you up at night consistently, Dr. Mebust encourages you to make an appointment to see your primary care doctor for an initial evaluation of your symptoms.



“Stay sexy, my friend.”

Menopause means the end of periods. Not your sex life.

Of all the menopause and aging topics, sex (or the lack thereof) is probably the toughest thing for us girls to talk about. Laura Spori, MD, an obstetrician/gynecologist at MultiCare Women's Clinic Northshore, talks with women just like you about sex concerns every day. Below are some frequently asked questions, along with her answers:

Q: I'm reasonably healthy, but the older I get, the more my body seems to sabotage sexual enjoyment. What can I do?

A: It's true that changes from normal aging can get in the way of enjoying sex. One of the most prevalent problems is vaginal dryness. This happens after menopause, when estrogen levels drop. Topical estrogen creams can help. You can also use a commercial lubricating gel, or try olive oil. If you're using condoms, make sure the lubrication you choose won't affect them.

Incontinence is another problem that's more common with age. And worrying about it can dampen your sex drive. There are effective medical treatments for this problem.



Q: I have high blood pressure, and my medicine affects my desire for sex. Do I have to choose between sex and my medicine?

A: There are ways around this. Talk to your doctor—you may be able to take another medicine that will work without dimming your sex drive. Medicines for depression can also affect libido. Ask your doctor if a “drug holiday” would work for you. That’s when you stop taking your medicine on weekends. This can allow you to enjoy sex while still controlling your condition.

Q: My body looks so different now that I'm older. How can I still feel sexy?

A: Everyone's body changes with age. And surgery such as a cesarean section or mastectomy can change your body image. But the most important sexual organ, after the genitals, is your brain. Talk to your partner: taking more time to feel more intimate may help. And consider a therapist. They are trained to help couples communicate.

Q: I just don't have any sex drive anymore. Could this be my hormone levels?

A: This is the most common complaint we hear from our patients. Studies show that boosting women's hormones does not boost libido. There is no magic pill, but there are things you can do. Try having a date night when you take time to relax. Devote the evening to being with your partner—go out to dinner, spend time together. Try to keep your worries at bay for the night and focus on being intimate. And remember—if you're happy just cuddling and holding each other, that can be a satisfying sex life too.

To talk about your bedroom concerns, find a MultiCare women's health expert like Dr. Sporn [here](#).

“Why do I pee when I sneeze?”

You know the drill. Someone tells a funny joke. Your cardio instructor yells “jump!” Or a sneeze catches you off guard. And, well, pee happens.

“Stress urinary incontinence is seen predominantly in women,” says Danielle Price, MD, a urogynecologist with MultiCare Women’s Urogynecology and Pelvic Reconstructive Surgery. “The pelvic floor muscles are the key muscles that control urine loss during increases of intra-abdominal pressure. This condition can be caused by childbirth, weight gain or other conditions that stretch the pelvic floor muscles.

The muscles and nerves that help hold and release urine can also be damaged by stroke or other problems.”

Yikes! Now the good news: help is available.

One of the easiest ways to address this problem: the mighty Kegel exercise. Yes, you’ve probably heard of them. And chances are, you know you’re supposed to be doing them. The best part is, you can do Kegels anywhere and no one ever needs to know.

Get ready for Kegel time.

First, as you are sitting (anywhere) or lying down (probably fewer socially acceptable options), try to contract the muscles you would use to stop peeing. You should feel your pelvic muscles squeezing your urethra and bottom. You should NOT feel this in your stomach or buttocks. Squeeze for three seconds and then relax for three seconds.

Repeat 10 to 15 times per session. Try to do this at least three times a day. Remember, Kegels don’t do themselves. But they do work. And the more of them you do, the more likely they are to work for you.

Other options to address urinary incontinence include physical therapy as well as surgical and nonsurgical treatments.

“Talk to your doctor about your options,” says Dr. Price. “There’s no need to live with the embarrassment of incontinence. Get the treatment you need to laugh again.”

The [MultiCare Women’s Urogynecology and Pelvic Reconstructive Surgery](#) team specializes in treating disorders of the pelvic floor from urinary incontinence to pelvic organ prolapse. Get the last laugh on your incontinence issues [here](#).

We hope you found answers to some of the questions you have about your changing body. And remember, we're here to help you get better connected to the girl stuff we all face. Together.

About MultiCare Health System

With local roots that extend back to the 1882 founding of Tacoma's first hospital, the Fannie C. Paddock Memorial Hospital, MultiCare has a deep bond with the communities we serve.

Today MultiCare is one of the largest health care systems in the region, with five hospitals—including the South Puget Sound region's only children's hospital and state-designated Level II Pediatric Trauma Center for Western Washington, and the region's only Level IV Neonatal Intensive Care Unit—two multispecialty medical centers, and the area's largest network of primary care, urgent care and specialty services—including [Obstetrics](#), [Gynecology](#), [Breast Health](#) and [Urogynecology](#).

We have grown significantly over the years, and the medical technologies and treatments we provide have changed greatly. But our devotion to the health, comfort and well-being of our neighbors remains as strong as when Bishop Paddock began his healing ministry in this community well over a century ago.