

Get your bladder to behave!

Dr Duru Shah shares the options available to treat urinary incontinence.

Urinary incontinence is more common than you would imagine. This embarrassing condition strikes millions of women in India. Urinary incontinence, often called loss of bladder control, is the unwanted loss or leak of urine. It is a symptom, not a disease, caused by a variety of conditions. In fact, 1 out of every 4 women has urinary incontinence after the age of 30, and 8 out of 10 who are affected, mistakenly believe that incontinence is a normal part of ageing! They believe that it is a temporary problem which will go away on its own or that they will have to just live with it.

TYPES

There are different types of incontinence...

Urge incontinence is the loss of urine when there is a strong need to go to the restroom, especially whilst on the way to the restroom; at night or even on hearing or touching running water. **Stress incontinence** can occur during exercise or movement in certain ways, or on sneezing, coughing or laughing. **Overflow incontinence** creates a feeling of never completely emptying the bladder and can cause loss of small amounts of urine throughout the day.

Here are some examples of what various women have told me in my clinic. These are commonly experienced by women.

- "...I leak a lot when I develop a cough or cold..."
- "...I leak when I go for my daily walk..."
- "...I do not drink water for fear of leaking. I am always thirsty..."
- "...I have to think before selecting a good saree to wear, suppose I wet myself..."
- "...I am embarrassed because of the foul smell, I avoid social functions..."
- "...I cannot cook spicy food, it makes me leak onto the kitchen floor..."

CAUSES

Urinary incontinence affects women of all ages – be they young mothers, premenopausal women or older women.

The impact on women is dramatic. 90% of Stress Urinary Incontinence (SUI) sufferers are women, often affected in the prime of their lives! Their problem increases at menopause and peaks with ageing.

A general loss of pelvic muscle tone because of aging, nerve or muscle damage resulting from injury or previous surgery may be the reasons for the incontinence. The other risk factors for incontinence include childbirth, especially vaginal delivery, obesity, chronic coughing, constipation and even certain medications. All these weaken the muscles, which normally keep the outflow tract closed, thus leading to incontinence. The impact on women is dramatic. 90% of Stress Urinary Incontinence (SUI) sufferers are women, often affected in the prime of their lives! Their problem increases at menopause and peaks with ageing.

In brief, the various causes of urinary incontinence could be described as:

- D** — Delirium/ Dementia
- I** — Infections (urine, vagina)
- A** — Atrophic vaginitis due to reduced estrogen
- P** — Psychological causes (especially depression)
- P** — Pharmaceutical agents
- E** — Endocrine conditions (diabetes)
- R** — Restricted mobility
- S** — Stool impaction

Urge incontinence is the loss of urine when there is a strong need to go to the restroom, especially whilst on the way to the restroom.

Women may wear pads, reduce their fluid intake or make changes in their social lives. Incontinence may discourage women from doing things that they would ordinarily do to stay healthy. They may give up outdoor exercise, limit lifting their children or groceries and/or avoid sexual intimacy. They may struggle with issues ranging from loss of self-confidence and self-

esteem to frustration, a sense of defeat and financial concerns due to loss of productivity.

TESTING

The history of the patient involves determining the number of childbirths, delivery type and prior pelvic surgery. Physical examination is carried out to determine vaginal health. Various tests can be carried out to determine the cause of incontinence which then ultimately helps to decide the line of therapy.

The various tests done can vary from simple tests to very specialized tests...

They include:

- Urine culture
- Marshall test
- Ultrasound
- Q-Tip test (positive if >30 degrees)
- CT scan / MRI
- Cystoscopy
- Urodynamics



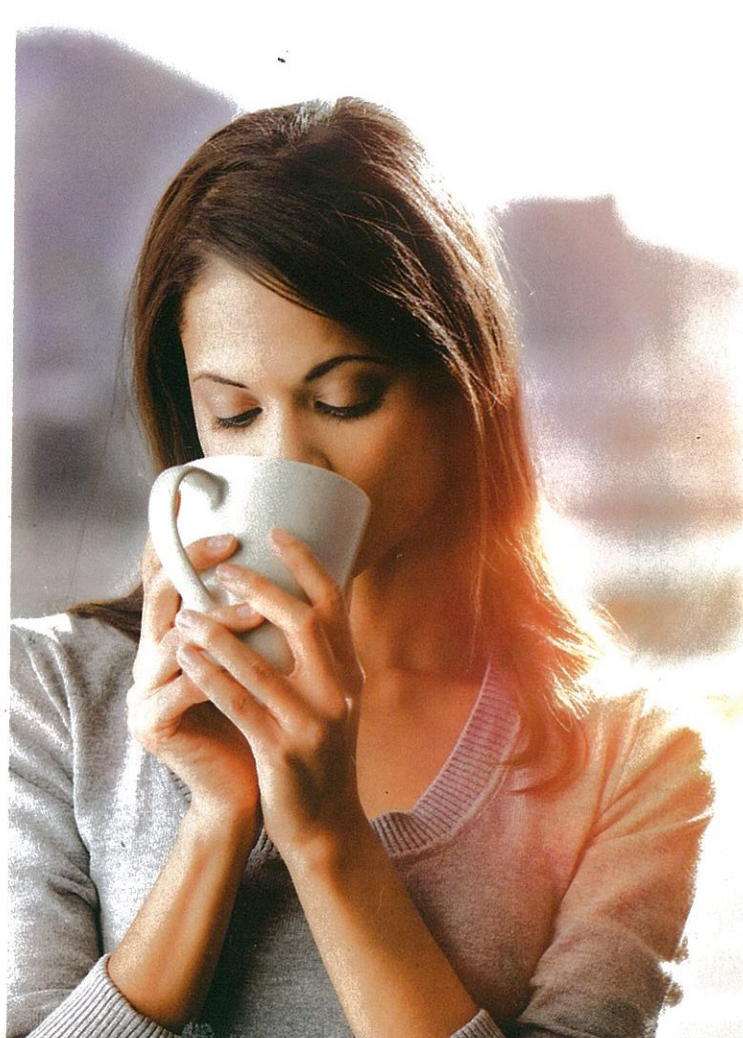
Though incontinence is a common problem in women, it has a big impact on women's lives. Most women suffer in silence due to lack of awareness on available treatment options.

TREATMENT

Current treatment options include pelvic muscle exercises, behavioural modifications, treatment of urinary infection, local hormone therapy, neo-control therapy and surgery. Surgery offers the best cure rates for SUI even in elderly women. Surgical treatment involves the use of TVT (tension free vaginal tape) which is an innovative, effective and simple solution for stress incontinence. It entails a day care surgery which is minimally-invasive. It is a simple surgical procedure which is completed in 30 minutes and can be done under local anaesthesia. The patient returns home the same day and has minimal post-operative pain. It has a 96% success rate with 85% of patients completely cured and about 11% patients experiencing significant improvement.

Newer medical therapies are also available for urge incontinence and make the condition more manageable.

Every affected woman wants the freedom from sudden urine loss, a normal, active social lifestyle, freedom from embarrassment due to a sudden leak, safe and simple treatment, no scars, short hospital stay, no



complications and a better quality of life. Though incontinence is a common problem in women, it has a big impact on women's lives. Most women suffer in silence due to lack of awareness on available treatment options.

Hence, it is heartening to know that women can now control their lack of control!

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