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Urinary Incontinence

Overview:

Urinary Incontinence is defined as the involuntary loss of urine, which is objectively demonstrable, and a social or hygienic problem.

Urinary incontinence has been reported to:

- Affect 10-25% of women under age 65 and 15-30% of women over age 60.
- 13 million Americans are incontinent; 11 million are women

Urinary Incontinence has been shown to affect a person's social, clinical, and psychological well-being. It is estimated that less than half of incontinent women seek medical care. Often, incontinent women rely on absorbent pads or changes in their life style to cope with this condition. Incontinent individuals have been reported to be more likely to be depressed; they may be fearful and embarrassed about their appearance or the color of urine. Sexual relationships are often affected. Recent estimates regarding the direct financial costs of urinary incontinence were \$10.3 billion per year. Unfortunately, only 1% of this amount was spent on the diagnosis and treatment of this disorder, while 60% was spent on palliative measures. Quite simply, there are 2 basic types of incontinence.

Stress Incontinence: is the involuntary loss of urine during physical activity. One of the causes of Stress Incontinence is the loss of anatomic support of the bladder and its surrounding tissue. This damage may be the result of pregnancy and vaginal delivery or due to tissue atrophy that result from advancing age.

Urge Incontinence: is the involuntary loss of urine associated with an abrupt and strong desire to void (urgency). There are other less common forms, including:

Mixed incontinence is a combination of both stress and urge incontinence, as is most common in older women.

Overflow Incontinence, in which the bladder becomes too full because it cannot be emptied, is rarer and is the result of bladder obstruction or injury.

Diagnosis of Incontinence:

Urinary Incontinence may be symptom, a sign, or a condition. The purpose of the clinical evaluation of incontinence is to:

- Clarify the patient's symptoms
- Determine the loss of urine objectively
- Determine the etiology of the incontinence using clinical testing
- Identify women who require more sophisticated urodynamic or imaging studies or consultation.

History:

A detailed history must be obtained in all women with lower urinary tract symptoms. This includes any medical conditions, such as Diabetes or Thyroid Disease. The total number of deliveries, the

mode of deliveries, and previous pelvic surgical procedures must be ascertained. A drug history is important. You will be given an extensive questionnaire to help us evaluate the incontinence more thoroughly.

Although an accurate history is helpful in guiding the physician's diagnostic evaluation, therapeutic decisions cannot be based on history alone. Therefore, additional information is necessary:

Physical Exam:

A speculum and pelvic examination is essential to the evaluation and treatment of incontinence disorders. Anatomic abnormalities, estrogen deficiency, defects in vaginal support are all important physical findings that can be noticed visually.

Voiding Diary:

A voiding diary is one of the most important aspects of an urogynecologic evaluation. The patient is asked to record the time and volume of her spontaneous voids over a 24-72 hour period. From this diary, important information regarding the patient's normal voiding pattern, functional bladder capacity, and the severity of the incontinence episodes can be obtained.

Laboratory Tests:

- Urine Culture and Sensitivity
- Urine Cytology (if 50 years old and older)

Patient Guide to Urodynamic Testing:

Our physicians have recommended that you have urodynamic testing. This simple, painless study is a series of tests that allows us to evaluate any problems your bladder may have with storing or emptying urine.

Why do you need a Urodynamic Study?

- You may be incontinent
- Your bladder may not empty completely
- You may have uncomfortable symptoms, such as the frequent need to urinate or a constant, urgent need to urinate.
- Your urine stream may be intermittent or weak.
- You may have persistent urinary tract infections.

Your lower Urinary Tract:

The lower urinary tract has two main functions, storing and emptying urine. The bladder is a muscle-lined organ, which collects urine until you are ready to release it. The urethra is a canal, which carries urine from the bladder outside the body. Pelvic floor muscles support the bladder and urethra to keep them in the proper position. To store urine, the bladder muscle stays relaxed as the urethral muscle (sphincter) contracts. To empty urine, the urethral sphincter and pelvic floor muscles relax while the bladder contracts.

What Will Happen During Your Urodynamic Study?

Urodynamic testing provides valuable data on bladder function for your physician to make the best recommendations for treatment. This study does not require sedating medication. When you arrive at our office for your test, you will be asked to undress from the waist down and a drape or gown will be provided. The study usually takes between 15-30 minutes.

Several different tests are used to evaluate symptoms of the lower urinary tract. Because of your particular symptoms and concerns, tests, which you can expect to be performed at your appointment, are checked below:

1. Uroflowmetry:

This test measures the amount and rate of urine you void from your bladder. This noninvasive study is frequently used to screen for bladder emptying problems.

Process: You will be asked to urinate into a special container placed under a commode or into a funnel attached to equipment that records your urine flow over time.

Time Required: 1-2 minutes

2. Cystometry:

This test evaluates how much your bladder can hold, how well the bladder muscle functions and how the neurological signals work that tell you when your bladder is full. This is the primary test used to reproduce and evaluate symptoms of incontinence and other bladder problems.

Process: A catheter will be inserted through the urethra into the bladder. Through this catheter, your bladder will be filled with sterile water or a saline solution. A second catheter may be placed in your vagina or rectum to provide additional data. You will be asked to report any sensations you feel and if they are similar to ones you have felt at home. You will be asked to cough, bear down ("Valsalva") or stand during this test.

Time Required: 10-20 minutes

3. Urethral Pressure Profile Study:

This test evaluates the amount of pressure in your urethra. This information can be useful in evaluating the cause of incontinence. **Process:** The bladder catheter is withdrawn slowly from the bladder and special equipment generates a urethral pressure curve.

Time Required: 1-2 minutes

4. Pressure Flow Study:

This test is an in-depth measurement of the pressure and flow of urine out of your bladder. This study evaluates problems with emptying urine.

Process: Pressure flow studies can be performed after cystometry. You will be asked to urinate with the cystometry catheters in place into a funnel attached to special equipment.

Time Required: 1-5 minutes

Getting your Urodynamic Study results:

The doctor must take all aspects of your medical condition, including the history, physical examination, laboratory tests, and the urodynamic study, to determine a therapeutic regimen specific to you. We ask that you make an appointment for your next visit after the urodynamic study to meet with the doctor to review your results and discuss treatment options.

Treatment Recommendations:

Therapy for Urinary Incontinence consists of behavioral modifications, pharmacologic treatment, and surgical management. Women with stress incontinence can be treated by using any of these methods, while those with urge incontinence respond best to behavioral techniques or medications. A treatment plan should offer the least invasive approach first; surgical options should be reserved for women who decline or do not improve following conservative management.

All incontinent women should be encouraged to avoid excess fluid intake, limiting their fluid to approximately 2 liters per day. Consumption of caffeine-containing beverages should be eliminated or reduced to no more than 8 ounces per day. Women should be instructed to void regularly. The recommended voiding interval can be determined after reviewing the women's

voiding patterns and frequency of incontinent episodes documented on her initial 24-hour voiding diary.

Our patients are invited to visit the links within our web site, or any of the sites listed below to gain further insight into their clinical problem.

- <http://www.phoenixobgyn.com/links.asp>
- <http://www.womenshealthchannel.com>
- <http://about-stress-incontinence.com>

Pelvic Floor Exercises:

Pelvic floor exercises, **Kegel** exercises, can be used to strengthen the muscles of your pelvic floor and can be done for childbirth preparation or to control voluntary loss of urine.

Purpose of Pelvic Floor Exercises:

These exercises are done to:

- Improve the tone of the perineal muscles and pelvic organ support
- Promote postpartum healing
- Prevent urinary incontinence or regain bladder control

Position:

• May be done in any position

How to:

- Tightly contract muscles surrounding the vagina with an internal “pull up”.
- Release muscles and notice the relaxation.
- Again contract tightly, hold, and then release.
- Do not tighten stomach muscles during the exercise.
- Breathe normally throughout the exercise.

If it is hard to get the feeling of this exercise, try stopping and starting the flow of urine while urinating. (Do not do this on an ongoing basis.) Another way is to tighten your bottom as if trying to hold back gas

Where should you practice your pelvic floor exercises?

Everywhere! These exercises can be done without anyone being aware of what you are doing. For example, at red lights, while cooking, when you squat, during commercials on TV, and while brushing your teeth.

How often should you practice your Pelvic Floor Exercises?

To start, do 5 in a series, holding each muscle contraction for 5 seconds, then releasing. Do 50 a day!

Hints:

- Do pelvic floor exercises as often as you can. The more you do, the faster you will feel the results.
- Pick an activity you do often as a reminder. For instance, do pelvic floor exercises every time you chat on the telephone or during every television commercial. The important thing is to find a behavioral cue to use as a regular reminder.

Behavioral Therapies:

Teaches people to resist the urge to void and gradually expand the intervals between voiding.

Behavioral therapy includes bladder training (retraining), timed voiding, prompted voiding, and pelvic muscle exercises. The key components of bladder retraining are education regarding the continence mechanism, urinary incontinence, and normal and abnormal voiding patterns; maintenance of a strict voiding schedule; and positive reinforcement. This technique attempts to reestablish the cortical inhibition of reflex bladder emptying that is lost in patients with detrusor instability. Success depends on the motivation of the patient but can be very high!

Biofeedback:

Used in conjunction with Kegel exercises, biofeedback helps people gain awareness and control of their pelvic organs. Biofeedback uses electrophysiologic signals or pressure readings to provide visual or auditory feedback to the patient regarding the status of her lower urinary tract function or pelvic floor muscles.

Vaginal Weight Training:

Small amounts of weights are held within the vagina by tightening the vaginal muscles. These have been effective in decreasing the number of episodes of incontinence in pre-menopausal women.

Pharmacologic Therapies:

Medicines used for urinary incontinence are directed at either relaxing an overactive detrusor muscle in women with urge incontinence or augmenting intrinsic urethral tone in those patients with stress incontinence. Several categories of drugs are available and will be reviewed by your physician.

Surgical Therapies:

Unlike that of all other treatment modalities, the success rate of surgery to restore urinary continence declines with repeated attempts. Therefore, precise preoperative diagnosis and careful planning and execution are essential. Your physician will review the various surgical techniques with you when indicated.

Bladder Health Questionnaire:

1. How many times do you usually urinate during the day? _____
 2. How much and what type of liquid do you usually drink during the day? _____
-
3. Is the volume of urine you usually pass: Large Average Small
 (Please circle one)
-
- | | YES | NO |
|---|-----|-----|
| 4. Do you usually have difficulty starting your urine stream? | [] | [] |
| 5. Do you notice any dribbling of urine when you stand after urinating? | [] | [] |
| 6. Have you ever had your urethra dilated? | [] | [] |
| 7. Do you feel that you have usually completely emptied your bladder after you urinate? | [] | [] |
| 8. Have you ever passed bloody urine? | [] | [] |
| 9. Do you ever have pain when you urinate? | [] | [] |
| 10. Have you ever passed a stone? | [] | [] |
| 11. Have you ever been treated for Multiple Sclerosis, Diabetes, or Stroke? | [] | [] |
| 12. When you feel the need to void, is it a strong urge? | [] | [] |
| 13. When you feel the need to void, do you have to hurry to the toilet or can you take your time? | [] | [] |
| 14. Do you ever not make it to the bathroom in time and accidentally wet your clothing? | [] | [] |
| 15. Do you usually get up at night to urinate? If yes, How often? | [] | [] |
| 16. Do you drink before you go to bed? | [] | [] |
| 17. Do you accidentally wet the bed while asleep? | [] | [] |
| 18. Does the sight, sound, or feel of running water cause you to lose urine? | [] | [] |
| 19. Are you ever not aware that you are losing urine? | [] | [] |
| 20. Have you ever had a tube placed in your bladder because you could not void? | [] | [] |
| 21. Do you ever lose your urine while exercising, coughing, sneezing, laughing, lifting, straining, vomiting, or during sexual intercourse? | [] | [] |
| 22. Do you ever find it necessary to wear some type of protection against losing urine? | [] | [] |
| 23. Do you lose urine while walking or running? | [] | [] |
| 24. Do you ever lose urine while lying down? | [] | [] |
| 25. Do you usually have a warning before you lose urine? | [] | [] |
| 26. Have you ever had an operation on your spine, brain, or bladder? | [] | [] |
| When did your bladder difficulty start? | | |
| 27. During a Pregnancy? | [] | [] |
| 28. Following a delivery? | [] | [] |
| 29. Following an abdominal or vaginal operation? | [] | [] |
| 30. After the menopause? | [] | [] |
| 31. Is your urinary problem bad enough that you would be willing to have surgery? | [] | [] |
| 32. Any family history of urinary tract problems? | [] | [] |