

## FEMALE URINARY INCONTINENCE

Urinary incontinence (UI) simply put is the involuntary loss of urine. Over 50% of women who suffer from this disorder do not seek evaluation or treatment for a multitude of reasons, embarrassment being a major factor. Some women incorrectly feel that UI is a normal process of aging. Approximately 11 million adult women in the United States suffer from some form of UI. Since this condition is not life threatening it is often times overlooked. A leaky faucet is difficult to ignore as is UI.

There are four major types of UI: stress urinary incontinence (SUI), urge urinary incontinence (UII), mixed urinary incontinence (MUI), and overflow urinary incontinence (OUI). Today's article will focus on SUI with subsequent articles addressing the other three types.

SUI is the leakage of a small amount of urine during some form of physical activity (coughing, sneezing, exercising). SUI is the most common form of urinary incontinence and it is treatable. There are many causes for this disorder with childbearing being the most common. It is believed that the birthing process results in injury to the muscles, ligaments and nerves in the pelvis. This injury leads to loss of support of the bladder and urethra with subsequent loss of urine during episodes of physical stress.

Treatment of SUI is directed towards the improvement in pelvic support. When pelvic support is improved a reduction or elimination of incontinence is achieved. Clear goals need to be established regarding treatment outcomes. Complete continence may be possible however it could require multiple medical and or surgical modalities. Over 50% of women will achieve improvement in their symptoms with behavioral modifications (timed voids, elimination of foods known to be bladder irritants) and Kegel (muscle strengthening) exercises. If this approach does not achieve the desired goal more invasive procedures may be entertained until the desired effect is obtained.

Other non surgical approaches do exist. One such technique is the injection of bulking agents around the urethra and bladder neck. Moderate success has been achieved with this in the past. An advantage of this approach is that it can be performed in the office. Vaginal pessaries can also be placed in the office. Pessaries are silicone devices that insert into the vagina and provide support to the vagina as well as the urethra. Moderate occlusion of the urethra is achieved.

An exciting new surgical procedure is now available that may be placed under local anesthesia and done as an out patient. This relatively new procedure called a tension free vaginal tape (tvt) has been shown to provide complete continence up to five years in 80% of women felt to be appropriate candidates for this surgery.

Not all women are candidates for tvf placement. The gold standard for urinary incontinence surgery remains the Burch urethropexy. This surgery is more extensive than the tvf or any of the other procedures that have been previously discussed. It is a major pelvic surgery that will require up to six weeks to recover from. It is a long tested procedure however with excellent results.

As can be seen, urinary incontinence affects at least 30% of women some time in their lives. The social and physical repercussions of this disorder can be debilitating and demoralizing. Fortunately for women, the field dealing with urinary incontinence is expanding and offering a multitude of options that were not available in the past. If you or someone you know suffers from urinary incontinence, have them see their doctor so that they can be appropriately evaluated and treated.