

## **FAQ's About Urinary Incontinence**

### **What is Female Urology?**

Female Urology (referred to as Urogynecology) is a subspecialty within Obstetrics and Gynecology that focuses on disorders of the female pelvic floor such as pelvic organ prolapse (bulging out of the uterus and/or vagina), urinary incontinence and fecal incontinence.

### **How common is urinary incontinence among women?**

It is estimated that 11 million American women currently suffer from leakage of urine. However, that estimate may be low. A study of 2800 postmenopausal women funded by the National Institute on Aging found that 56% of women experienced urinary incontinence at least weekly. Many women incorrectly assume that urine leakage is normal. While this problem may be very common, it should not be considered normal.

### **What causes urinary incontinence?**

Urinary incontinence is the involuntary discharge of urine. There are many possible causes of urinary incontinence. The key to treatment is identifying the specific type of the incontinence a woman is experiencing through a careful medical interview and a focused physical exam. Frequently, a special test called *urodynamics* is recommended to accurately diagnose the problem. Urodynamics studies should always be performed when a woman is considering surgery to correct her incontinence.

The two most common types of urinary incontinence are "stress incontinence" and "urge incontinence". Stress incontinence is accidental urine leakage that occurs during physical activities that cause a sudden pressure (or "stress") on the bladder such as laughing, lifting, coughing, or sneezing. Urge incontinence is urine leakage that occurs before a woman has a chance to get to the bathroom in response to urge to urinate. Women with this type of leakage may also experience frequent urges to urinate, the inability to suppress the urge and frequent nighttime waking to urinate.

### **What treatment options are available?**

Treatment for urinary incontinence varies on the type and severity of incontinence. The first step in treating the problem is determining an accurate diagnosis.

- Stress incontinence can be effectively treated with pelvic floor exercises, devices that "block" the loss of urine, or surgery.

- Urge incontinence is commonly treated with medication, biofeedback, or electrical stimulation to the nerves that control the bladder.

There is a wide variety of non-surgical and surgical treatment options available for all kinds of urinary incontinence.

### **What are the surgical options to treat stress incontinence?**

When it comes to treating stress incontinence, not all surgical procedures are equal. There are many variations of anti-incontinence surgery, but the two surgical procedures that have the best results are retropubic urethropexy (Burch Procedure) and the trans-vaginal sub-urethral sling. The tension free vaginal tape (TVT) has rapidly replaced most other surgeries for stress incontinence. The TVT procedure involves the placement of synthetic sling material at the mid-urethra. The procedure takes approximately 45 minutes and may be performed on an outpatient basis. Although no surgery for incontinence has a 100% cure rate, the retropubic urethropexy or suburethral sling permanently cure 75-95% of women suffering with stress incontinence.

### **What are the risks of surgery to correct stress urinary incontinence?**

All surgical procedures present some risks. Although rare, potential complications may include difficulty emptying the bladder and development of urge incontinence.

### **How can I prevent this problem?**

*All* the factors that cause urinary incontinence are not fully understood, so it is difficult to recommend ways to prevent the problem. Pelvic muscle exercises, also known as “Kegel” exercises, help strengthen the pelvic floor and are probably the best thing you can do to help prevent stress incontinence. Refer to: Health Topics for Women, Bladder Problems on this website.