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VIEWPOINTS

# A Review of Urogynecology and Women's Health

*Interview by Sheldon Baker*

***Neeraj Kohli,** MD, MBA, is a globally recognized leader in the field of urogynecology. Previously chief of urogynecology at Beth Israel-Deaconess Medical Center, Tufts Medical Center, Martha's Vineyard Hospital, and Brigham & Women's Hospital, he currently serves as medical director of BostonUrogyn and assistant professor Ob/Gyn at Harvard Medical School.*

*Dr. Kohli has authored more than 100 scientific articles, book chapters, research abstracts, clinical presentations, and multimedia educational tools. He lectures nationally about a variety of urogynecology topics.*

***Integrative Medicine: A Clinician's Journal* (*IMCJ*):** Discuss your health background and your overall approach to women's health.

**Neeraj Kohli, MD, MBA:** I am a fellowship trained urogynecologist and that is a training program that goes beyond the four-year residency in obstetrics and gynecology. Then it's anywhere from three to five years of additional training.

Urogynecology focuses predominantly on conditions that are unique to the female pelvic floor. Traditionally, it's been urinary incontinence, overactive bladder, pelvic prolapse, fecal incontinence, and bladder pain. More recently the field has expanded to include sexual dysfunction, and complex surgeries including fistulas and mesh removal, as well as anything that's complicated and has to do with the pelvic floor.

My approach to women's health has always been, number one, to be a good listener because many women come in with complaints that are unique to them. I feel you must understand why they're coming to see you and how those complaints are impacting their life. Sometimes it's not the condition. It's the impact it has on their day-to-day life.

For example, we were able to fix urinary incontinence in an elderly female patient. Later, when she came to see us, tears of joy flowed down her face. You would think because we fixed her incontinence she would be grateful for it. She then said she was a grandmother with two young grandchildren who lived 90 minutes away. Whenever she'd visit her grandchildren they'd always say, Nana, stay the night, but she would never stay the night because of fear she would wet the bed. Now, all of a sudden, we improved her incontinence, and it wasn't so much that we got her dry, it was more that she could spend time with her family. That's our approach to patients.

I started my career mostly in academics, and in the last 10 years I've predominantly been in private practice. Because a lot is changing in medicine, many of the academic institutions are still steeped and restricted by traditional approaches. We like to look at new approaches in regard to regenerative and holistic medicine which I feel really opens up many more options especially for the postpartum women where medicines are not given because of side effects especially if they're breastfeeding. Our real approach is to be as empathetic and understanding as much as we can to our patients and offer them innovative treatments that meet their needs.

***IMCJ*:** Describe your Boston Urogyn practice.

**Dr. Kohli:** Boston Urogyn is a private practice which is focused solely on pelvic floor dysfunction. Traditionally, we treat incontinence and prolapse. We also try to focus on those conditions where there are unmet needs and challenges that traditional offerings can't help. We treat a lot of pelvic pain, sexual dysfunction, and vulvovaginal conditions like lichens sclerosis where traditionally the only option you have is steroids, but that doesn't treat it. It just manages the symptoms. We're looking for ways we can do better and offer patients more options. That's what led us to develop a program called BeyondBaby where we focus on postpartum health.

***IMCJ*:** Please elaborate what the BeyondBaby program is about.

**Dr. Kohli:** BeyondBaby came from a real need, not only in our community, but nationwide. In 2018, the American College of Obstetrics and Gynecology developed this term called the fourth trimester. We always think of pregnancy being nine months, three trimesters of three months each, and what we often don't realize is that the three months following delivery are almost as important as the nine months during pregnancy. It's a unique opportunity for us as clinicians to follow patients and address concerns that they may have in their general health and specifically their pelvic floor. Approximately 70% of women every year after giving birth have some pelvic floor complaint, but only 20% of women address it or get a diagnosis. That's because

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we typically see patients at six weeks after delivery and not beyond.

Doctors will tell patients, "enjoy your baby, things will get better," and patients then start believing that. Patients keep talking about postpartum symptoms, but they're sometimes falling on deaf ears, and they stop asking. These conditions which start out small can develop in 50% of all women each year after delivery. There could be some sexual dysfunction, either pain with intercourse, decreased libido, or vaginal dryness. About 30% of women will have urinary or fecal incontinence and up to 70% may have some form of vaginal loosening, laxity or prolapse. The opportunity is huge to address these concerns and symptoms that will certainly affect a women's self-image, ability to go to work, and relationships that they have with their baby, partner, and families. As a result, we make a concerted effort to talk to clinicians, hospitals, and directly to patients to educate them that there are opportunities to do some very conservative and safe effective treatments for pelvic floor conditions, and to jump on treatment as early as possible. The Cleveland Clinic has calculators that we can put in data parameters from pregnancy and delivery which will be able to predict risk of prolapse and incontinence in the future. I believe with AI we're only going to get better at predicting patient morbidity and be more targeted in our treatment. But most importantly, prevention. We're not doing it yet. There's still a massive opportunity to address these patient issues. I'm hoping with increased awareness and enhanced technology, it will get even better.

***IMCJ*:** Does pelvic prolapse tend to be the worst health issue?

**Dr. Kohli:** I describe pelvic prolapse as a weakening of the tissues, or a hernia which can worsen over time and then women start having symptoms of a bulge or pelvic pressure. They can feel something coming outside the vagina. What's interesting is I have some women who have a prolapse the size of a bulging peanut, and it drives them crazy. For other women it's the size of a grapefruit, and they've learned to live with it. It's a real quality of life condition which affects each women differently. Our approach typically is if it bothers you either psychologically or physically then it should be addressed. If it doesn't bother you, then there are conservative ways to manage it or even just watch and wait.

***IMCJ*:** Brittany Mahomes, the wife of Patrick Mahomes the quarterback for the Kansas City Chiefs NFL team, has been in the news. She went public about her pelvic floor symptoms which caused a fractured back. What do women need to be aware of, and what can be done to avoid such a health crisis?

**Dr. Kohli:** The most important thing is to seek attention early.

Women are very aware of their bodies, and they're attuned to how that translates into symptoms. As soon as a woman has any symptoms of pelvic floor dysfunction, they should address it with their physician and seek an appropriate consultation referral for diagnosis and treatment. Early intervention results in significant improvement without necessarily needing invasive therapies as well as reducing suffering and symptoms and improving all the sequelae of having pelvic floor dysfunction which can range from time off from work, and relationship as well as self-image issues. The most important thing is when you feel something doesn't feel right, seek medical attention.

***IMCJ*:** You've mentioned several different health symptoms. What specific procedures might you use? And I guess they're different for every women and situation.

**Dr. Kohli:** That's correct. The core of what urogynecology treatments focus on are prolapse, urinary incontinence, overactive bladder, fecal incontinence and much of that is related to trauma and damage to the muscles or the tissue of

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the pelvic floor related to childbirth and menopause. Some very simple things that a woman can do is pelvic floor exercises or Kegel exercises. Unfortunately, many women are not taught how to do them properly or encouraged to do them. Simple instruction by a gynecologist or pelvic floor specialist is one key. Many patients could benefit from physical therapy. But access to health care, plus cost and insurance coverage can often be a challenge.

There are advanced therapies. We offer our patients a magnetic chair where a woman can come in fully clothed, sit on this chair for 28 minutes, and magnets underneath the chair contract her pelvic floor 11 000 times which is the equivalent of doing a month of pelvic floor exercises or physical therapy. There are a lot of new technologies available as we improve our understanding of these conditions, and how to treat them.

***IMCJ*****:** On your website you offer a key treatment option called Solá Pelvic Therapy. Please explain.

**Dr. Kohli:** Solá is a unique innovative option for the treatment of pelvic pain. It falls under the category of photo biomodulation. But Solá is different in the sense that it uses energy and regenerative technology for the treatment of pelvic pain. Many women suffer from pelvic pain, struggling for many years. They may see multiple specialists without a clear diagnosis. What we found about five years ago is the vast majority of these women have a tight pelvic floor. When you have such a condition, it can affect the muscles and nerves of the floor, and it can interfere with both bowel and bladder function and cause pelvic pain.. Solá uses a cold laser based on NASA technology. It applies energy to the pelvic floor and allows the muscles to relax. What's amazing is we've used this technology for the last four or five years and our success rate is 80%. Literally, there's very little risk and discomfort, and over the course of three weeks our patients see a significant improvement in pelvic pain.

***IMCJ*****:** Is reconstructive pelvic surgery sometimes needed?

**Dr. Kohli:** Reconstructive pelvic surgery is a broad category which describes fixing prolapse or incontinence when those tissues are loose and aren't responding to conservative therapies, including exercises and physical therapy. For many women, if it's caught early, it can be treated conservatively. But women who don't respond to conservative therapy, or have more severe forms of prolapse and incontinence, may be good candidates for reconstructive surgery.

***IMCJ*****:** Other than the obvious, like pain, what are the signs that women should look for? Maybe frequent urination?

**Dr. Kohli:** Prolapse and incontinence can oftentimes be related. Symptoms of prolapse include pelvic pressure or heaviness, difficulty inserting a tampon, or feeling a bulge at the vagina. Then, like you said, going to the bathroom more frequently, or simply having a sudden urge to urinate, and can't hold it, or when you cough or sneeze there's leakage, and pain, either chronically in the pelvis or with intercourse.

***IMCJ*****:** Do you interface with other doctors nationwide.

**Dr. Kohli:** I lecture around the country about urogynecology. Most recently, we've been lecturing more about some of these advanced therapies and conditions.

***IMCJ*****:** Are there doctors who have the same background and offer the similar health programs that you do?

**Dr. Kohli:** There are a lot of doctors who are well trained in female urology or urogynecology. Many coordinate care with pelvic floor physical therapists. Many of these doctors are with academic institutions. The wait times are quite long, and they typically are offering traditional techniques. Our goal is to bring the concept of prevention and innovative therapies and programs like BeyondBaby to the foreground. Right now, we have a unique program. We also see a lot of patients remotely using telehealth as well as online education. Over time, we're hoping to develop our program nationally, and deliver it to different health centers so more women will have access to such care.

***IMCJ*****:** Your website features Connected Care. What is that?

**Dr. Kohli:** Connected Care is a nice program that Medicare and many insurance groups now support. Available nationwide, the concept is if a patient has a chronic condition they will get better compliance, results, and patient satisfaction with follow-up phone calls, emails, or texts. At the end of day, you'll not only have a healthier population, but you'll also decrease the dollars spent towards taking care of the sick.

Patients get follow-up phone calls whether it be management of their diabetes or in our case women's health issues. In some geographical areas, it's not always under the Connected Care brand. It's after care, using either the Internet or messaging communication.

***IMCJ*****:** You had referred to regenerative medicine, and I want to make sure you cover it.

**Dr. Kohli:** One of the things we have focused on is looking at what we do well and what we don't do well. In terms of what we do well it's more traditional treatment options including medicines and surgery. With things we don't do well, if there are more holistic treatment options meaning equal or better efficacy with greater safety and better long-term results, we aggressively pursue those. A lot of it is

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innovation that's occurring in the US. But a lot of it is translation from other countries that have greater experience looking at these health issues in larger numbers. When we talk about regenerative technologies, it's using energy, alternative medicines and growth factors, as well as non-surgical and non-pharmacologic options. For example, we're now using a lot of stem cells and exosomes which are growth factors to help heal the body as opposed to treating it medically. One such example is the treatment of lichen sclerosis that has always traditionally used steroids and the general consensus has been we can't treat or cure it. We can just manage the symptoms.

Steroids are cumbersome to use, they're costly, and it can cause thinning of the tissues of the vulva and vagina thus causing other complications. Now we can use a laser, as well as growth factors that we inject to get better and longer treatment without the side effects of steroids. The Emsella magnetic chair, that I previously discussed, improves pelvic floor tone and sola therapy uses cold laser to improve pelvic pain. All of these things are what we call regenerative or healing technologies. These are next generation medical technologies which may give better results with less side effects especially for challenging conditions.

***IMCJ*:** Are you saying that other countries are more advanced when it comes to these areas of women's health?

**Dr. Kohli:** China and India have lots of data due to the massive amounts of clinical volume they have. It gives them the opportunity to use some of these technologies without worrying so much about the regulatory systems we have in the US. Look at platelet rich plasma (PRP). They're using that extensively in China and India. A lot of our data is coming from those countries. They're injecting PRP and growth factors in the ovaries of postmenopausal women and having them ovulate. They're injecting them into the uterus of women with Asherman syndrome and achieving fertility. They're even injecting it into the scalp and hair and achieving marked hair growth. Here, we're still bogged down by doing hair transplants, which is expensive and painful. They sometimes take and sometimes they don't, and it's complicated. The alternative is to micro needle the scalp, inject growth factors, and you might get a good, if not better result with less recovery and pain, and generally less cost.

Virtual global meetings allows us to share information much quicker and in a more productive way. I recently gave a lecture sharing our approach to a group in India in that manner. Moving forward, I'll look for their input so I can do better for my patients.

***IMCJ*:** Are you saying the American Medical Association, or the FDA are not approving these therapies right now.

**Dr. Kohli:** It is a process. Some of these are techniques and treatment options are what they term as off label. I think a lot of people don't understand that we use off label medicines quite often. For instance, we use Botox for pelvic floor pain. The clinical data shows that it works, but since it wasn't submitted to the FDA specifically for that indication it's considered off label. We obtain insurance coverage for this on a case-by-case basis. We use oral medications for off label indications all the time. Sometimes they are covered by insurance, quite often they're not. It's frustrating for us as clinicians and for our patients when you know that something can work, but it may or may not get covered.

It's not that these things are investigational or experimental. It's just that some of them have not been fully put through the regulatory process for FDA clearance.

***IMCJ*:** At the end of the day, what advice do you give your patients?

**Dr. Kohli:** The take home message for patients is if a person is worried or concerned about any signs or symptoms, they should feel they can address it with their primary care physician and get a specialist referral if needed. If something is not working, talk to friends and family, look at other options and resources, and then determine if there are alternatives that may work. Each patient needs to be their strongest advocate.