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Urinary Stress Incontinence

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What is urinary stress incontinence?

Urinary stress incontinence is defined as involuntary urine leakage with effort or exertion. In many cases, it is due to a loss of normal support to the urethra. The urethra is the structure that carries the urine from the bladder to the outside of the body. When the pelvic floor muscles and ligaments around the urethra weaken, the urethra becomes more mobile, or hyper mobile. When suffering from stress incontinence, you may notice small leaks of urine with activity because some activities increase pressure to the area. This pressure causes the urethra to fall into the vagina and leakage occurs. When this leakage affects your lifestyle, you may want to seek treatment.

What are the sign of urinary stress incontinence?

If you suffer from urinary stress incontinence you might:

- Leak urine when you laugh, sneeze or cough.
- Leak during certain physical activities such as dancing, horseback riding, kick boxing and jumping on a trampoline.
- Avoid exercising because you're afraid you might leak.
- Sleep through the night but leak when waking up.
- Leak when getting up from a chair.

What are the risk factors for urinary stress incontinence?

Some women are at a higher risk for developing urinary stress incontinence. If you have given birth vaginally, especially with a baby over 9 pounds or if you pushed for more than two hours, you may be at risk. Other stress factors include family history of stress incontinence, smoking, obesity, heavy lifting, excessive fluid intake and constipation.

How is urinary stress incontinence treated?

Treatment for urinary stress incontinence can be either surgical or non-surgical. Non-surgical treatment includes scheduled voiding (urination), Kegel exercises, diet, medications, other therapies and pelvic floor rehabilitation.

Scheduled Urination

To reduce pressure on the bladder, scheduled urination requires you to urinate at certain times throughout the day so your bladder never becomes too full. The fuller the bladder, the more pressure is on the bladder. When the bladder is full, a sudden force like coughing, sneezing or laughing can cause you to leak. Typical time between scheduled urination should be around 2 or 3 hours.

Kegel Exercises

Kegel exercises strengthen the pelvic floor muscles and reduce leakage. The pelvic floor muscles act as a hammock to keep the bladder and the urethra lifted. To

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begin a Kegel exercise, you must first identify the pelvic floor muscles by tightening your rectal sphincter. The rectal sphincter is the muscle that tightens around the anus to prevent leakage of either gas or bowel movement. The best way to locate this muscle is to try and contract the muscle you would use to prevent passing gas or stool from your rectum. Contracting this muscle will exercise and build strength. To exercise, contract the rectal sphincter 10 times in a row, holding each contraction for at least 5-10 seconds. You should do this at least 3-4 times a day. It will take some time, typically two to three months, before you begin to see changes.

Diet

Diet and fluid management are also important for treating urinary stress incontinence. It is important not to eat foods or liquids that can aggravate or irritate the bladder. These include caffeine or carbonated beverages, alcohol, citrus fruits, citrus juices, spicy foods and artificial sweeteners. It is also important not to over hydrate or over drink. This will cause the bladder to become full too often and will increase the risk of leakage.

Medications

There are very few medications for urinary stress incontinence. Two medications that may be successful include Sudafed and duloxetine. Sudafed can increase the tone of the urethra and prevent leakage. Sudafed does have side effects so you should always consult your doctor before trying to treat urinary stress incontinence with Sudafed. Duloxetine is typically used as an anti-depressant but has shown to decrease "accidents" in some women. Although an option for urgency incontinence, estrogen has not been shown to decrease the symptoms of urinary stress incontinence.

Other Therapies

Vaginal weights are another option for therapy. Vaginal weights are weighted cones that are inserted into the vagina. Once inserted you would stand and try to keep the cone

from falling out for at least 20 minutes. Once this is accomplished, the weight of the cones is increased until specific results are seen. Another option is using a pessary. A pessary is a rubber ring that is placed in the vagina and holds the urethra up to prevent leakage. The pessary works only while it is in the vagina. It is an excellent alternative to surgery, but some women may find a pessary uncomfortable to wear throughout the day.

Pelvic Floor Rehabilitation

Physical therapy that can treat urinary stress incontinence is called pelvic floor rehabilitation. Therapy involves a combination of behavior change (i.e. diet, scheduled urination), pelvic floor stimulation, pelvic floor exercise (Kegels) and sometimes medication. The primary goal of therapy is to build pelvic floor strength or the strength of the muscles around urethra and the bladder.

Surgery

The most common surgery for urinary stress incontinence is the suburethral sling procedure. This procedure is usually done in the hospital or surgical center and takes about 30 minutes to perform. During the procedure, a small, 0.5-inch incision is made in the vagina. A small piece of synthetic mesh is placed under the urethra, which holds the urethra into place.

After surgery, you can go home the same day and recovery usually takes a day or two. It does take approximately six weeks for the mesh to "scar in." During that six-week time period you should avoid straining and avoid lifting more than 10 pounds. The surgery has a 90% long-term success rate.

Overall, urinary stress incontinence is a problem that affects many women. It does not have to take over your life. Talk with your doctor about your options and know that with help, you can regain control and get back to doing the things you enjoy without worry.