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## Urinary Incontinence & Pelvic Prolapse

Incontinence is the inability to control either your urine or stool until a socially appropriate time. There are multiple causes of incontinence depending upon which nerves, tissues or organs have been damaged

### Definitions

#### “Stress” Urinary Incontinence, Type I:

This involuntary loss of urine is associated with sudden increases in abdominal pressure, such as laughing, coughing or exercising. It is due to a defect in the pelvic floor support of the bladder. Mild incontinence can generally be corrected with a program of pelvic floor exercises and bio-feedback therapy. Outpatient surgery will usually correct the more severe forms.

#### “Urge” Urinary Incontinence, Type II:

When the bladder muscle involuntarily contracts, partial or complete bladder emptying occurs. It is usually associated with a strong urge to urinate. Frequently, this may occur with specific events, such as arriving at your home or hearing running water. Treating the underlying causes and instituting behavior modification programs will usually correct this type of incontinence. Our bio-feedback program is very helpful in treating this type of incontinence when initial treatments are not completely successful.

#### “Stress” Urinary Incontinence, Type III:

This type of incontinence is similar to Type I incontinence, but the cause is entirely different. Rather than due to a loss of support, there is an abnormally “low pressure” within the urethra, which may allow urine loss to occur with any physical activity. It is treated differently from Type I.

### Fecal Incontinence:

This is an involuntary loss of stool, which may occur with or without the sense of the need to defecate. There are many causes of fecal incontinence and treatment varies according to the individual diagnosis.

## Pelvic Prolapse

The muscles and ligaments of the pelvic floor are attached to the uterus, bladder, vagina and rectum. When these structures are weakened or damaged (often from childbirth), the pelvic organs will protrude down toward the outside of the body resulting in pressure or a “falling-out” sensation. Depending on the specific organs involved there may be abnormal bladder, bowel or sexual function.

### Definitions

#### Cystocele:

This is the dropping of the bladder, which bulges into the vagina. There may be a feeling of a “ball-like” or pressure sensation in the vagina. If the cystocele is severe, the vaginal wall will protrude through the vaginal opening. Often large cystoceles may kink the urethra and may cause difficulty initiating a urine stream or result in a small stream with a prolonged voiding time.

#### Rectocele:

This is a protrusion of the rectum into the vagina and may cause the same bulging or pressure sensation as a cystocele. Rectocele may cause difficulties with emptying the bowel, leading to constipation or a lack of control of gas or stool.

**Enterocele:**

This is a hernia between the vaginal wall and the rectum. Symptoms are similar to those of a rectocele.

**Uterine Prolapse:**

The uterus and the cervix drop downwards through the vagina and may even protrude outside the body.

**Vaginal Vault Prolapse:**

This condition may occur after a hysterectomy and is due to the top of the vagina dropping down to the vaginal opening.

**Rectal Prolaps:**

In this condition the inside wall of the rectum protrudes outwards through the anus and is frequently associated with fecal incontinence.

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