

COMPLEMENTARY THERAPIES

- laser therapy (infra-red/helium) to ulcerations
- relaxation therapy, therapeutic touch

GENITO-URINARY PROBLEMS

GENITO-URINARY PAIN

Dysuria = Pain on urination

PRESENTATIONS

Pain may be constant ache or burning. May be intermittent and/or increased with bowel movements, erection, ejaculation, vaginal intercourse or urination.

CAUSES

Infectious:

- candida
- pelvic inflammatory disease
- UTI
- other sexually transmitted diseases

Other:

- catheter
- HIV neuropathy
- sexual intercourse
- trauma
- medications: foscarnet

Malignant:

- Kaposi's sarcoma
- lymphoma

APPROACHES AND INTERVENTIONS

Examination, investigation and treatment of underlying causes should be appropriate to the presentation, stage and context of the person and illness.

- maintain good genito-urinary hygiene
- maintain adequate hydration (see Dehydration)

PROBLEMS	INTERVENTIONS
bladder spasm	<ul style="list-style-type: none"> • relieve obstruction with intermittent or indwelling catheter • analgesia: <ul style="list-style-type: none"> – provide stepwise analgesia (see Pain) – phenazopyridine (Pyridium®) 200 mg po tid • reduce spasm: <ul style="list-style-type: none"> – NSAID's may be very helpful • smooth muscle relaxants: <ul style="list-style-type: none"> – hyoscine butylbromide (Buscopan®) 10-20 mg po od-5 times/day – flavoxate (Urispas®) 100-200 mg po tid-qid – oxybutynin (Ditropan®) 5 mg po bid-tid – amitriptyline 25-50 mg po qhs
dysuria	<ul style="list-style-type: none"> • phenazopyridine (Pyridium®) 200 mg po tid
pain	<ul style="list-style-type: none"> • provide stepwise analgesia (see Pain and Neuropathic Pain)
renal colic	<ul style="list-style-type: none"> • provide stepwise analgesia (see Pain) • NSAID's may be very helpful

COMPLEMENTARY THERAPIES

- acupuncture
- homeopathy: numerous, symptom specific interventions, consult with a practitioner

URINARY CONTROL PROBLEMS

PRESENTATION

May include:

- frequency
- incontinence
- urgency
- hesitancy
- retention

CAUSES

Infectious:

- autonomic neuropathy:
 - HIV
- cystitis(all causes)
- myelitis:
 - CMV
 - HIV
- prostatitis (all causes)
- urethritis (all causes)

Other:

- medications:
 - opioids
 - anti-cholinergics
- delirium
- dementia

Malignant:

(cord compression or local destruction/obstruction)

- Kaposi’s sarcoma
- lymphoma
- re-evaluate medications

APPROACHES AND INTERVENTIONS

Examination, investigation and treatment of underlying causes should be appropriate to the presentation, stage and context of the person and illness.

PROBLEMS	INTERVENTIONS
incontinence, urgency, frequency	<ul style="list-style-type: none"> • maintain close proximity to toilet facilities • toilet regularly • use condom catheter, if tolerated • use diapers and protective bed coverings as preferred by the individual • oxybutynin (Ditropan®) 5 mg po bid-tid
retention, hesitancy	<ul style="list-style-type: none"> • apply pressure in the suprapubic area of the abdomen to try to initiate urination • non-obstructive: <ul style="list-style-type: none"> – bethanechol chloride 10-50 mg po tid-qid or 2.5-10 mg sc tid-qid may improve function, otherwise treat as obstructive • obstructive: <ul style="list-style-type: none"> – indwelling urinary catheter, silastic if long term – intermittent urinary catheterization

COMPLEMENTARY THERAPIES

- homeopathy: many remedies available, initially try equisetum tincture qid, consult practitioner for more symptom specific remedy if needed

GYNECOLOGICAL PROBLEMS

Dyspareunia = pain on vaginal penetration

PRESENTATION

May include:

- bleeding
- dyspareunia
- ulcers
- discharge
- pruritis

CAUSES

Refer to: *Practice Guidelines for Obstetrical and Gynecological Care of Women Living with HIV.*

APPROACHES AND INTERVENTIONS

Examination, investigation and treatment of underlying causes should be appropriate to the presentation, stage and context of the person and illness.

- maintain good genito-urinary hygiene
- provide stepwise analgesia (see Pain)

COMPLEMENTARY THERAPIES

- homeopathy: many highly effective remedies, consult practitioner

SKIN PROBLEMS**SKIN PAIN****PRESENTATION**

May become worse with movement or on contact with clothing, sheets.

Infectious:

- abscesses
- cellulitis
- herpes simplex or zoster

Malignant:

- Kaposi's sarcoma (malignant ulcers)

Other:

- decubitus ulcers
- medication:
 - chemotherapy
- neuropathy:
 - HIV related
 - post-herpetic

APPROACHES AND INTERVENTIONS

Examination, investigation and treatment of underlying causes should be appropriate to the presentation, stage and context of the person and illness.

See below