

### Kidney stones

**Definition**: Hard deposits of minerals & salts forming within the urinary tract

### Signs & symptoms:

- Severe, sharp pain in the side & back, below the ribs
- Pain that radiates to the lower abdomen & groin
- Pain that comes in waves & fluctuates in intensity (due to stones moving)
- Pain or burning sensation while urinating
- Pink, red or brown urine
- Cloudy or foul-smelling urin
- Persistent need to urinate, urinating more often than usual or urinating in small amounts
- Nausea & vomiting
- Fever & chills if an infection is present
- => Pain may change [e.g. shifting to a different location or increasing in intensity as the stone moves through the urinary tract]

Pathophysiology & mechanism: Diet, excessive body weight, medical conditions, supplements, medications (& genetics) = urine becomes concentrated, forming stones (in any part of the urinary tract)

# 

### Benign Prostatic Hyperplasia (males)

### Definition:

- Enlarged prostate gland due to ↑ in cell number (noncancerous)
- More frequent in West
- More common in black people

### Signs & symptoms:

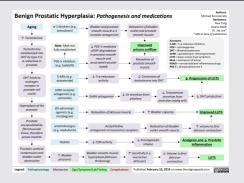
- Frequent/urgent urination
- 1 urination at night
- Trouble starting to pee
- Weak urine stream (or stop-starts)
- Dripping at end of urination
- Not able to empty bladder fully
- Less common: UTI, not able to urinate, blood in urine

Pathophysiology & mechanism: Aging, various hormonal, bladder/k-idney stones, problem with nerves that control bladder, prostate/bladder cancer

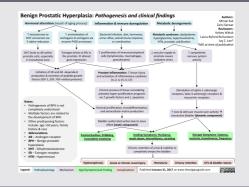
Risk factors: Aging, family Hx, diabetes, heart disease, lifestyle

Treatment: Medication, therapy, surgery

### Benign Prostatic Hyperplasia



### Benign Prostatic Hyperplasia (contnd)





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Female Reproductive Disorders							
Pelvic Inflam- matory Disease	Endometriosis	Abnormal Uterine Bleeding	Female Infert- ility				
Definition: Infection of he female upper genital tract, including the womb, fallopian tubes & ovaries	Definition: Endometrium (womb lining tissue) implants & grows in places other than the uterine cavity (ovaries, fallopian tubes); women of any age; long term	Definition: Bleeding between monthly periods, prolonged bleeding, extremely heavy periods Umbrella term for 2 different conditions (★)	Definition: Couple cannot conceive (both can be the issue )				

Female Reproductive Disorders (cont)							
Signs &	Signs & Signs &		Causes:				
symptoms:	symptoms:	symptoms:	- Infection				
- May be	- Sharp, deep	- Heavy	- Fibroids				
asymptomatic	pain during	periods	- Polyps				
- Pain around	ovulation, sex,	- Irregular	- Septations				
pelvis or lower	bowel	bleeding	(congenital				
abdomen	movements,	- Prolonged	malformations)				
- Discomfort or	&/or urination	periods	- Polycystic				
pain during	- Heavy,	- Inconsistent	ovaries				
sex that is felt	painful periods	menstrual	(produce eggs				
deep inside the	or bleeding in	cycles	not ready to be				
pelvis (+/-	between	- Spotting	fertilised)				
bleeding)	periods		-Uterine tube				
- Bleeding	- Indigestion,		blockage				
between	diarrhoea,		(eggs don't				
periods or after	constipation, &		reach uterine				
sex	nausea		cavity)				
- Unusual	- Fatigue		- Adhesions				
vaginal	- Sciatica		(due to past				
discharge	during menstr-		bleedings)				
- Fever &	uation						
vomiting							
- Pain in the							
rectum							



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Female Reprodu	uctive Disorders (d	cont)		Female Reprodu	uctive Disorders (d	cont)	
Pathophysiology & iology & iology & mechanism: mechanism: mechanism: Infection Retrograde (sexually flow endometransmitted trial cells => Adenomyosis, bacteria) in the vagina or the reproductive neck of the cervix => growth of causes: Systemic cervix => growth of causes: Ovulatory, reproductive in wrong places Iatrogenic, Not otherwise classified (Ishmocele) => Changes in prostaglandin concentration, increased endometrial responsiveness to	Pathophysiology & mechanism: Any of above causes =>oocyte not released due to ↓ release of oestrogen by. ovaries/↓ follicles available to ovulate/gentic damage/↓t-ransport of oocyte through fallopian tubes/↓ egg/sperm mobility due to local inflammation/inability of cervix to produce	Complications: - Can result in infertility or an ectopic pregnancy - Chronic pelvic pain ( */ ) => Especially when asymptomatic as it's left untreated	Complications: - Subfertility or infertility - Significant physical, emotional & social impact	Treatment: Medication, hormonal contraception & surgery	Risk factors: Age; smoking; weight; Hx of STIs (chlamydia & gonorrhea); alcohol		
		Treatment: Antibiotics & in worst cases surgery	Treatment: Hormone therapy; hormonal contraception; conservative surgery; hysterectomy (last resort)	★ Menorr- hogia: excessive &/or prolonged menstruation Metrorrhagia: excessive, prolonged &/or irregular bleeding unrelated to menstruation	Treatment: Fertility drugs		
		prostagla- &/or ndins, and unab changes in the c endometrial erine vascular disru structure vasc	normal mucus, &/or sperm unable to enter the cervix/ut- erine lining disruption/↓ vascularisation & endometrial regrowth	lasting longer th obvious cause (	<b>4 Chronic Pelvic Pain:</b> Any pain in the lower abdomen or pelvis lasting longer than 6 months; common (1/6 women); often without obvious cause (multiple conditions can cause it); physical, psychological & social factors		



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### **Urinary Incontinence**

### Definition:

- Loss of bladder control
- 4 types of incontinence: Stress incontinence [Urine leak after coughing, laughing, sneezing, or exercising]; Urge incontinence [Urine leak after a strong, sudden urge to urinate]; Mixed incontinence [mix of stress & urge, may leak urine with laugh or sneeze]; Temporary incontinence [Illness e.g. UTI]

### Signs & symptoms:

- Failure to void
- Failure to store
- Urodynamic studies

### Pathophysiology & mechanism:

- Overflow incontinence => overfilling of the bladder from obstruction; Bladder Outlet Obstruction (tumour, stone, BPH, urethral or bladder neck stricture)
- Detrusor overactivity => overactive bladder (idiopathic), CNS lesion (neurogenic), inflammation/infection (cystitis,UTI), diabetes mellitus
- ↓ bladder wall compliance => progressive ↑ in intravesicle pressure during bladder filling pushing urine from the bladder
- Urethral hyper mobility, intrinsic sphincter deficiency, or a poorly coating urethra =>  $\downarrow$  pelvic floor muscle & ligament strength causing
- ↓ tone of vesicoureteral sphincter unit; ↓ urethral strength & associated strained & smooth muscle (iatrogenic)

Treatment: Exercises; therapies; medication & surgery

# Mixed Urinary Incontinence: Pathogenesis and clinical findings \*\*Authorization \*\*Proceedings of the Continence of the

### **Urinary Infection**

### Definition:

- Infection in any part of the urinary system
- Women at greater risk (shorter urethra, increasing likelihood of infection ascension)

Causes: Bacteria (most commonly faecal bacteria)

### Signs & symptoms:

- Strong urge to urinate that doesn't go away
- Burning feeling when urinating
- Urinating often & small amounts
- Cloudy & strong-smelling urine
- Red, bright pink or cola-coloured urine (signs of blood)
- Pelvic pain (centre of pelvis & around pubic bone)
- Fever &/or chills
- Pain in lower back &/or side

### Pathophysiology & mechanism:

- 1. Colonisation (pathogen colonises the periurethral area & ascends through the urethra upwards to the bladder) 2. Uroepithelium penetration (Cumbria allow bladder epithelial cell attachment & penetration
- $\rightarrow$  bacteria continue to replicate & may form biofilms) 3. Ascension (once sufficient bacteria colonise, they may ascend on the ureter towards the kidneys) 4.Pyelonephritis (inflammatory response to the infection of renal parenchyma) 5. Acute kidney injury (if inflammatory cascade continues, tubular obstruction & damage occurs  $\rightarrow$  interstitial edema, may  $\rightarrow$  interstitial nephritis  $\rightarrow$  AKI)

### Complications:

- Repeated infections
- Permanent kidney damage (untreated UTI)
- Delivering a low birth weight or premature infant (UTI during pregnancy)
- Narrowed urethra (males)
- Sepsis (life threatening; infection that travelled up to the kidneys)

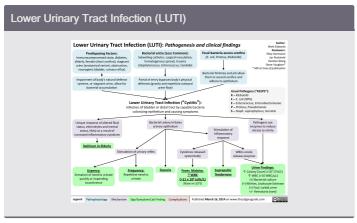
**Treatment:** Antibiotic or vaginal oestrogen therapy (after menopause)

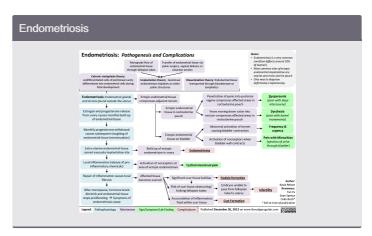


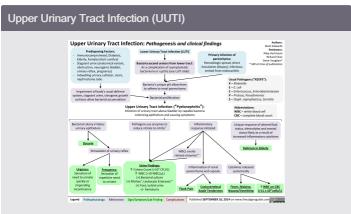
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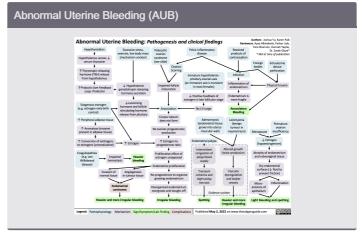
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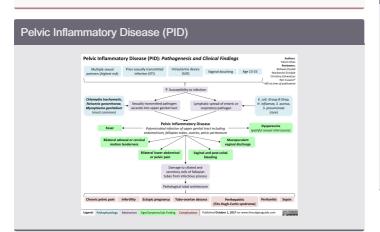


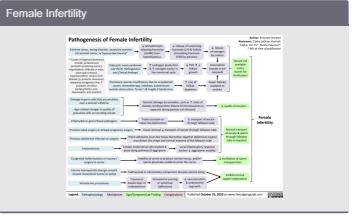












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Separation block

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