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WEIGHT LOSS • HORMONE THERAPY • WELLNESS

the vaginal fatigue guide

with Dr. Ron Brown






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vaginal fatigue

At a talk to clients on Vaginal Rejuvenation, I coined the term “Vaginal Fatigue.” It came about by accident and was a result of being inspired in the moment by the energy of the crowd.

The term is relevant and descriptive in a manner that is easily understood by most. It can certainly mean different things to different people. These differences reflect the complexity of female vaginal anatomy where bladder outflow, childbirth and sexual function all try to peacefully coexist. Further complicating factors are genetics, age related collagen loss, childbirth injury and hormonal changes.

As a Gynecologist with over 26 years of experience, I feel well qualified to speak on this subject. Since that night, I have reflected often how to discuss this topic with accuracy, clarity and sensitivity. The approach to this area by traditional gynecology has been clumsy and often not in the patient’s best interests. There have also been several advances in medical technology over the last 5 years that’s adds relevance to this discussion. These technologies are not part of mainstream healthcare in Canada. Despite this, several represent true advances in technology that can assist women with Vaginal Fatigue to find solutions without the disadvantages of surgery.

Dr. Brown's definiton

My definition of Vaginal Fatigue is any disorder of function of the bladder and vagina. These include but are not limited to:

01

Bladder leakage with laugh, cough, sneeze and exercise.
We call this *stress incontinence* in medicine.

02

Bladder urgency, frequency, and urge associated leakage.

03

Mixed stress and urgency bladder leakage.

04

Prolapse, or falling, of the bladder, uterus or rectum.

05

Vaginal dryness causing painful sex.

06

Genitourinary Syndrome of Menopause.

07

Vaginal relaxation or looseness.





glossary of terms

stress urinary incontinence

(SUI) is the involuntary leaking of urine with activities such as coughing, sneezing, laughing, lifting or exercise.

urge urinary incontinence

Having a sudden intense need to urinate, even if you just went but being unable to hold it long enough and wetting before being able to reach a bathroom.

mixed urinary incontinence

(MUI) is a combination of Stress and Urge Incontinence.

functional incontinence

A result of a physical condition (Parkinson's, arthritis etc.) or neurological condition (Alzheimer's, stroke, paralysis) that hinders one's ability to get to the bathroom on time.

overflow incontinence

Is the leaking of urine because the bladder does not empty completely.

overactive bladder

Is a result of an overactive muscle in the bladder that is pushing urine out causing one to need to urinate often, even if have just gone, may only be small amounts of urine, waking up more than 2 times per night to urinate, urgent desire to urinate. Bladder infections can cause these symptoms, stress, some medications, and diabetes.

vaginal relaxation syndrome

Is the stretching, looseness of the vaginal canal generally related to childbirth and aging, this can result in decreased sexual gratification during intercourse due to a decrease in friction.

pelvic organ prolapse

(POP) is the dropping of any of the pelvic organs lower into pelvis and putting pressure against walls of vagina. It is often associated with the stretching of muscles and tissues with childbirth that do not return to pre-pregnancy strength. This can also occur with aging and after surgery such as hysterectomy. With POP there can be a feeling of pressure against the vagina wall, a feeling that something is falling out of the vagina, pain or discomfort during intercourse, stress urinary incontinence, and constipation.

predisposing factors

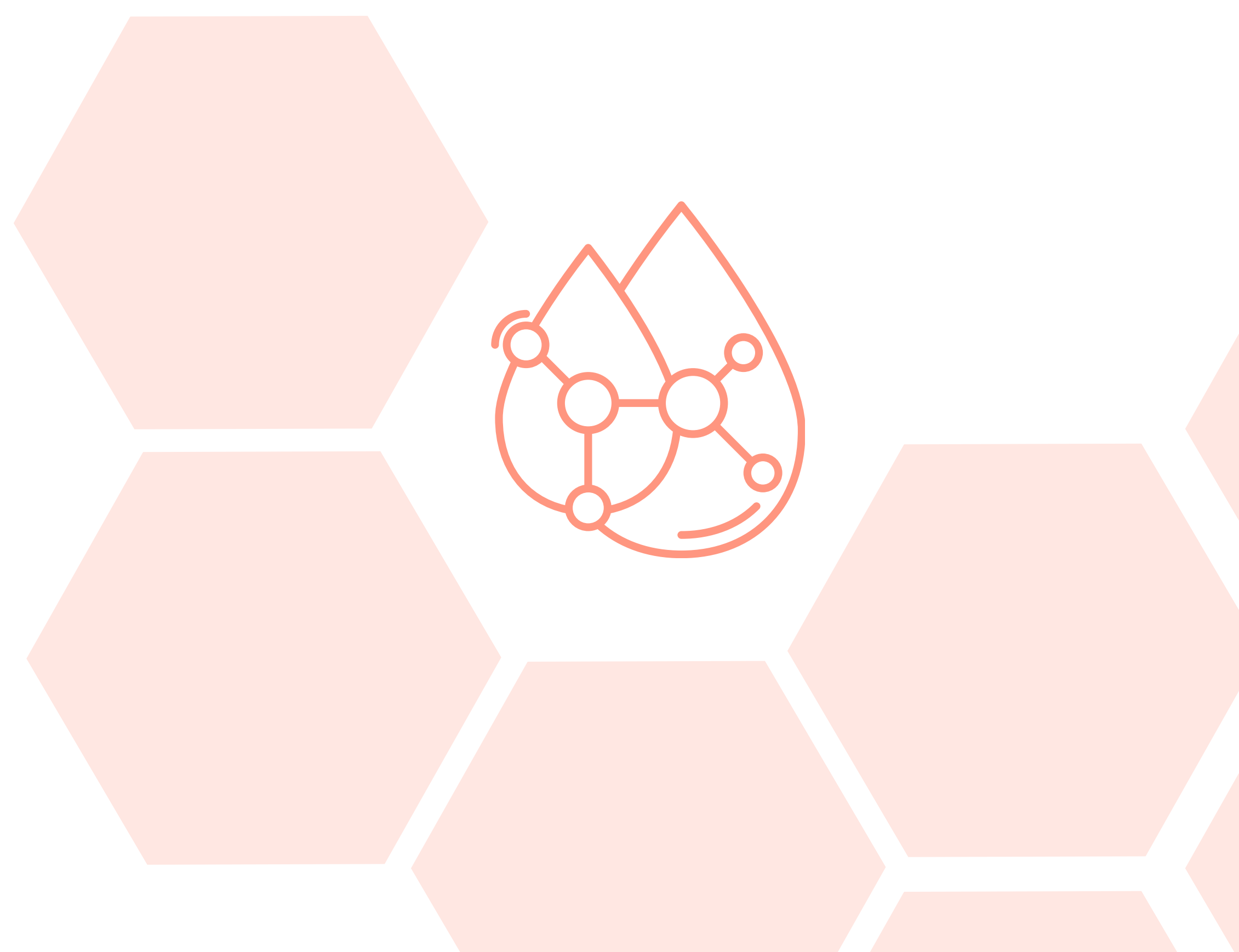
collagen loss & collagen types

There are a number of specific collagen 'types' that have been well characterized in the medical literature. The description of these is beyond our conversation today. All of us inherit a certain 'type' of collagen from our parents and may be one reason we can blame some of our difficulties on them.

Different collagen types resist the stress of gravity and damage in childbirth better than others. Almost all the support to the bladder, vagina and pelvic floor is provided by sheets of collagen that is organized into ligaments and fascial sheets. There are often strong family histories of prolapse or bladder leakage with the stress of coughing or exercise.

These families have a less desirable form of collagen that is passed from generation to generation and can not be modified as we speak. As well, there is a natural inherent rate of collagen loss for everyone that can not be reduced as we age.

We can see the result of collagen loss in facial ageing that is observed over the years, It is usually easy to tell who is 25 and who is 65 based on their facial and body collagen loss or lack thereof. While we can't reduce collagen loss associated with ageing, we can accelerate it. Factors that increase collagen loss are poor nutrition, obesity and a variety of lifestyle choices such as smoking and illicit drug use. As women lose collagen from the vaginal area they suffer a loss of pelvic support that shows up in urinary leakage and prolapse.



childbirth injury

Pregnancy and delivery can be very damaging to the support structures (collagen) of the vaginal area, The pregnant uterus with child can weigh more than 25 pounds and in that situation gravity is not your friend! In fact, even pregnancy followed by C-section can still result in damage to the collagen of the pelvic supports. To add insult to injury, vaginal delivery can result in tearing and disruption of the collagen supports to the bladder, uterus and rectum.

These injuries can lead to prolapse of the bladder, uterus and rectum into the vagina. Collagen damage can't be corrected with Kegel contractions which are prescribed to correct muscle weakness that results from pregnancy and delivery. We know that pregnancy itself damages the nerves in the pelvis responsible for sensation and muscular contraction. Kegels can repair some muscular strength but can't correct collagen damage.





menopausal loss of estrogen

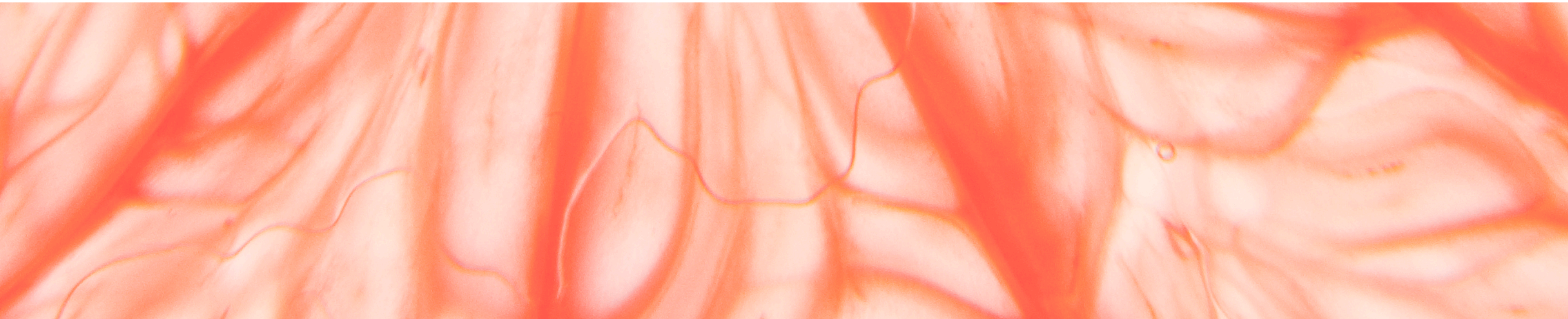
In women, the menopause is associated with loss of periods and a drastic fall in Estrogen and Progesterone production. All of the muscles, nerves, collagen and mucosal surfaces of the vagina, urethra and vulva have large amounts of estrogen receptors.

Estrogen is responsible for the health and proper function of all of these tissues. Women can now spend at least 1/3 of their life in the menopause where Estrogen levels are very low. This aggravates the loss of collagen due to ageing and childbirth. The mucosa or lining of the urethra, vagina and vulva have large amounts of Estrogen receptors that stimulate growth or thickness of the lining.

As well, these mucosal surfaces have huge amounts of glands within them that produce lubricating fluids and mucous. This is so important to the urethra that all women with urine leakage after the menopause should have a course of vaginal Estrogen before any other treatments are considered. Fifty percent of these women will have complete resolution of their urinary leakage with vaginal Estrogen treatment alone!

treatment technologies

Now that we have completed the discussion of predisposing conditions to Vaginal Fatigue, we can describe the new energy-based treatment technologies that have developed in the last 8 years.



laser vaginal rejuvenation

Many of us are familiar with the use of lasers to treat the effects of collagen loss in the face. These were developed over the last 20 years and are very effective at reversing collagen loss in the face. Laser applies heat to the tissues being treated which shortens the collagen in place by 30%. As well, the body interprets the burn as an injury and lays down new collagen as the support for skin healing. The net effect is to lift and tighten the skin. Laser technologies essentially deliver heat to the skin in one of 2 ways.

full skin treatment

Laser energy is applied to the entire skin surface of the face. This is essentially a burn to all areas of the face and is usually either CO2 or Erbium based energy sources. Laser technology allows very precise depth of treatment to be applied. The depth of burn or 'peel' determines the downtime and eventual outcome. These laser sources work very well on the face and are often an alternative or complimentary plastic surgery procedures to 'lift' or tighten the facial collagen. Full skin laser treatments are not used for vaginal applications, due to the high risk of complications in this area.

A vertical strip on the left side of the page shows a microscopic view of skin tissue, characterized by a grid-like pattern of cells in shades of orange and red.

fractional skin treatment

In this form, thin areas of laser ablation are used to burn very small deep areas of mucosal or skin damage. More than 50% of the tissue area treated is not affected by the laser. This is due to the ability to very sharply focus laser energy, with very little collateral skin or mucosal damage.

The net effect is the same lift and tighten effect without the downtime and possible complications of full skin treatment. Fractional treatment is the type used in all vaginal treatments. It can be either Erbium or CO2 based energy systems. In addition to ‘lift and tighten’ there is a general tightening of the vaginal canal that is noticeable with sex. As well, there is increased sensation with sexual activity. This sensitivity is the same that we see with any burn to the skin. There are several different types of lasers.

- **MonaLisa Touch**

MonaLisa Touch laser treatment is a simple procedure that can deliver both immediate and lasting relief and is clinically proven to work. The procedure will seem like your annual exam and likely be even quicker. A healthcare provider will insert the MonaLisa touch into your vagina and deliver laser energy “pulses”. Advantages include it is in-office, no anesthesia, no downtime, symptom relief after one minute and takes less than 5 minutes. The MTL delivers gentle laser energy to the vaginal wall tissue that stimulates a healing response and enhances moisture levels in the vaginal canal. A typical course of treatment is 3 procedures over 18 weeks.

- **Fotona**

Fotona Incontilase and Intimalase laser systems. A consultation is required by a health care practitioner with specialized training to evaluate whether a woman is a suitable candidate. A pap smear at the time if requires (if history and examination shows a woman to be a good candidate, she is offered the treatment appropriate for her concerns). Treatment is booked for three 20-30 minute sessions 1 month apart. A small amount of external vulvar gel is applied for pain killing (no pills are required). The women can walk out after the procedure and resume normal duties. There is very little discomfort and patient satisfaction is very high.

IncontiLase and IntimaLase are revolutionary new treatments for Stress and Mixed Urinary Incontinence and Vaginal Relaxation Syndrome respectively. It employs the Smooth Mode Erbium Laser system by Fotona which has the distinction of manufacturing the “best made lasers in the world” since 1964.

Fotona has developed special instruments for gynecological use in these 2 minimally invasive Laser treatments. There is a continual decrease in collagen in the tissues of the body with the aging process affecting structure and support. This is where the Erbium Laser has its’ impact on the tissue to immediately shrink the tissues and with this controlled heating of the tissue, the cells will respond stimulating the production of new collagen within approximately 3 weeks and further collagen maturation for 6-8 months. This enhances the structure and supports the vaginal mucosa leading to improvements of the symptoms of stress urinary incontinence and vaginal laxity. The process involves 2 laser treatments, one month apart, third treatment to be completed 6 to 12 months later as needed.

Clinical indications for IncontiLase:

Stress Urinary Incontinence (SUI) and
Mixed Urinary Incontinence (MUI)

Clinical indications for IntimaLase:

Vaginal Relaxation Syndrome (VRS)

contraindications for treatment:

- | | |
|--|---|
| 01 Pure Urge Incontinence/Over Active Bladder/Bladder overcapacity/Spastic bladder/Bladder stones/Neurogenic bladder | |
| 02 Severe neurological conditions associated with incontinence (multiple sclerosis, spinal cord injury, stroke, Parkinson’s disease) | |
| 03 Patients can be treated safely with an existing sling or mesh in place, should it fail and they begin leaking again | |
| 04 Discuss all aspects of laser treatment, procedure, pre and post care with a health professional | |
| 05 Any strictures, conditions, or abnormalities within the urinary system | |
| 06 Positive PAP smear, or other pathology | 07 Impaired integrity of the vaginal mucosa, irritation, open areas |
| 08 Active menstrual bleeding | 09 Pregnancy |
| 10 Any conditions or abnormalities of the reproductive system | 11 Infections of urinary tract, vaginal canal |
| 12 New Hematuria (blood in urine) | 13 Oral isotretinoin (Accutane) and Vit A use |
| 14 Anticoagulant therapy/Bleeding disorders | 15 Severe pelvic prolapse |
| 16 Clear signs of abnormal skin sensitivity | 17 Morbid obesity BMI>40 – less possibility |
| 18 Photo-sensitive medications | 19 History of AIDS/HIV |
| 20 Personal history of melanoma, dysplastic nevi (mole) in the area to be treated | 21 Bleeding or clotting disorder |
| 22 Uncontrolled diabetes/Insulin Dependent Diabetes | 23 < 18 yrs or > 70 yrs |
| 24 History of collagen, vascular, or immunosuppression disorders | 25 Having the treatment has no effect on subsequent pregnancy and deliver |
| 26 Active cold sores herpes, open lacerations/cuts/abrasions | 27 Having IUD in place is NOT a contraindication to treatment |

treatment steps:

- 01 No sedation or local numbing anaesthetic required, but may be used.
- 02 Speculum inserted to inspect vaginal mucosa.
- 03 Fotona speculum inserted into vagina through which laser deliver system placed and pulses administered slowly along total length of vaginal canal.
- 04 Laser delivery system then used to guide pulses to area around urinary opening and entrance to vagina.
- 05 Treatment time is approximately 15-20 minutes.
- 06 There can be some temporary discomfort and sensation of heat, itching, prickling, or pins and needles.
- 07 Sensation dissipates quickly and no lasting discomfort has been noted.
- 08 There can be mild generalized swelling and erythema or redness after treatment. Walk in procedure, return to most of usual activities.

post-treatment recommendations:

- No special after care of medication or special accessories is required
- There may be mild swelling +/- erythema in the vaginal canal, spotting or increased secretions
- Take care to prevent trauma to the treated area
- Abstain from sexual intercourse for 1 week after treatment
- Avoid activities that increase pressure on bladder and treatment area for one month such as heavy lifting
- Record a voiding diary for 3 days before next treatment in one month. (IncontiLase)
- Make appointment for reassessment after 1 month, to assess for second treatment
- Prolonged periods of sustained exercise are not recommended for 2 weeks
- Possible scant amount of bleeding, report any excessive amount
- Patient should make an appointment to be seen in case of adverse or unexpected effects

high intensity focused electromagnetic therapy (HIFEM)

Electromagnetic currents of sufficient intensity can produce muscular contractions. HIFEM was developed to focus powerful electromagnetic waves onto the pelvic floor. The pelvic floor is a collection of fascial collagen and muscles that support the pelvic organs and prevent prolapse of the abdominal contents under the effect of gravity. The Emsella Chair allows a person to sit fully clothed on the chair. In 28 minutes, the person sitting on the chair is exposed to 10,000 electromagnetic pulses.

These pulses are not painful but do create contraction of the pelvic floor, or Kegel contraction. The Kegels produced are stronger than one a person can produce voluntarily. Due to the physics of electromagnetic currents, hip and pelvic metal can be affected. Individuals with pelvic (low back rods) and hip(replacement) metal can not have these treatments. A history of a tubal ligation with clips or traditional pelvic surgery does not prevent the use of this technology.

radiofrequency energy

Radiofrequency involves the use of a low voltage electric current that runs between 2 electrodes in contact with the skin. As the low voltage current passes through the tissues of the deep layers of the skin, heat is produced. Just like laser, this heat causes shortening of the existing collagen and the laying down of new collagen, the net effect is a tightening of the tissues. This energy has been used for many years in the face and has now been adapted to the vaginal area to tighten existing collagen and develop new collagen support.



treatments by condition

Now that we have outlined Vaginal Fatigue and the new energy sources available, we can discuss what works where and why. As well, we can talk about what should not be used where.



bladder leakage / stress incontinence

This involves unexpected loss of urine when the bladder is stressed with increased pressure. It is due to loss of collagen with ageing and childbirth injury which destroy the collagen support to the bladder neck. As the bladder neck descends with stress from laughing or coughing, leakage occurs. Increased pressure can be due to:

Laughing	01	Exercise	05
Coughing	02	Sex	06
Sneezing	03	Lifting	07
Jumping	04	Other Activites	08

The net effect is an unanticipated leak of urine that is never welcome. Most women are embarrassed about this problem and are reluctant to talk about it. Many are not aware of the potential treatments available. The medical term for this event is Genuine Stress Incontinence or GSI. The severity of GSI can be graded based on:

01 how often do you leak?

02 do you need to wear pads?

treatments for GSI

vaginal estrogen therapy

50% of post-menopausal women with GSI will respond to vaginal estrogen. It can be applied in a cream, ring, tablet or suppository.

use of a pessary

This is a device that can be fitted and worn all the time to treat GSI. Usually best in post-menopausal women who are not sexually active very often.

pelvic physiotherapy

Many physiotherapists are trained in this treatment. Women are trained to isolate and strengthen their Kegel contractions. Can be very effective in some but has some drawbacks:

- Time-consuming to learn
- Some women find it uncomfortably invasive
- Only works as long as you do it

tension free vaginal tape (TVT) or surgery

A TVT procedure involves placing a mesh from the vaginal area up to above the pubic bone under a General Anaesthetic. The mesh stays in forever and may cause issues. Works 90% of the time but 10% of patients can have significant complications such as mesh erosion and bladder injury. If the mesh must be removed it is very difficult surgery.

treatments for GSI

laser vaginal rejuvenation

I have used this for GSI over the last 5 years and found it to correct 70% of GSI in properly selected women. I prefer the Fotona Incontilase laser system as it has Health Canada approval for this health condition. Treatment involves 2 treatment sessions that last 30 minutes and do not need pain killers. A local anaesthetic gel is applied to the vulva and the client is awake and conversing through the procedure. Due to the collagen tightening, no sex or heavy lifting is advised for 1 week after each treatment. This is a great modality for women who wish to avoid a TVT or have failed with a TVT. If GSI resolves with treatment, this procedure can be repeated in 2 to 3 years when GSI returns. Laser may make the vagina 'younger' by 5 years from a support point of view, but it does not keep it young forever. A beneficial side effect of this therapy is a tightening of the vagina and improved sensation with sexual activity.

BTL emsella chair

The chair shines here and will completely fix 75% of women with urinary urge leakage. Treatment involves 6 sessions that each last 30 minutes. You can be fully clothed and read a book while having a treatment. We suggest 3 treatments a week for 2 weeks or 2 treatments a week for 3 weeks. Treatments last at least one year and can be repeated when necessary.



BTL Emsella™

Emsella is a new therapy to help those suffering from urinary incontinence. It can provide the following benefits:

- ▶ Strengthening of the pelvic floor muscle group (hypertrophy and hyperplasia)
- ▶ Re-establishing neural control of the pelvic floor muscles, re-educating patients on how to selectively fire these muscles so they can maintain muscle tone.
- ▶ Calming effect on overactive bladder and urge incontinence.
- ▶ FDA & Health Canada cleared for the treatment of stress, urge, and mixed incontinence.

Emsella is the only non-invasive technology with FDA or Health Canada clearances for treating incontinence:

Why is this?

Emsella targets and strengthens the pelvic floor muscle group, much like Kegel exercises, but far stronger. This is different from traditional vaginal lasers.

How is it different?

Vaginal lasers add collagen around the urethra to help the pelvic floor grip it more efficiently. Emsella strengthens the entire pelvic floor muscle group - a much more direct treatment for incontinence.

How does Emsella work?

The device is a chair containing a very powerful magnet (2.5 Tesla, same strength as MRI machine). The energy is focalized to the depth & location of the pelvic floor muscle group using High Intensity Focused Electro Magnetic Energy (HIFEM)

Emsella depolarizes motor neurons to create 11,800 Kegel-like contractions per 28 minute treatment. These contractions create hyperplasia and hypertrophy in the muscles, but just as importantly it re-establishes the neural connections for firing the pelvic floor muscle group, re-educating patients on how to selectively contract the pelvic floor muscles. Meanwhile, the magnetic energy also appears to provide therapy to other neurons that may be causing urgency incontinence or overactive bladder.

How does Emsella fit into traditional patient care?

- First course of treatment for patients suffering from incontinence typically involves expensive pharmaceutical drugs or pelvic floor therapy centers.
- Most patients are unable to stick to kegel workout programs long-term.
- Many patients are unable to selectively contract the pelvic floor muscle group to successfully perform kegel exercises.
- Due to high rates of complications with surgery, many patients have accepted incontinence as a part of life, as a result they end up living with pads or diapers (average patient spends \$1,000 a year).
- Emsella is utilized as a course of six 28-minute treatments to provide the same benefits of pelvic floor physical therapy (increased control and strength of pelvic floor muscles)

How does Emsella compare to electrical stimulation?

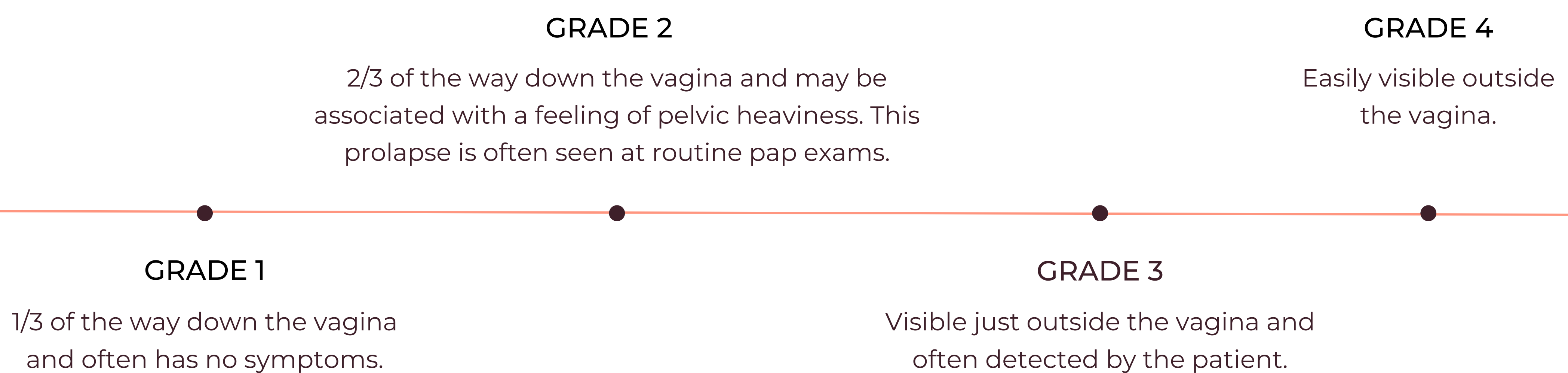
Emsella (magnetic stimulation, or HIFEM) will only activate motor neurons of a certain diameter, while being blind to all sensory neurons. Electrical stimulation will create pain in sensory neurons, so the overall power that can be emitted in electrical stimulation is severely limited. Because of this unique characteristic of HIFEM energy, extremely high power is able to be used (2.5 Tesla, same strength as MRI machine). High powered and focused magnetic stimulation (HIFEM) will penetrate 7-10cm, allowing it to reach the pelvic floor muscle group and contract the full muscle, opposed to a penetration of approximately 1cm with electrical stimulation.

mixed bladder leakage

Life is never completely simple, and the bladder is no different. Many women have a mixture of stress and urge leakage. I use a combination of Laser Vaginal Rejuvenation and the Emsella Chair for these women. The first modality used will be determined by their combination of leakage. Laser for stress and Emsella for urgency. Great results can be obtained in this group.

pelvic organ prolapse

I believe that damage during vaginal delivery is the primary reason for prolapse. While prolapse can be seen in women without pregnancy or a vaginal delivery, it is very uncommon. The net effect of damage during childbirth is loss of the collagen supports in the organ prolapsing. Since the vagina is a 'hollow' space, organs tend to fall into the vagina. Prolapse can be graded in terms of how far down the vagina it has come when a patient strains.



The organs which may prolapses include the bladder, uterus and rectum in any random combination. Treatments are difficult and only surgery can help advanced prolapse in younger women.

treatments for pelvic organ prolapse

pessary

Useful for women who are not sexually active, even if the prolapse is very advanced.

surgery

These are major operations, and the risk of recurrence is high. Some repairs are complicated and should only be done by Urogynecologists who have advanced training in pelvic surgical reconstruction. Urogynecologists are in short supply and surgical wait times can be long.

laser vaginal rejuvenation

I have been able to improve bladder and rectal prolapse using the Fotona Incontilase. In general, I have seen a one grade reduction in these forms of prolapse. The best candidates have Grade 2 bladder and/or rectal prolapse which is symptomatic. Laser will not work for uterine prolapse as the uterine supports originate high up in the pelvis out of the laser's reach.



vaginal dryness with pain during intimacy

In general, this is a post-menopausal problem in women. With the menopause, there is a dramatic and sudden drop in Estrogen production by the ovaries. The mucosal lining of the vagina and vulva have very high numbers of Estrogen receptors and suffer the effects of the menopausal hormone transition greatly. Loss of Estrogen stimulation causes these mucosal surfaces to thin and stop producing lubricating fluids.

The net effect is a thin, inelastic, easily traumatized, dry vaginal lining. Intercourse is a friction event and often leads to pain with sex. Sex is meant to be fun and non-painful. We don't seek out activities that hurt and there are many ways women can avoid sex if it is painful. Some pre-menopausal women will experience vaginal dryness because of medication use. The birth control pill may lead to vaginal dryness with prolonged use. Possible treatments are below.

treatments for vaginal dryness

local estrogen therapy

This is the first treatment of choice, and the majority of post-menopausal women will experience significant relief. There are a variety of creams, pills and devices that can release Estrogen to the vaginal tissues.

laser vaginal rejuvenation

Some women will have an incomplete response to local Estrogen therapy or may have a contraindication such as a personal history of breast cancer. In this situation, laser is an excellent and very effective modality.

genitourinary syndrome of menopause (GSM)

This is a long name for a symptom complex that occurs in many menopausal women. GSM is a chronic, progressive, vulvovaginal, sexual, and lower urinary tract condition characterized by a broad spectrum of signs and symptoms.

Most of these symptoms can be attributed to the lack of estrogen that characterizes menopause. Even though the condition mainly affects postmenopausal women, it is seen in many premenopausal women as well.

The hypoestrogenic state results in hormonal and anatomical changes in the genitourinary tract, with vaginal dryness, painful sex, and reduced lubrication being the most prevalent and bothersome symptoms. These can have a great impact on the quality of life of the affected women, especially those who are sexually active. The primary goal of the treatment of GSM is to achieve the relief of symptoms. Hormonal therapy with local estrogen products is generally considered the “gold standard”. Newer therapeutic approaches with selective estrogen receptor modulators (SERMs) or laser technologies can be employed as alternative options. In my opinion, therapy is the same as painful sex.

treatments for GSM

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laser vaginal rejuvenation

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vaginal relaxation or looseness

Childbirth damage superimposed on age related collagen loss is the main cause of this condition. Some women complain of a loose feeling with intercourse. Vaginal relaxation can usually be documented on physical exam. Treatments include:

treatments for vaginal laxity

pelvic physiotherapy

We have discussed the limitations of this approach under Stress Urinary Leakage.

laser vaginal rejuvenation

Lasers are extremely effective at tightening collagen and laying down new collagen. MRI's have documented significant narrowing of the vaginal canal with 2 laser treatments. In addition, there is increased sensitivity with sexual stimulation. I consider laser to be the treatment of choice for symptoms of vaginal relaxation.

radiofrequency

This a relatively new area that is evolving at present. Where this modality fits into laser and electromagnetic therapy will occur over the next few years. It is a reasonable option for women to consider.

surgery

I consider this a last resort. As a surgeon, it is difficult to guarantee an appropriate and long-lasting result with these surgeries. This option should e reserved for patients who are unable to purchase laser treatments.



getting started

Please visit our website
www.truebalancewellness.ca
for more information or contact your
True Balance location to book a
complimentary consultation.

📞 Call: 780-570-8020

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