

Women's Health Outlook

Provided by UNMC's Department of OB/GYN, the Wellness Council of the Midlands, and the Olson Center for Women's Health

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Urinary Incontinence What can be done?

What is urinary incontinence?

Urinary incontinence is the involuntary loss of urine and is not necessarily a part of aging. It is a common condition experienced by men and women of all ages and usually will not improve without treatment.

What happens under normal conditions?

Coordinated activity between the urinary tract and the brain controls urinary function. The bladder stores urine because the smooth muscle of the bladder relaxes and the bladder neck and urethral sphincter mechanism are closed. During urination, the bladder neck opens, the sphincter relaxes and the bladder muscle contracts.

What are the different types of urinary incontinence?

Stress urinary incontinence is leakage that occurs when there is an increase in abdominal pressure caused by physical activities like coughing, sneezing, jumping, or lifting. Incontinence occurs since the closure of the bladder neck is inadequate. The major cause is damage to pelvic muscles that may have occurred during pregnancy and childbirth.

Urge urinary incontinence, also called *overactive bladder*, is usually accompanied by a sudden, strong urge to urinate and an inability to get to the

toilet fast enough. The bladder muscle contracts involuntarily or without much warning. Causes include aging, obstruction of urine flow, inconsistent emptying of the bladder and a diet high in bladder irritants such as alcohol, carbonated beverages, coffee or tea (with or without caffeine), chocolate, citrus fruits, tomatoes, and acidic fruit juices.

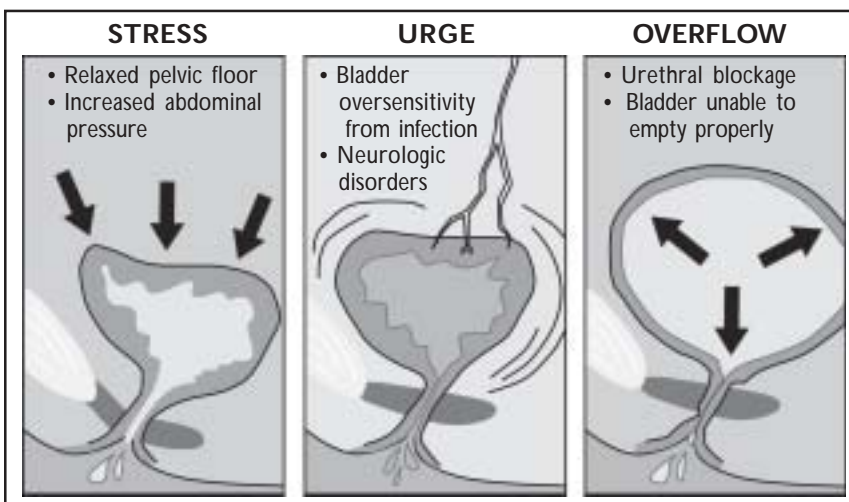
Mixed urinary incontinence is a combination of urge and stress incontinence.

Overflow urinary incontinence occurs when the bladder does not empty properly. It is characterized by frequent urination and dribbling. Poor bladder emptying occurs if there is an obstruction to flow or if the bladder muscle cannot contract effectively as in long-standing diabetes or multiple sclerosis.

What should I do if I suffer from incontinence?

Incontinence can sometimes be treated by a primary physician or it may be necessary to see a *urogynecologist* who specializes in treating female incontinence. One can help by bringing a list of medications and recording for two to four days the amount and type of liquids consumed, the number of times one urinates, and the number of accidents.

What are some ways to manage incontinence?



Some of the causes of incontinence are temporary and easily reversible like urinary tract infection, vaginal infection or irritation, constipation and restricted mobility. Treating the infection will help the incontinence symptoms.

Medications like diuretics, sedatives, narcotics, antidepressants, antihistamines, calcium

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channel-blockers, and alpha-blockers can also make incontinence worse.

Fluid management - Incontinent patients may need to reduce the amount of dietary irritants while increasing water intake to produce an adequate amount of non-irritating, non-concentrated urine. Recommended water intake is six to eight glasses per day.

Bladder training - A diary is the starting point for bladder training by recording fluid intake, urination times and urinary accidents. The diary allows the patient to see how often they actually urinate, when incontinence occurs, and to set time intervals for urination. "Timed urination" every one to two hours while awake is another approach for infrequent voiders. By regular emptying, fewer incontinent episodes are encountered. A gradual increase in urination interval by 15 to 30 minutes per week will increase the amount of urine held within the bladder. The goal is to urinate every two to four hours with less urgency and less incontinence.

Pelvic floor exercises

Also known as Kegel exercises, pelvic floor exercises focus on strengthening the external sphincter muscle and the pelvic floor muscles. It increases resistance at the urethra and contraction of the voluntary pelvic muscles especially during activities like coughing. This can also interrupt a contraction of the bladder smooth muscle and stop or delay an accident.

Medical treatment

Stress incontinence may be treated with drugs that tighten the bladder neck and/or relax the bladder muscle, such as pseudoephedrine or imipramine.

Urge incontinence is treated with drugs that have anticholinergic properties thus allowing for relaxation of the bladder smooth muscle (e.g. Ditropan and Detrol). Side effects include dry mouth, confusion, constipation, blurred vision, and an inability to urinate. The slow release forms taken once daily allow for a steady level of the drug and fewer side effects. Newer medications are also available with less side effects.

Postmenopausal women with incontinence may benefit from hormone treatment. Normally the bladder neck and the urethra are closed at

rest. With loss of estrogen, the tissues become weakened or dried and normal closure is lost. Hormone replacement improves the health of these tissues and allows for closure to be regained through increased tone and improved blood supply.

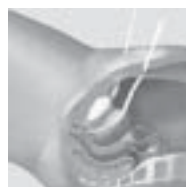
What to expect?

These therapies can lead to improvement in incontinence but not necessarily a cure. Improvement generally does not occur overnight. Patients need time to adapt to behavioral changes. Results with pelvic floor exercises may take three to six months. Some patients may notice an immediate effect with medical therapy, whereas in others an effect may not be seen for approximately four weeks.

Incontinence may also recur after treatment. Continuing behavioral techniques or continuing or resuming medicinal treatment as well as practicing preventive strategies may prevent such recurrence.

Surgical Treatment – Minimally invasive.....

Stress incontinence is caused by relaxation of the urethra and pelvic floor. Minimally invasive surgical techniques can reinforce the tissues and support the urethra. The most commonly used surgical procedure involves placing a tension-free tape under the urethra. When performed alone most patients can go home the same day without a catheter. When performed in conjunction with other procedures to correct multiple defects of the pelvic floor, a one day hospital stay is necessary.



Even for uncontrolled urgency and frequency, a surgical procedure can be performed when medications have failed. A minimally invasive procedure called Interstim Placement involves inserting a lead in the sacral nerve root region and altering the behavior of the bladder. If it is successful, a battery is placed in the back and it provides stimulation to the bladder.



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