

Chesapeake UROLOGY

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**Bladder problems don't have to
control your life anymore.**

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WOMEN'S PERSONAL HEALTH

What Women Want to Know
About Stress Urinary Incontinence

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Stress Urinary Incontinence

is Common in Women.

Do you have urine leakage when you exercise?

Have you ever sneezed or laughed so hard that you leaked urine?

Do you have bladder control issues but are too embarrassed to talk to a doctor?



If you answered yes to one or all of these questions, you are not alone. You may have a common bladder control problem called stress urinary incontinence (SUI). SUI is the involuntary loss or leakage of urine that occurs during physical activity such as exercise, laughing, coughing and sneezing. The “stress” is added pressure on your bladder. Women who have SUI have weak pelvic muscles that can allow urine to leak when a cough, sneeze or even minimal exercise (e.g. walking) puts pressure on the bladder.

Stress urinary incontinence is common in women.

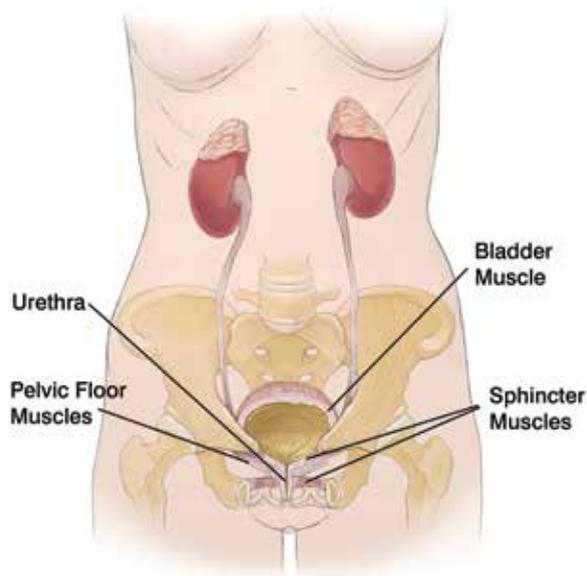
In fact, 1 in 3 adult women have stress urinary incontinence, which is the most common type of bladder control problem among women. SUI, however, is not just a normal part of aging and can affect women of all ages. Many women who suffer from bladder control issues often feel embarrassed and may shy away from activities they enjoy, including exercise, socializing and even sexual activity.

The good news is, you don't have to feel embarrassed or allow urinary incontinence to control your life any longer. Chesapeake Urology's incontinence specialists have helped women of all ages manage bladder control problems, and can help restore your quality of life.

Stress urinary incontinence, the most prevalent form of incontinence among women, affects an estimated 15 million adult women in the U.S.¹

How the Urinary System Works

Your bladder is a balloon-shaped organ that sits in the pelvis, expanding to hold urine and contracting to release urine. It is supported by pelvic floor muscles that hold the bladder in place. The urethra is the tube that carries urine from the bladder out of your body. Sphincter muscles keep the urethra closed and hold the urine in your bladder until the brain sends your body the signal that it's "time to go." When these pelvic floor muscles are strong, the urethra is supported and no leakage of urine occurs. However, when these pelvic floor muscles are weak, the urethra is not supported and urine is allowed to leak.



Symptoms of Stress Urinary Incontinence

- Urine leaks when you cough, laugh, sneeze, exercise, lift heavy objects, etc.
- Urine leakage worsens when your bladder is full

It's important to understand that SUI is different than overactive bladder (OAB), or urge incontinence. SUI is leakage of urine with activity while OAB is the sudden and often frequent urge to urinate, which is sometimes accompanied by the inability to get to the bathroom in time.

What Causes Stress Urinary Incontinence?

While stress urinary incontinence is more common as women age, it is not caused simply by aging. A number of factors influence SUI including:

- Pregnancy and childbirth, which can stretch, weaken or even damage pelvic floor muscles
- Neurological conditions that cause damage to the nerves including multiple sclerosis, spina bifida and spinal cord injuries
- Obesity
- Chronic cough, oftentimes caused by smoking
- Certain medications, excessive alcohol consumption and caffeine
- Menopause, due to decreased hormones
- Pelvic surgery or radiation treatment

Contact a Chesapeake Urology incontinence specialist who understands your condition and the treatments available to help get you back to feeling like yourself again.

How We Diagnose SUI

Some women may feel embarrassed talking to a physician about bladder control problems but, rest assured, our urologists are highly skilled at helping women with urinary incontinence problems and will put you at ease. Talking with a specialist who understands what you're going through is the first step toward finding the best solution to your problem.

Your physician will perform a comprehensive medical history and evaluation to accurately diagnose the condition in order to prescribe the best treatment option for you. Your doctor may also order additional tests including:

- Urinalysis
- Blood work
- A bladder diary – your physician may ask you to keep a record of what you drink, your urine output, when leakage occurs and what you were doing (coughing, laughing, exercising, etc.) when urine leakage occurred.

Specialized tests may also be performed to get a clear idea of the cause of your SUI including:

- **Pelvic ultrasound:** This test painlessly checks for abnormalities in the bladder, urinary tract or genitals.
- **Stress test:** Looks for leaking urine when you cough, laugh or put other types of pressure on your bladder.

- **Post void residual test (PVR):** Determines how well you empty your bladder by measuring residual urine after voiding using a thin tube (catheter) passed through your urethra into the bladder. By measuring residual urine, your doctor can determine if there may be a blockage or nerve or muscle problem.
- **Cystoscopy:** A tiny instrument called a cystoscope is inserted into the urethra to find and/or remove abnormalities. This procedure can be performed in your doctor's ambulatory surgical center.
- **Cystogram:** A special X-ray of your bladder taken while filling and emptying.
- **Urodynamic tests:** Diagnostic tests that evaluate the function of the bladder and urethra and include uroflow, cystometrogram, EMG, pressure flow study, or videourodynamics.

Data from a National Association for Continence survey shows that 24% of women ages 25-44 experienced symptoms of stress incontinence compared to 33% of women ages 45-64.¹



Chesapeake Urology Urodynamic Services

Urodynamics is a series of diagnostic tests that evaluates the function of your bladder and urethra. It helps your doctor determine the source of your urinary incontinence symptoms and the best course of treatment. One of Chesapeake Urology's skilled urodynamicists will guide you through each step of the urodynamic testing.

Your doctor will decide which of the following diagnostic tests should be performed to help diagnose and treat your stress incontinence:

Uroflow: This test measures the speed and amount of urine you void.

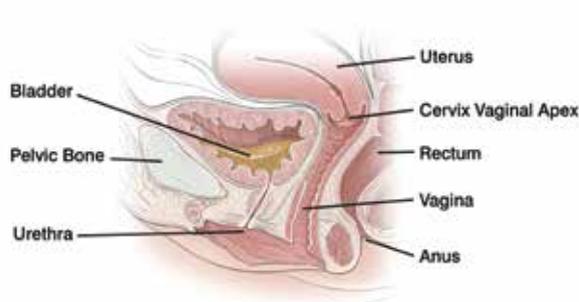
Cystometrogram: This study evaluates how your bladder holds urine, measures your bladder capacity, and also determines how well you can control your bladder.

EMG: This test measures how well you can control your pelvic floor muscles and determines if they are working in coordination with your bladder. EMG patches may be placed near your rectum to record muscle activity.

Pressure Flow Study: This test determines if there is an obstruction in your bladder or urethra.

Videourodynamics: This study is a combination of the above tests with the addition of video pictures.

Normal bladder before incontinence

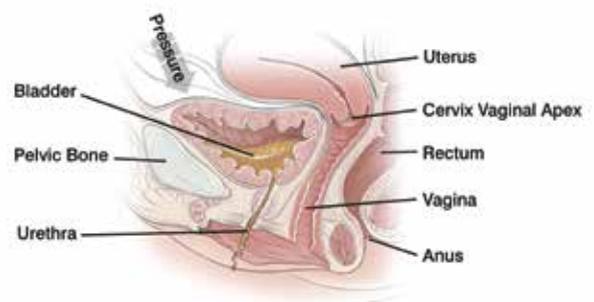


About the Urodynamic Procedure

Your urodynamic appointment will take approximately 60 minutes. A Chesapeake Urology Urodynamicist will be there to guide and support you throughout your testing, answering any questions you may have and ensuring your physical and emotional comfort. You will be asked to arrive at your appointment with a comfortably full bladder for testing.

1. At the start of your testing, you will empty your bladder into an uroflow meter that automatically measures the amount of urine and flow rate.
2. The urodynamicist will then perform a post-void residual, which involves placing a thin tube into your bladder to measure the amount of urine remaining.
3. Your urodynamic study will then begin. This study will evaluate: how much your bladder can hold, how much pressure builds up inside your bladder as it stores urine, and how full it is when you feel the urge to urinate. You will be asked to cough and strain during the test to look for SUI.
4. Finally, the results of your study will be reviewed with you by your doctor at your next visit and a course of treatment determined.

Bladder with stress incontinence



Treating Your Stress Urinary Incontinence

When it comes to SUI, the majority of women can be treated successfully and resume a full and active lifestyle. In most cases, your doctor will start less invasive treatments such as physical therapy and lifestyle and behavioral modifications. Medical devices or surgery may be recommended if these treatments do not adequately help your bladder control symptoms.

- **Physical Therapy:** The goal of physical therapy for treating stress incontinence symptoms is to strengthen the pelvic floor muscles so that you can control urine output during everyday activities. Your physical therapist will perform a comprehensive internal and external exam of the pelvic floor muscles.
 - **Pelvic Floor Muscle Exercises** – Pelvic floor exercises can help prevent urine leakage by strengthening the pelvic floor and sphincter muscles. Your physical therapist will show you how to perform these exercises to promote muscle strengthening, relaxation and coordination. Biofeedback can help determine if you are exercising the proper pelvic muscles.
- **Fluid and diet management:** Changing the amount and timing of fluid intake during the day, as well as avoiding common dietary irritants such as caffeine and tomato-based foods, may help bladder function.
- **Healthy lifestyle changes:** Losing excess weight and quitting smoking (which leads to chronic cough) can help eliminate some of the pressure on your bladder.
- **Absorbent incontinence pads:** Sometimes treatments are not 100% effective and women with mild urine leakage may want to use absorbent pads for added protection.



Urinary incontinence affects about 25 million Americans and 75-80% of those sufferers are women.¹

¹National Association for Continence - www.nafc.org/media/statistics/stress-incontinence-2

Primary Treatment Options for SUI:

Urethral Sling

Urethral slings are the most common and effective surgical treatment option for SUI. Your doctor will perform a minimally invasive procedure to place a sling, a small piece of synthetic mesh, under the urethra. The sling forms a hammock of support for your urethra, keeping it supported to eliminate accidental urine leakage.

Placement of the urethral sling is done as an outpatient procedure and only requires a small incision in the vagina. You can expect to go home a few hours after the procedure. Most women do not experience major pain or discomfort after the placement. You can return to light activity four to six weeks post-surgery; however, you should avoid heavy lifting, sexual intercourse and rigorous exercise for four to six weeks following your procedure. Your doctor will discuss post-operative instructions with you.

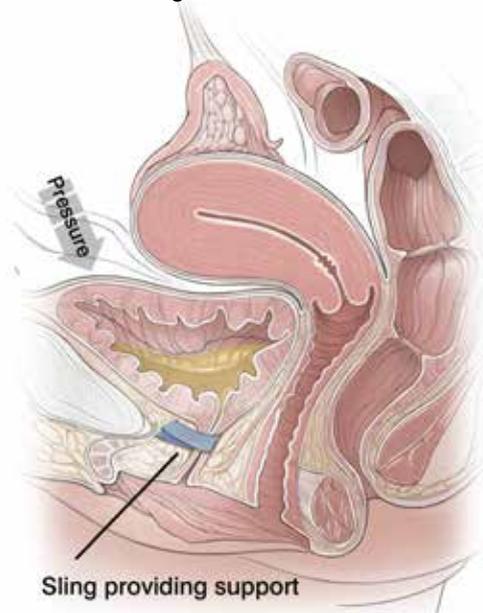
Benefits

- A minimally invasive outpatient procedure
- An effective treatment for SUI for more than 30 years
- Many women see immediate results following placement of the sling
- Covered by most major medical insurance

Disadvantages

- General risks associated with surgery
- Serious complications are very rare but can include trouble with urination following the procedure, a reaction to the sling material, or return to incontinence

SUI Treatment with Sling



Although incontinence risk goes up as you age, anyone can experience symptoms at any time.

Urethral Bulking

Urethral bulking involves the injection of a special material called a bulking agent around the urethra. Your doctor can perform this minimally invasive procedure under local anesthesia in the office or in an outpatient surgical center. The bulking agent helps build up the thickness of the urethral wall to support the bladder and form a tight seal to prevent urine leakage. Using a periurethral or transurethral approach, your doctor will inject the bulking material into the area around the urethra.

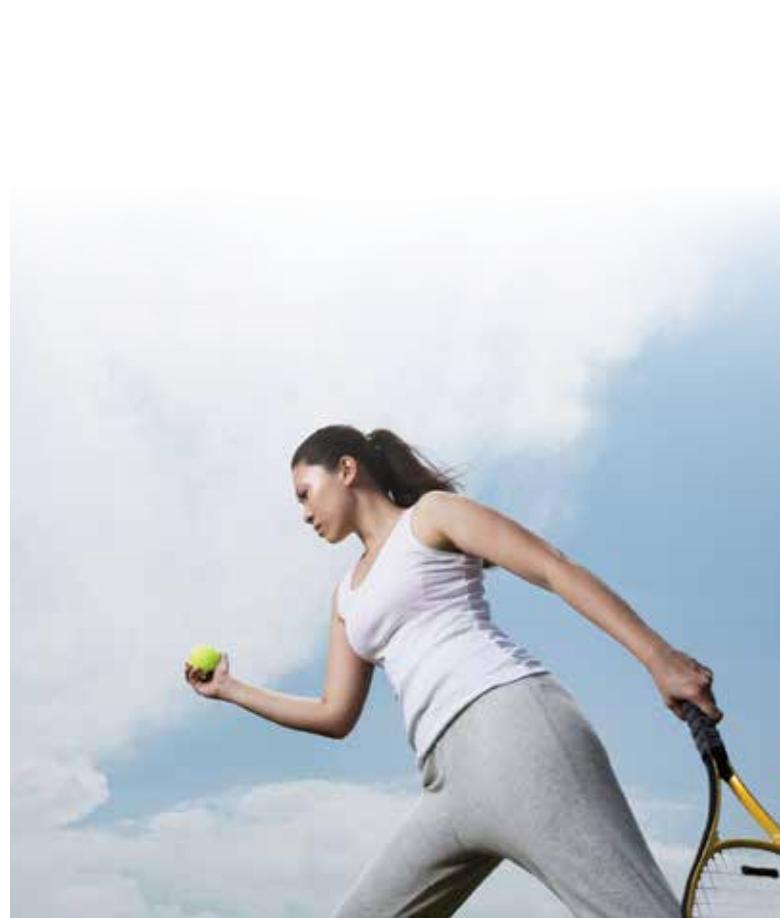
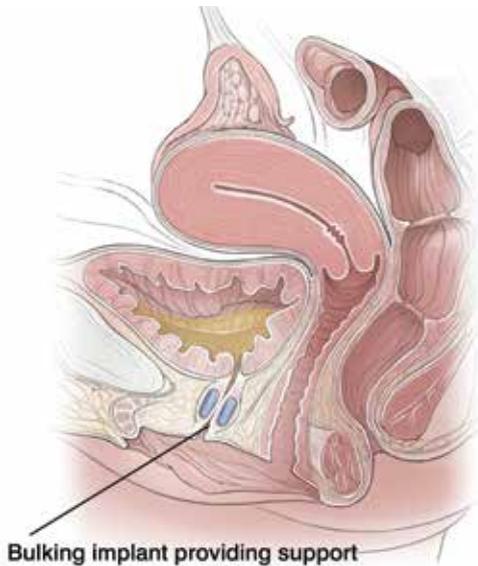
Benefits

- No incisions
- Quick procedure with minimal side effects
- Short recovery time

Disadvantages

- May not work for some women
- Not a permanent treatment; may need to be repeated over the course of months to years

SUI Treatment with Bulking Implants



Secondary Treatment Options for SUI

Autologous Pubo-Vaginal Sling

An alternative to the urethral sling, the autologous pubo-vaginal sling is an option for women who do not wish to have the more common mesh sling implanted. This procedure utilizes the patient's own fascia (connective tissue), taken from the thigh or lower pelvic area, to create the sling. Because your doctor uses your own tissue, there is no reaction to synthetic materials. The procedure, which is a more invasive, intricate surgery than a urethral sling, involves a small vaginal incision as well as two small incisions made above the pubic bone to insert and place the sling. A small incision in either the thigh or lower pelvis is also made to harvest the tissue.

Retropubic Suspension Surgery (Burch procedure)

In some women, the bladder neck and urethra have dropped into the pelvic area, which causes involuntary urine leakage. Retropubic suspension surgery is a less common procedure that treats SUI by lifting the sagging bladder neck and urethra by attaching the bladder to structures behind the pubic bone to provide added support. This procedure is typically performed laparoscopically or through open surgery under general anesthesia through several small incisions in the abdomen.

Radiofrequency Bladder Neck Suspension

A less common alternative treatment, radiofrequency bladder neck suspension is a minimally invasive procedure where the pelvic tissue is gradually and precisely heated, allowing it to shrink and stabilize to keep the urethra from leaking. Your doctor may offer this therapy as a clinical trial or it may be offered off trial based on your insurance.



Frequently Asked Questions About Stress Urinary Incontinence (SUI)

Q: How do I know if I have stress urinary incontinence (SUI)?

A: If you leak urine involuntarily, either just a few drops or a tablespoon or more, you may have SUI. If your SUI is mild, you will experience light leakage during vigorous activity, when you sneeze, cough, laugh or when you lift something heavy. With more severe SUI, you leak urine even during light activity such as walking or standing up.

Q: Is SUI common in women?

A: Yes, SUI is the most common type of urinary incontinence in middle aged and older women. Approximately 1 in 3 women experience symptoms of stress incontinence at some point in their lives and even young women can experience urine leakage.

Q: Is stress urinary incontinence (SUI) different than overactive bladder (OAB)?

A: Yes. SUI is involuntary leakage of urine often caused by rigorous activity or sneezing, laughing, coughing or heavy lifting. Overactive bladder or OAB (also known as urge incontinence) is a strong, sudden urge to urinate at unexpected times. OAB can also be a frequent need to urinate and is often described as that “gotta go now” feeling.

Q: Should I feel embarrassed to talk to a doctor about my bladder control problem?

A: No! Bladder control problems such as SUI are very common in women, yet most women feel embarrassed and ashamed and put off addressing this medical condition with their doctor. Rest assured that the incontinence specialists at Chesapeake Urology understand how bladder control issues can affect your lifestyle and your confidence, and will help you understand that you are not alone. Our doctors are committed to helping restore you to your normal self.

Q: What causes SUI?

A: There are a number of factors that can cause stress incontinence including: obesity, chronic cough (usually caused by smoking), pregnancy and childbirth, menopause, nerve injuries and/or pelvic surgery, and neurological conditions that damage nerves such as spinal cord injury.

Q: Can I expect bladder control problems as I get older?

A: While bladder control issues such as SUI are common in older women, they are also very common in younger women.

Q: Are there non-surgical treatments for SUI?

A: Yes. Your doctor will typically recommend first line therapies including physical therapy and lifestyle and behavioral modifications to minimize your SUI symptoms. These include: pelvic floor muscle exercises, weight loss and quitting smoking. Your doctor may also have you keep a bladder diary to track when leakage most often occurs.

Q: Can I take medication for my SUI?

A: There are currently no approved drugs in the U.S. to specifically treat SUI.

Q: Can surgery cure my SUI?

A: If physical therapy and behavioral and lifestyle changes do not alleviate the symptoms of SUI, your doctor may recommend one of several surgical procedures including a urethral sling (the most common surgical intervention), urethral bulking, or retropubic suspension surgery. You do not have to fail physical therapy, however, to have surgery for SUI.



Questions to Ask Your Doctor

Talking to your Chesapeake Urology physician is the first step to alleviating your bladder control problems. Our urologists specialize in female incontinence and understand what you are going through and how to help.

Following are questions to ask your urologist during your initial visit:

1. What is your experience treating women with SUI?
2. How common is stress urinary incontinence in women?
3. Does getting older mean I'll have urinary incontinence?
4. What could be a cause of my SUI?
5. If I don't want surgery what are my treatment options?
6. What are pelvic floor muscle exercises and how do they help?
7. What is a bladder diary and why is it important?
8. Are there any medications I can take to cure my SUI?
9. Are there certain foods or drinks that can make my SUI worse?
10. How effective are surgical interventions for treating SUI?
11. What are some of the risks with surgery?
12. How long is the recovery period following a surgical procedure to treat my SUI?
13. How can I learn more about clinical trials offered by Chesapeake Urology to treat urinary incontinence?

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