

# Taking the embarrassment out of health problems

May 28 2018



Discussing potentially embarrassing symptoms with your doctor may be the only way to get the treatment you need. Credit: Yale University

We humans seem to have a nearly universal need to avoid embarrassment. It could be something as simple as mispronouncing a word or tripping as you walk along a crowded sidewalk. No matter the blunder, our response is instinctive: Hide, hope no one noticed and move on.



But what happens when what you are embarrassed about is related to your health? There are some aspects of your body and how it functions that you'd really rather not talk about—even with a doctor. But sharing potentially embarrassing symptoms with your physicians may be the only way for them to accurately diagnose and treat you. Chances are specialists have heard it—and seen it—all before and know how to help.

"When people talk about problems with private parts in particular, there are issues of shame and embarrassment," acknowledges Toby Chai, MD, a Yale Medicine urologist, who treats <u>urinary incontinence</u> (the involuntary loss of control of urine). "But, there is no taboo topic."

If you're concerned about discussing these or other health conditions, know that your doctor is the right person to tell. "We are advocates for the patient, and we have to know how an issue affects him or her to help," Dr. Chai says.

Still, it can be awkward and difficult, and you're not alone in feeling that way. Studies show that just about everyone experiences social discomfort when dealing with such "embarrassing" medical conditions as incontinence, <a href="hemorrhoids">hemorrhoids</a>, and saggy <a href="skin">skin</a> after weight-loss surgery, to name a few. Our doctors help walk you through what might happen if and when you broach the subject with your physician.

## Urinary incontinence? See a urologist

Urinary incontinence (UI), the involuntary loss of urine, is one of those conditions that can serve as an easy punchline, but it's a real problem if you're experiencing symptoms. This form of incontinence, which affects both men and women, is a physical and social problem that can dramatically limit your activities if you have to worry about "bathroom mapping" your way through each day, always plotting where to use the nearest facility. UI can occur at any age, but it typically affects older



people, especially older women, and it's not part of the normal aging process.

"If you end up wearing sanitary products for urinary incontinence, you should see your urologist," says Dr. Chai. "It's not going to go away on its own." And if untreated, the problem could get worse.

The good news is that these problems may be improved with fairly simple treatments. "There might be ways to help that do not require medicines or surgeries," he says. These include physical therapy to teach you exercises, such as Kegels, to strengthen the bladder-support muscles. There are behavior modifications you can learn, too, such as fluid management (like watching what and when you drink) and taking steps to resolve constipation (full bowels can put pressure on the bladder, causing leakage issues). A urologist may also prescribe oral medications (antimuscarinics or beta3-agonist) to help patients with an overactive bladder, which is characterized by having sudden urges to urinate that are difficult to control. If those approaches are unsuccessful, there are minimally invasive surgeries that may be used to help improve urinary urgency issues.

At Yale Medicine Urology, "we are trying to raise awareness and destigmatize urinary incontinence," says Dr. Chai. "Having urinary leakage that bothers you is not a normal, healthy thing," he says. "Do not be embarrassed to get the help you need."

#### Hemorrhoids? See a gastroenterologist

Everybody has veins, and hemorrhoids are what happen when veins in the rectum get inflamed and swollen, says Mayra Sanchez, MD, a Yale Medicine gastroenterologist. Hemorrhoids can happen to anyone. They can trigger itching, rectal bleeding and pain—all symptoms worth mentioning to your doctor.



"When patients strain a lot, this can cause hemorrhoids," says Dr. Sanchez. Straining can come in many forms, including childbirth, heavy lifting or difficult-to-pass bowel movements, which cause veins in the skin to pop out around the anus (external hemorrhoids) or the lower rectum (internal hemorrhoids).

While hemorrhoids are relatively common as people age or for women who have had a couple children, she says, they can happen in younger people, too. "Weight lifting can make you have hemorrhoids," says Dr. Sanchez, "and sometimes it's embarrassing for young guys who spend time at the gym to come in and say they have symptoms like rectal bleeding." This happens because lifting weights increases abdominal pressure. "When blood vessels pop up on your neck during weight lifting, vessels are also going to distend in the rectum," she explains.

Straining to go to the bathroom when constipated also builds abdominal pressure, making the veins in the rectum swell, she says. And, the gas and bloating that typically go hand-in-hand with constipation can make a private problem that people with hemorrhoids experience suddenly a very public one.

If you suspect you have hemorrhoids, your doctor will take your medical history and perform a physical exam to see if you have swollen tissues in the anus. Your doctor will also likely perform a digital rectal exam (which is when the doctor inserts a gloved finger into the rectum) to feel for internal hemorrhoids. For mild hemorrhoids caused by constipation, simple solutions such as adding fiber to your diet (or cutting back if you have a lot) and increasing your water intake may be suggested. Your doctor may also suggest over-the-counter creams or prescription medications to help alleviate itchiness, swelling and any mild pain you may have.

If you're experiencing rectal bleeding, your doctor will likely want to



perform a colonoscopy to rule out other conditions. "Blood mixed with the stool is usually not hemorrhoid related," she says. "We are seeing an increase in younger patients with colon cancer, so if you have rectal bleeding, see your doctor."

If no other causes of <u>rectal bleeding</u> are found during a colonoscopy, a quick endoscopic laser treatment can be performed to seal the leaky blood vessels associated with hemorrhoids.

For hemorrhoids that are thrombose (protruding) and bleeding, your doctor may recommend a surgical procedure (performed by a colorectal surgeon) to drain the hemorrhoids. If very enlarged, Dr. Sanchez says, a minor surgical procedure using elastic bands or staples can be used to repair blood vessels.

### Saggy skin after weight loss? See a plastic surgeon

Losing 20, 30 or even several hundred pounds can be life-changing—it can reverse obesity, diabetes and sleep apnea and reduce your risk for heart disease and cancer, too. The problem is, it can leave you with a lot of excess skin. According to Michael Alperovich, MD, a Yale Medicine plastic surgeon in the Post-Bariatric Body Contouring Surgery Program, the dramatic weight loss that follows bariatric surgery leaves you with skin that is no longer taut. "It's like letting your burly, older brother borrow your cotton sweater," he says. "The fibers get stretched out and don't recover."

Changes in the skin's elastic (collagen and elastin) fibers not only cause saggy skin but can also lead to discomfort and a limited range of motion. "I've had patients tell me they can feel their excess skin flapping when running or on an elliptical machine, and they have to wear multiple layers of Spanx just to keep the skin from moving," Dr. Alperovich says. "They are embarrassed. They have lost all this weight and now have



excess skin, which is prone to rash and fungal infections in between skin folds," he says. "And because fungal infections can emit odor, they have to take multiple showers a day."

Help is available in the form of body-contouring surgery to remove excess skin after bariatric surgery, <u>weight loss</u> or pregnancy. "Using body-contouring surgery, we can tighten skin on the abdomen, back of the arms and face," says Dr. Alperovich.

"If you have excess skin, there's no reason to be embarrassed," Dr. Alperovich says. "You've done a lot to get yourself healthy, and you deserve to have an improved quality of life and the appearance you've wanted all along. Body-contouring surgery can help."

#### **Ending embarrassing health problems**

"All these things are treatable," says Dr. Chai. "As doctors we want people with these conditions and others to speak up, so we can help them have a better quality of life."

In other words: Get the help you need and end your embarrassment for good.

#### Provided by Yale University

Citation: Taking the embarrassment out of health problems (2018, May 28) retrieved 25 April 2024 from <a href="https://medicalxpress.com/news/2018-05-health-problems.html">https://medicalxpress.com/news/2018-05-health-problems.html</a>

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