

Controlling the Urge

Treatments for Urinary Incontinence

By Dr. Charles Newton, Grand Rapids Women's Health

Are you afraid to laugh or sneeze for fear of having an accident? If you are, you are not alone. Approximately 20% of adult women have some sort of urinary incontinence. Unfortunately, most think it is just part of being a woman. In fact, it doesn't have to be. There are many different remedies today that can be very successful.

The first step is to talk to your doctor and explain your problem. There are a few different causes of urinary incontinence, so you need to be evaluated to find out what type of problem you have. You will be asked some questions to help identify what might be causing your incontinence. You will also need to have a physical examination to help make the diagnosis, and to rule out a bladder infection. Additional testing on your bladder function is often performed before the final diagnosis is made.

The most common causes for involuntary urine loss are stress incontinence, urge incontinence, and urge incontinence and mixed incontinence. Stress incontinence is caused by a weakness of the supporting muscles and ligaments around the bladder and urethra. When stress on the bladder occurs, such as with a cough, sneeze or laugh, the weak muscles cannot maintain control of the urine. Urge incontinence occurs when the bladder is over sensitive and usually is associated with urgency and frequency. In this case, bladder filling or jarring will cause the bladder to contract or spasm uncontrollably, and urine is pushed out. Mixed incontinence is a combination of stress and urge incontinence.

An evaluation will correctly determine the type of urine loss that is occurring. This is important because each cause is treated differently. Your doctor will start by taking a history to identify what circumstances lead up to your incontinence episodes. After that, an examination will look for anatomic changes, such as prolapsed, a condition in which the bladder and urethra start to sag down because of muscle and tissue weakness.

If the diagnosis is not definite, then additional, more advanced testing can be done on your bladder's function. This involves putting a catheter in your bladder and measuring different pressures and sensations of your bladder and urethra. This is done while the bladder is being filled with fluid.

Once the evaluation is completed, a treatment plan can be set up. If the diagnosis is stress urinary incontinence, there are a couple of options. The first choice is often an exercise program for muscle strengthening. The exercise commonly used is called a Kegel, an exercise that involves squeezing the pelvic floor muscles. When the incontinence is mild, this exercise can be done independently at home. Often, when the problem is more severe, a program with a physical therapist is used.

Another alternative is an operative procedure. Surgical treatment has improved tremendously in the last decade. Instead of a full hysterectomy and a major bladder repair, it is now possible to have a minor procedure done as an outpatient and have superior results. A common technique is to place a synthetic sling under the urethra. This is a very short procedure and the anesthetic is very light. Sometimes, when prolapse is extensive, a more major surgical procedure is still necessary.

Urge incontinence can also be treated in a variety of ways. The goal is to reduce the bladder's sensitivity. A change in your diet can be helpful, as there are many foods and beverages that irritate the bladder and cause it to contract. Some common irritants include caffeine, alcohol, citrus fruits and nicotine. There are a number of oral medications also used frequently to reduce bladder spasms. These medications affect the nervous system, therefore some side effects, such as dry mouth, can occur. Physical therapy is also used for urge incontinence. Different techniques including biofeedback and bladder drills are utilized to retrain the bladder to make it less sensitive.

Mixed incontinence usually requires a combination of treatments. Typically the urge component is treated before any surgical procedure is performed. But often, both parts of the mixed incontinence can be treated at the same time.

Call your doctor so you can be evaluated and treated. Soon you will be back out there jumping rope!

After practicing medicine for more than 30 years, Dr. Charles Newton retires this month as a physician with Grand Rapids Women's Health. His personal interests include golf, photography, genealogy and his family's Portuguese water dog.

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