

Latest Treatments for a Leaky Bladder

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Boulder
Community
Health 

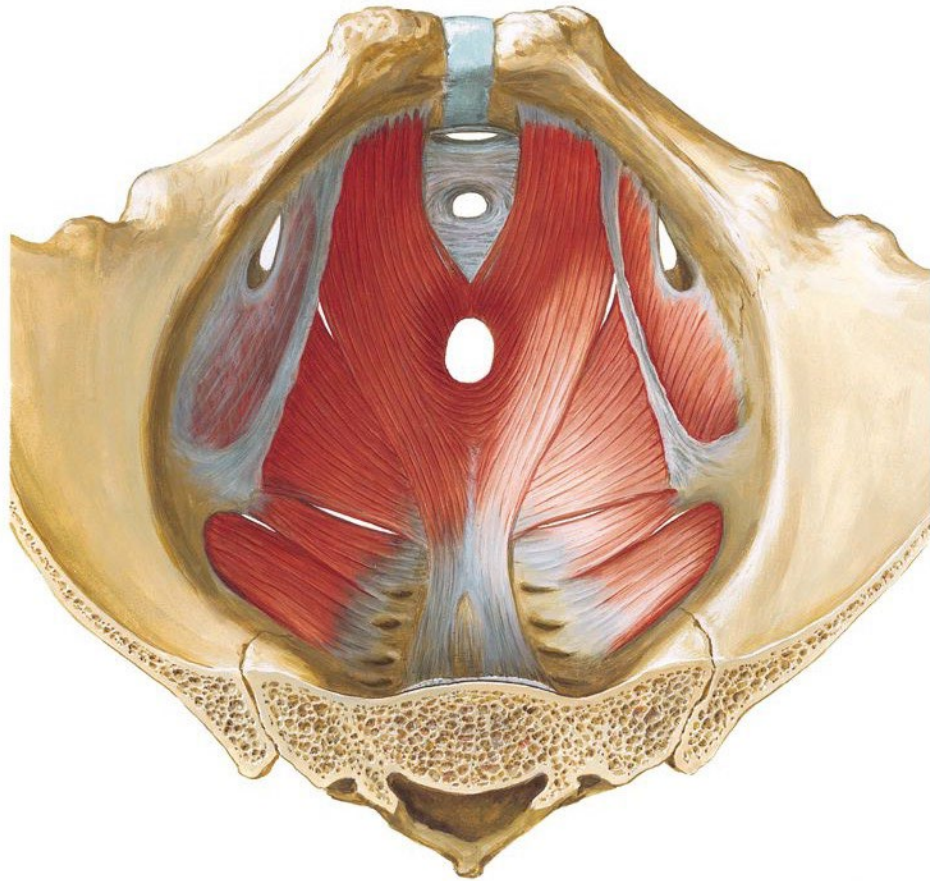


Boulder Women's Care

Financial Disclosures

- None

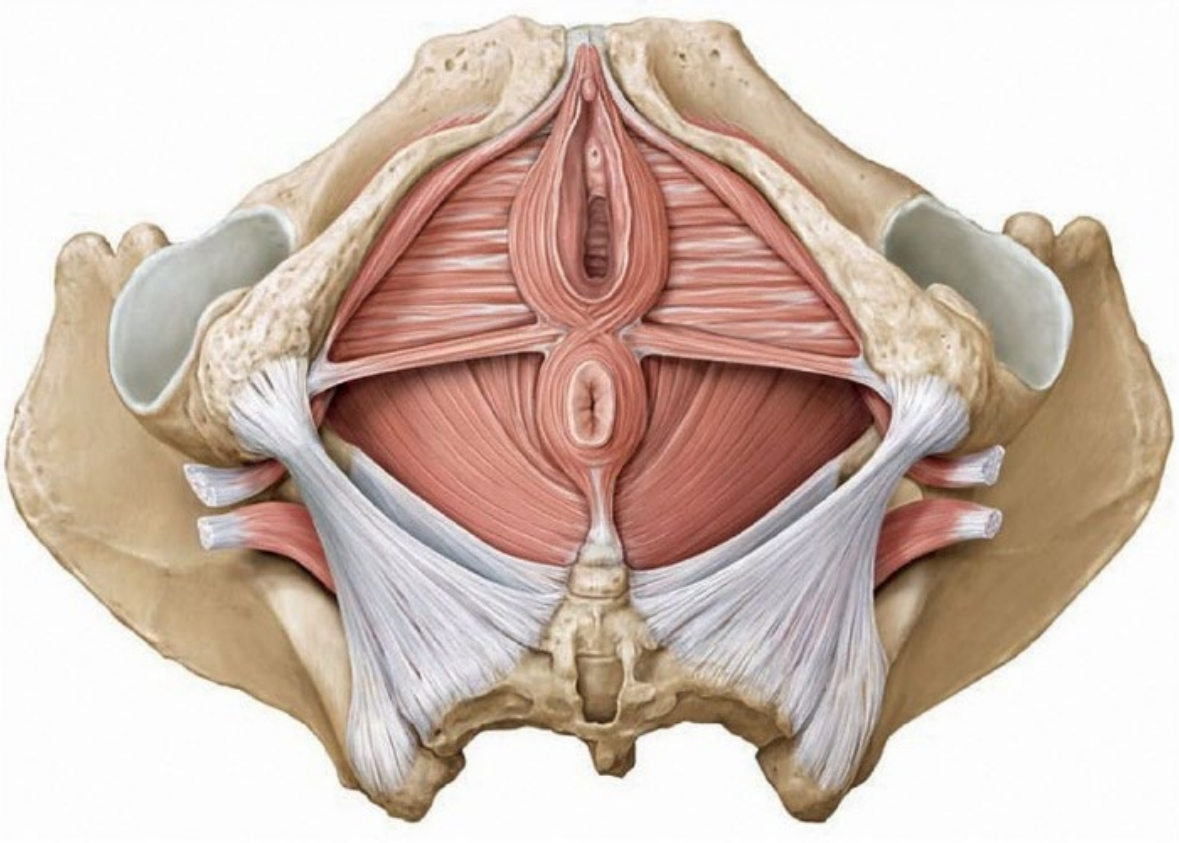
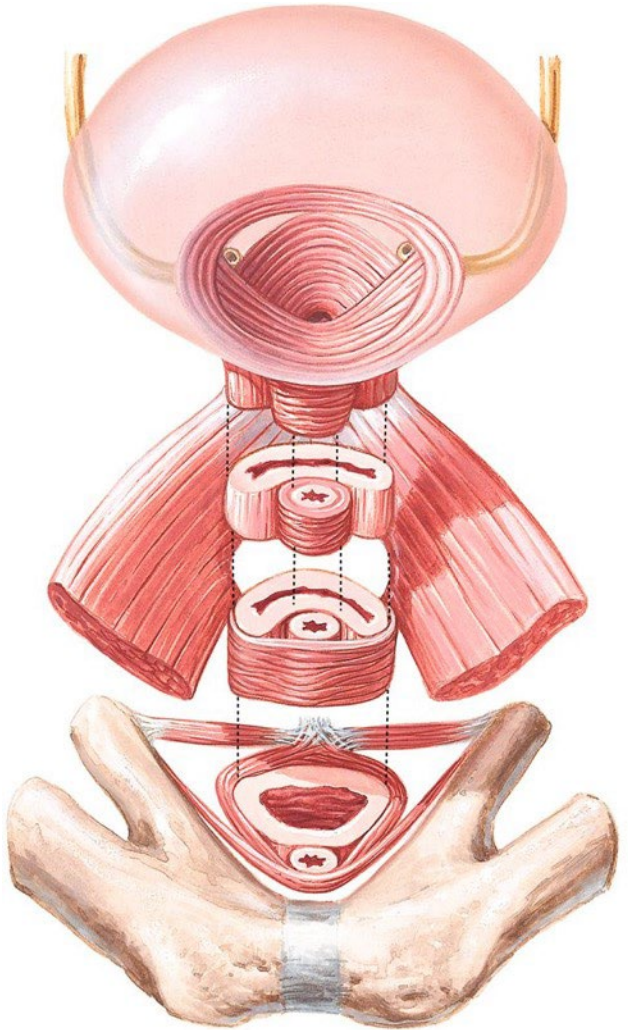
- The Big Issue:
 - Pelvic Floor Dysfunction
- Primary Problems:
 - 1. Prolapse**
 - 2. Bladder issues**
 3. Bowel issues
- For each:
 - Who is at risk?
 - How does it show up?
 - What are the treatments?
 - Lifestyle → Conservative → Procedures



Pelvic Floor Dysfunction (PFD)

“Symptoms that arise out of **weakness, spasm, or discoordination** of the structures that make up the **Pelvic Floor** – A complex association of many muscles, the connective tissues that anchor them to the bony pelvis, and the organs that they hold in place.”

The Pelvic Floor



- 50% of women over 50...
- Most Common: Stress Urinary Incontinence (SUI)
- 1 in 3 of THOSE women have some degree of bowel dysfunction.
- 60% of nursing home occupants: daily fecal and/or urinary incontinence.
- 20% lifetime risk of needing surgery for prolapse or incontinence
 - Repair of prolapse is the most common surgery performed in women > 70.
- Thousands upon thousands of dollars per year spent on pads and other products.

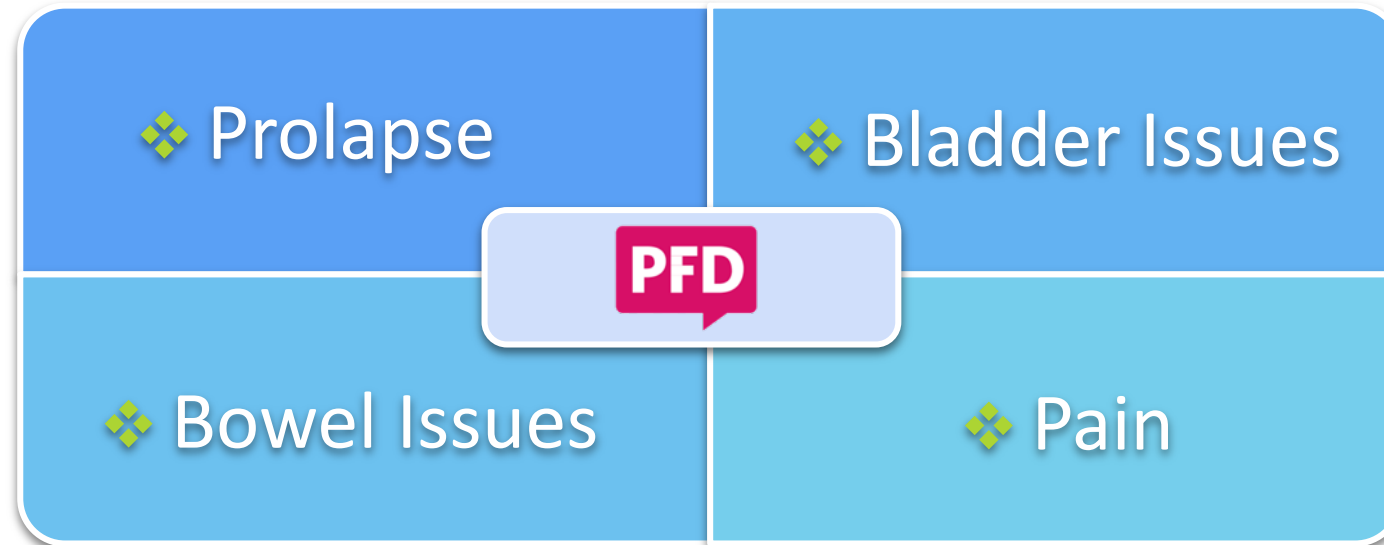
It is **VERY** common.
Many are suffering silently with it.

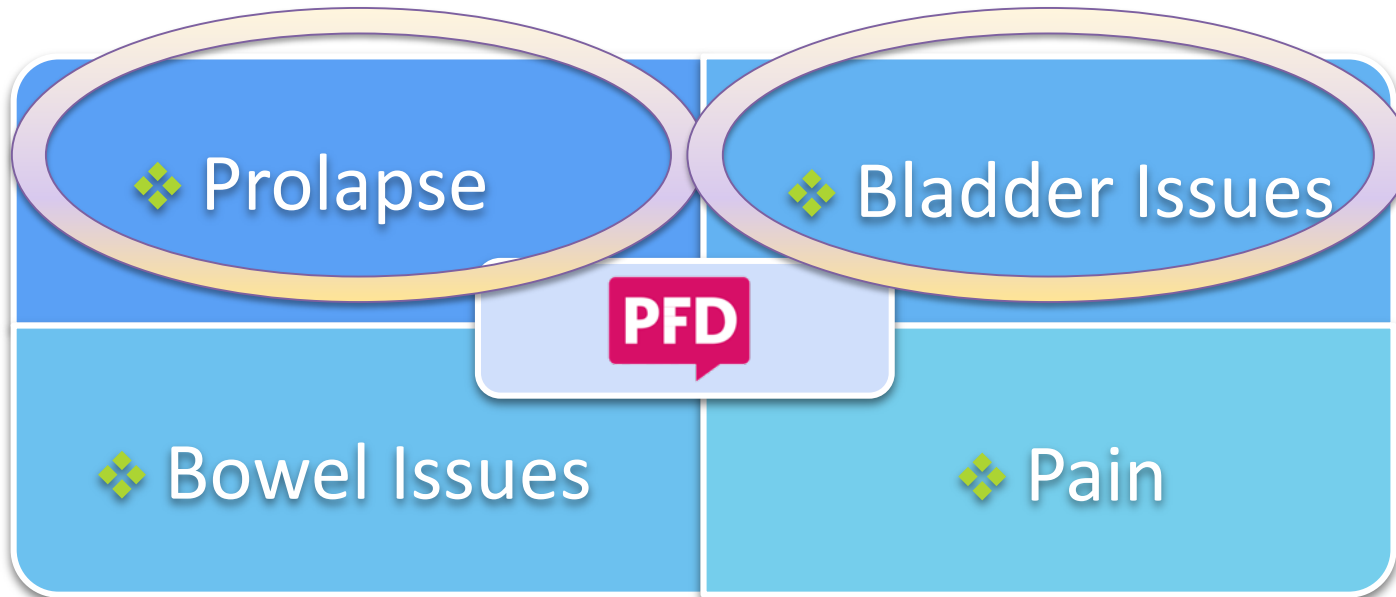
Voices for PFD

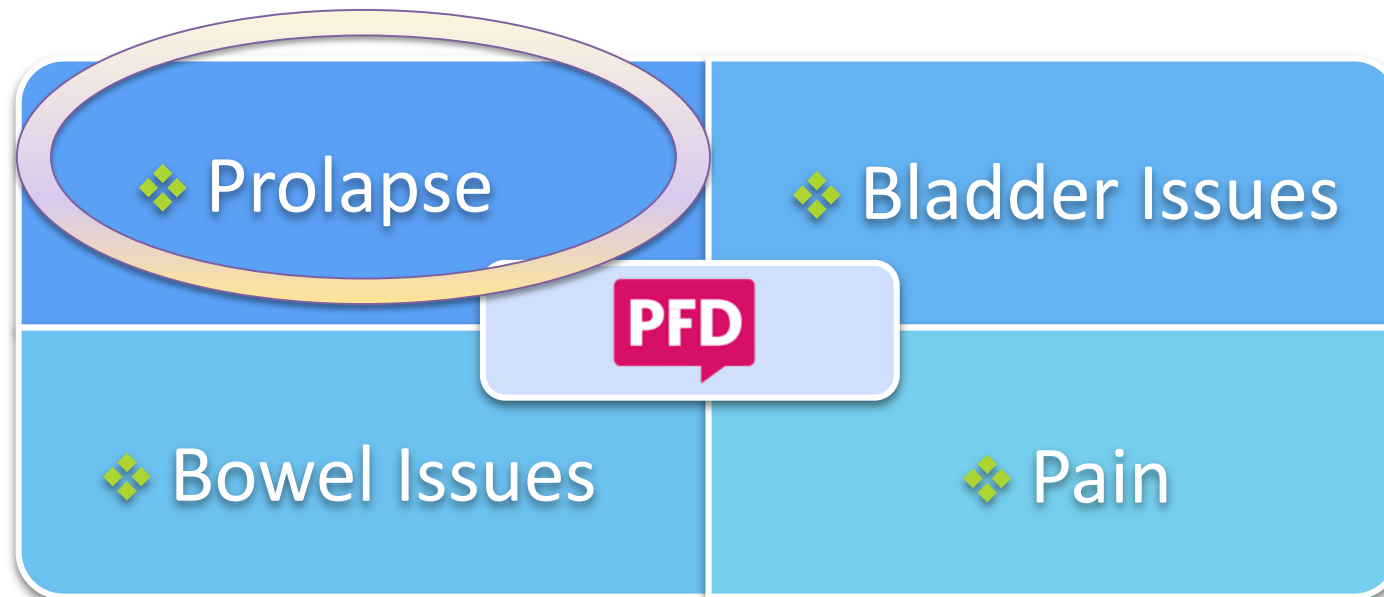
"I've had these symptoms for years... but didn't really know there was anything to do about them..."

"I get it... I had had a couple kids - I assumed that some of this was just part of the deal..."

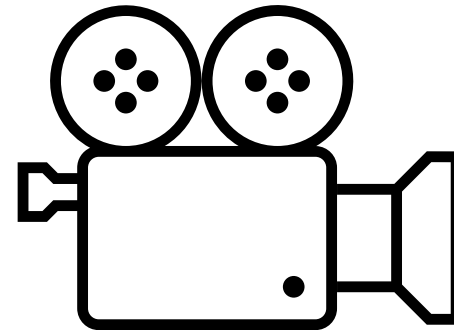
"I enjoy sex with my partner, but honestly it *is* a little painful most of the time, has been that way for years."

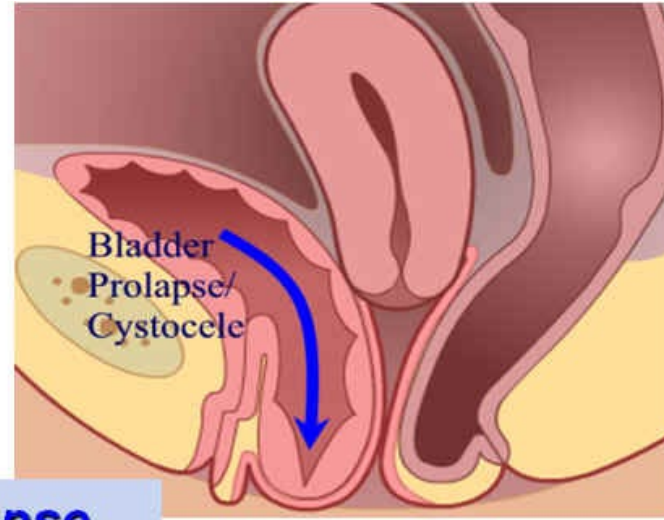
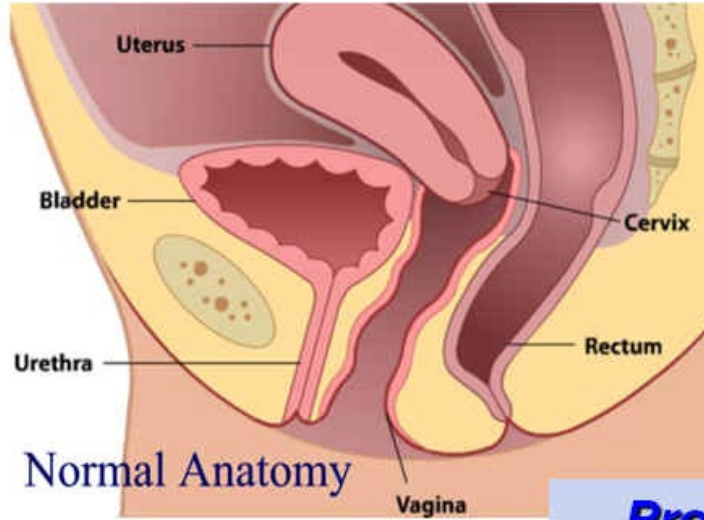






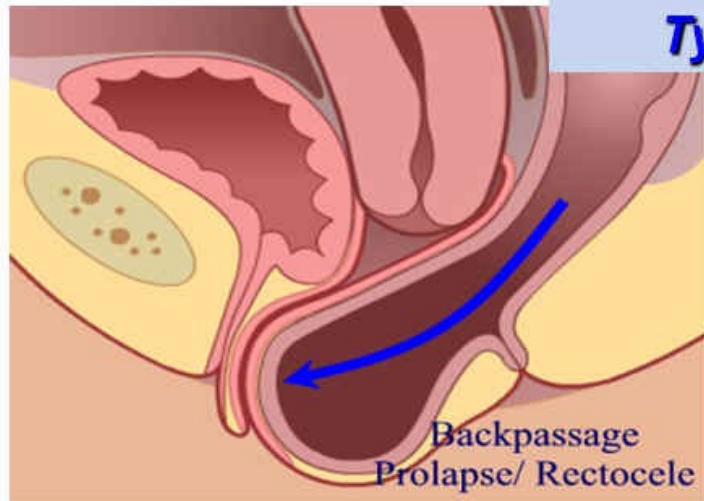
Video - Prolapse



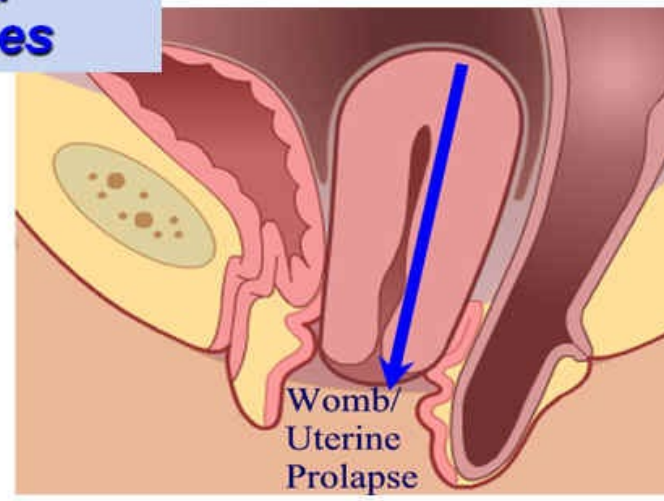


“Cystocele”

**Prolapse
Types**



“Rectocele”



“Uterine
Prolapse”

Prolapse: Who is at risk ?

Risk Factors:

- ***Some we have control over.***

- Obesity
 - BMI > 25 means you double your risk
- Sedentary lifestyles
- Chronic constipation
- Chronic cough (i.e., smoking)

- ***Some we don't.***

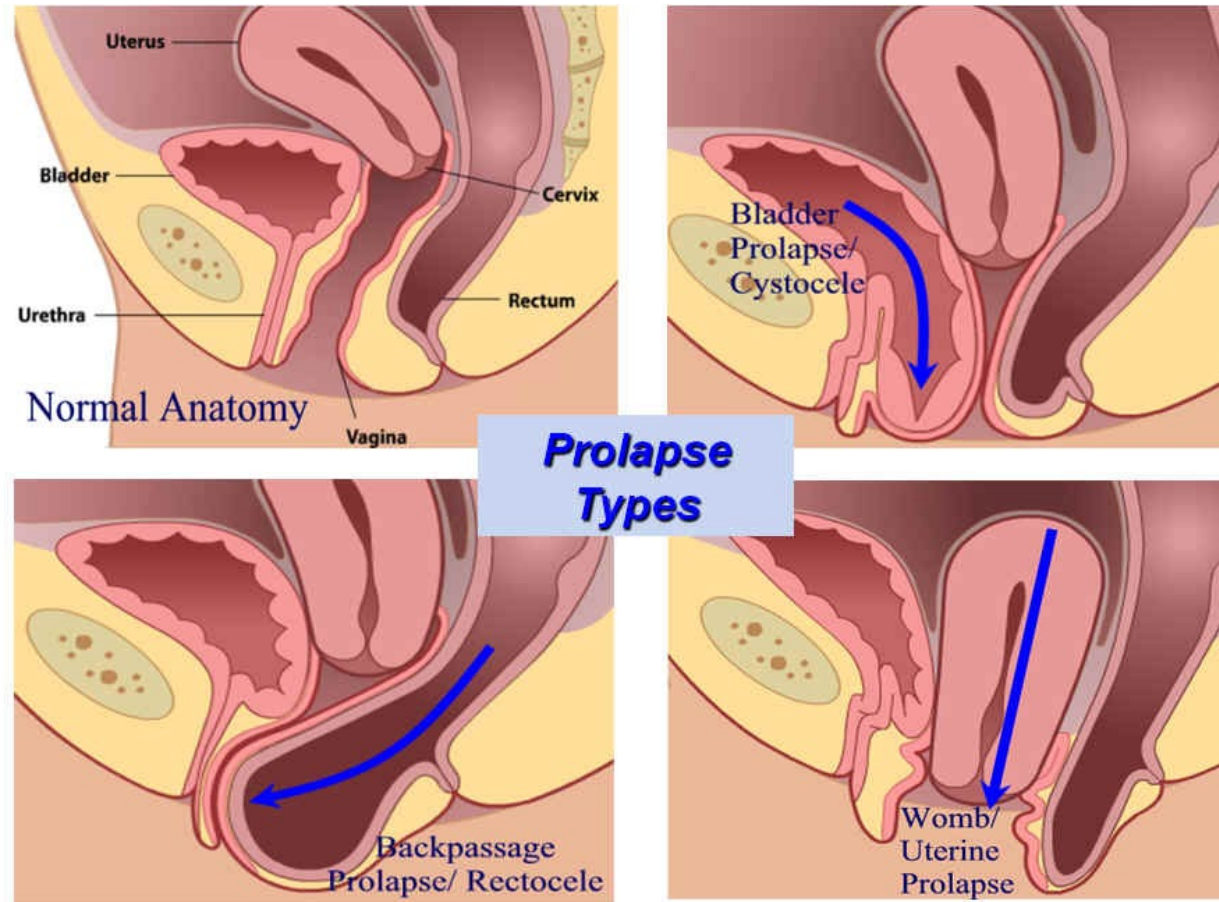
- Age (menopause, lack of estrogen)
- Pregnancies
 - Vaginal > Cesarean (big babies not well correlated, CS not completely protective)
- Hysterectomy
 - Unclear risk of apical/vault prolapse many years later

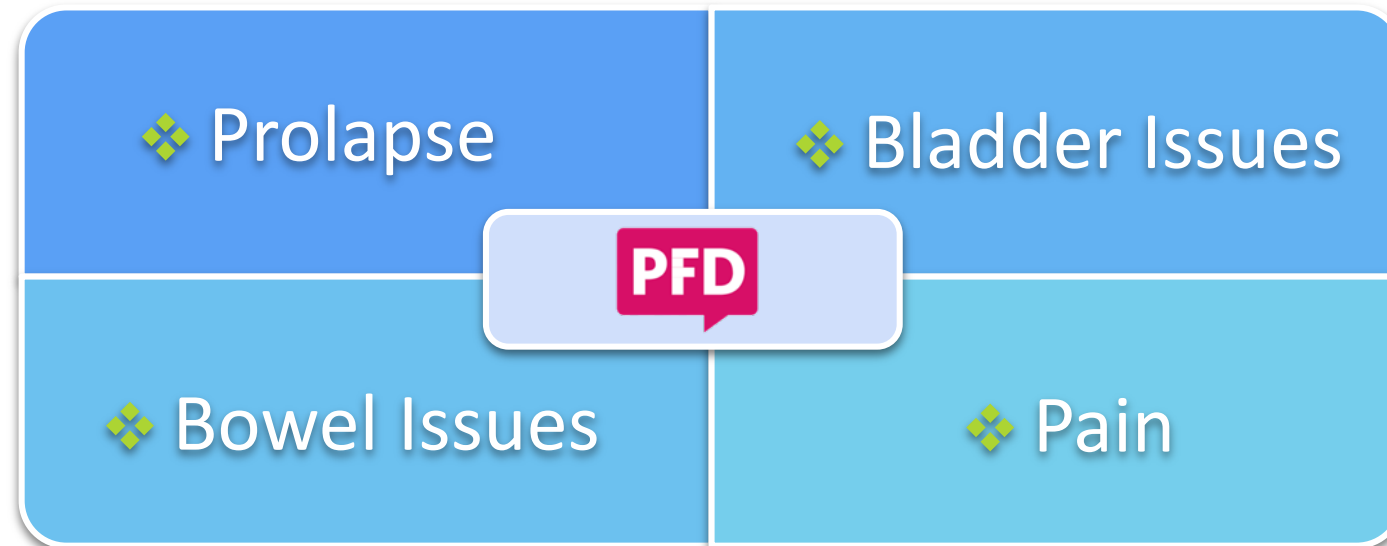
Prolapse: How does it show up ?

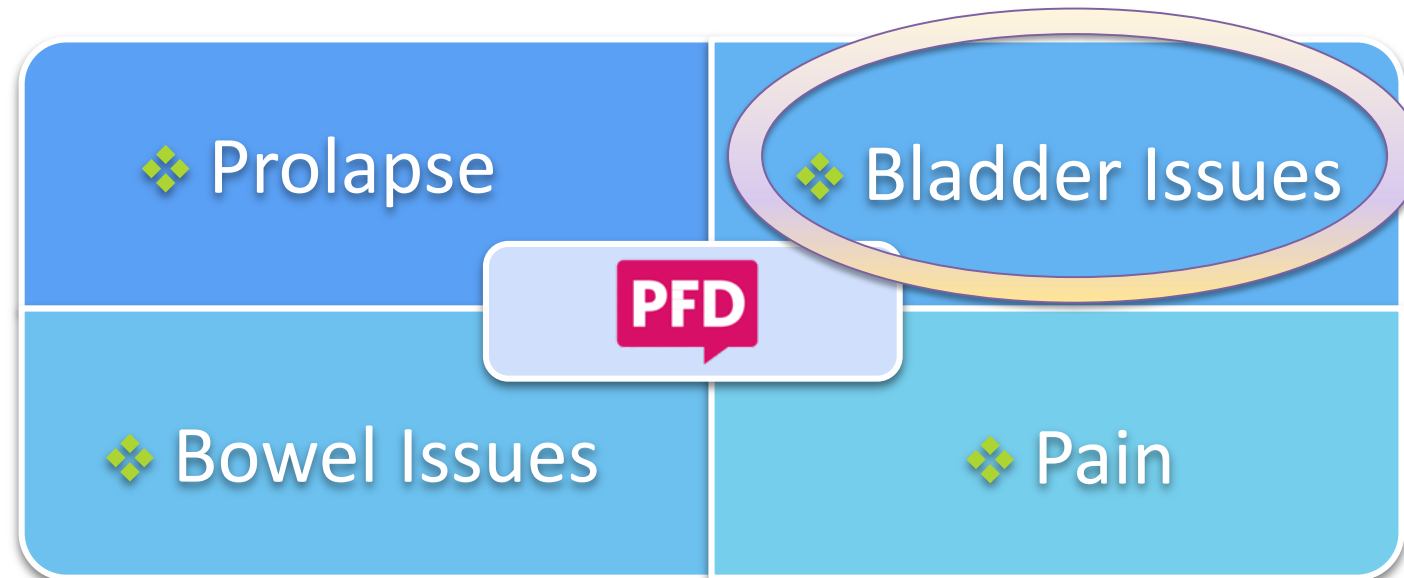
1. **Bulge** (vaginal fullness/pressure)
2. **Organ System Dysfunction**

- Cystocele: Stress or urge incontinence, frequency/urgency, double voiding, splinting, weak/changing stream, feeling of needing to urinate during intercourse
- Rectocele: Obstructed/painful BM's, splinting, stool trapping, accidental bowel leakage, feeling of needing to have BM during intercourse

Which leads us to our next topic of leaky bladders...







- **Urinary Incontinence**
 - Stress
 - Urge
 - Mixed
- **Overactive Bladder**
- **Urinary Retention**
- **Recurrent UTI's**
- **Bladder Pain**



* With or without underlying prolapse

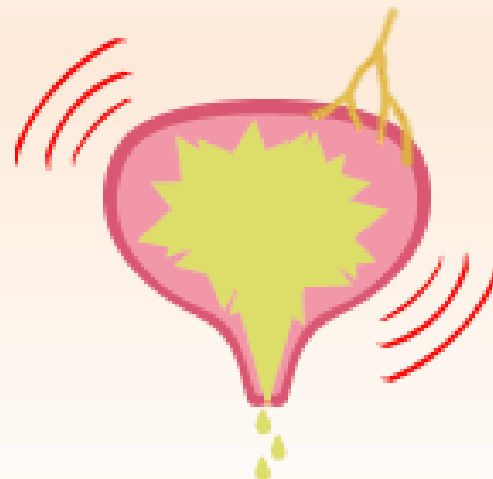
Urinary Incontinence

Stress incontinence



It is the most common, causing involuntary bladder leakage.

Urge incontinence



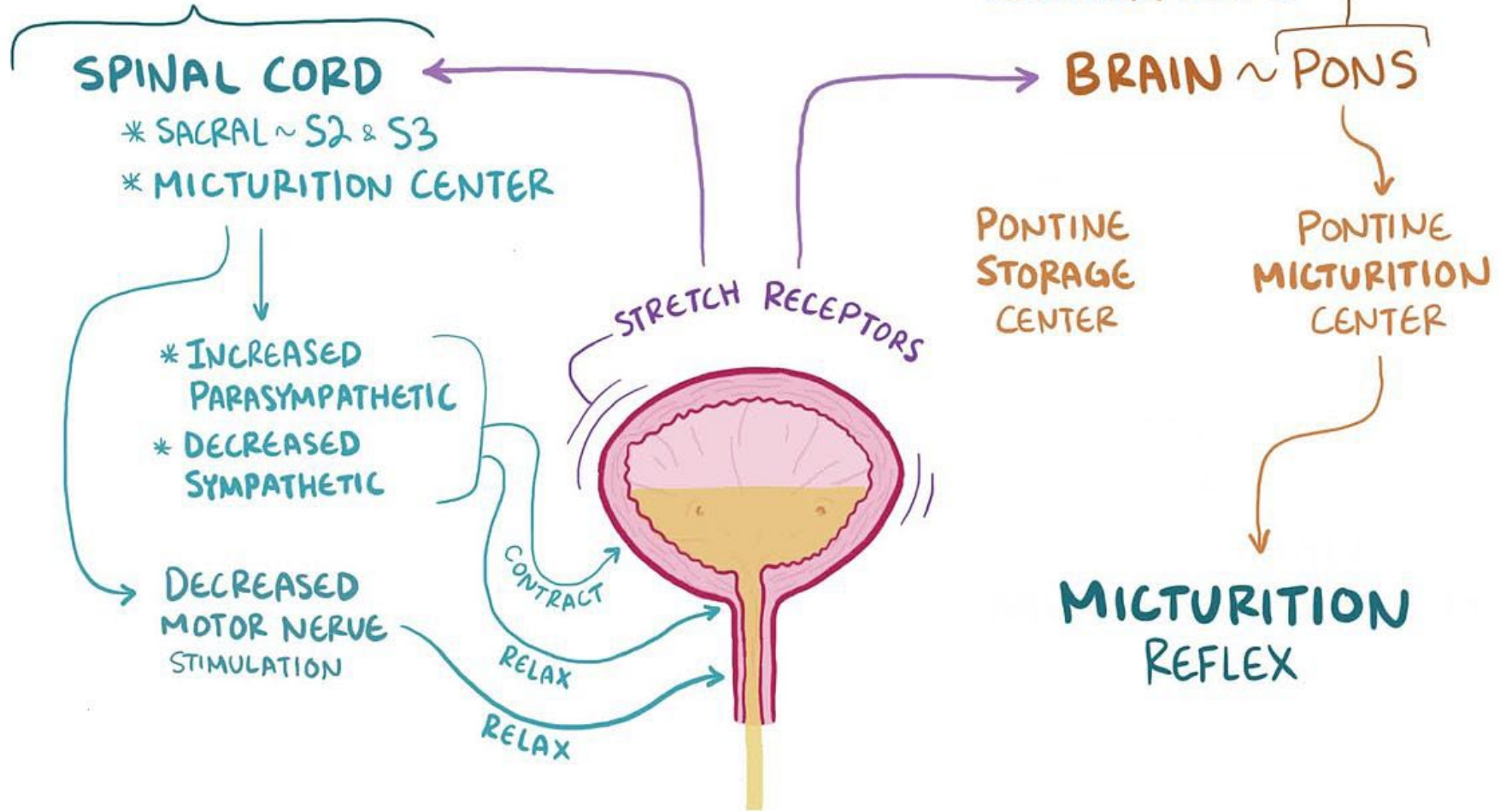
It results in the uncontrollable need to use the bathroom.

Overflow incontinence



It appears as frequent, constant dripping from the urethra.

MICTURITION REFLEX



Stress Incontinence



Stress Urinary Incontinence (SUI)

Presentation

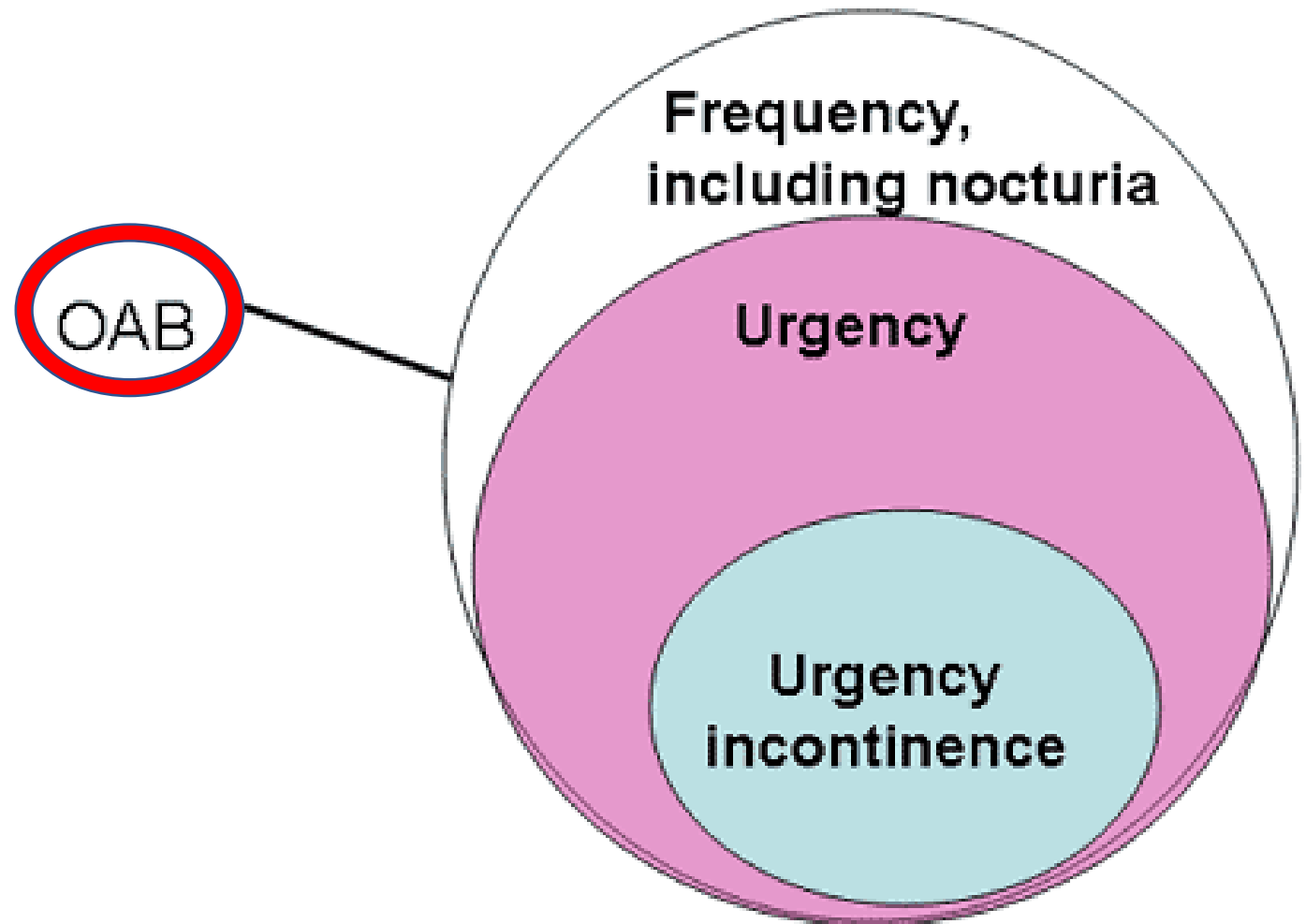
- Leaking with cough, sneeze, laugh, exercise
- Small constant insensible loss of urine with walking/hiking
- Unusual symptoms: Large-volume uncontrollable loss of urine, enuresis, or incontinence with sexual intercourse

Risk Factors

- Obesity
 - SUI = type of incontinence most impacted by weight loss
 - > 50% improvement following weight-loss surgery
- Sedentary lifestyles
- Pregnancies
- Age (menopause)
- Prolapse and/or weak pelvic floor



Overactive Bladder (OAB)



Presentation

- Frequency... day and night (nocturia)
- Urgency & urge accidents (bladder spasms)
- Bladder pain, chronic pelvic pain related to voiding



Risk Factors

- Obesity
- Use of bladder irritants
- Prolapse, or history of prolapse surgery
- Family history (Twin studies: 35-55% genetic, only 1.5% for SUI)
- Recurrent UTI's
- Hypertonic pelvic floors
- Anxiety

Common BLADDER IRRITANTS

The National Association For Continence



NAFC TIP: Drink plenty of water throughout the day. Limiting your liquids may result in fewer trips to the bathroom, but the smaller amount of urine is highly concentrated and irritating to the bladder.



Alcohol

Apples

Carbonated beverages

Chocolate

Citrus Juice & Fruits

Coffee

Corn Syrup

Cranberries

Spicy Foods

Honey

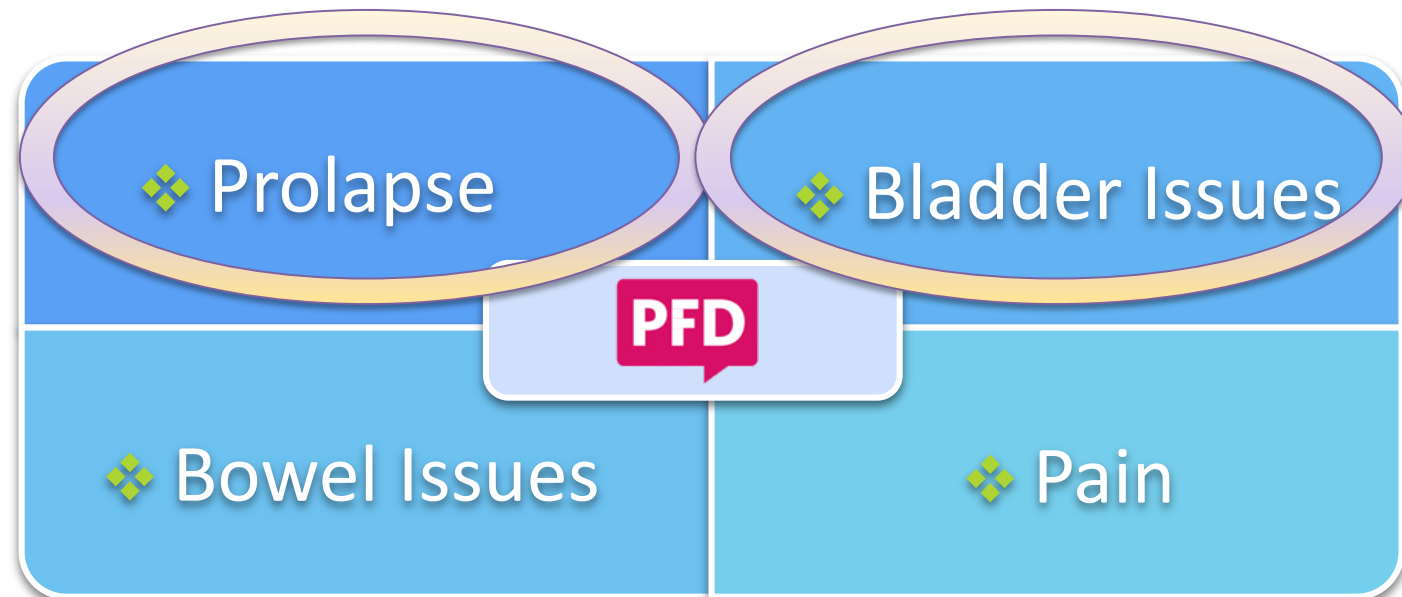
Milk

Sugar & Artificial Sweeteners

Tea

Tomatoes

Vinegar





Lifestyle

Conservative

Procedures

- 1. Prolapse**
- 2. Overactive Bladder**
- 3. Stress Incontinence**

Treatments: Prolapse

Lifestyle

Conservative

Procedures

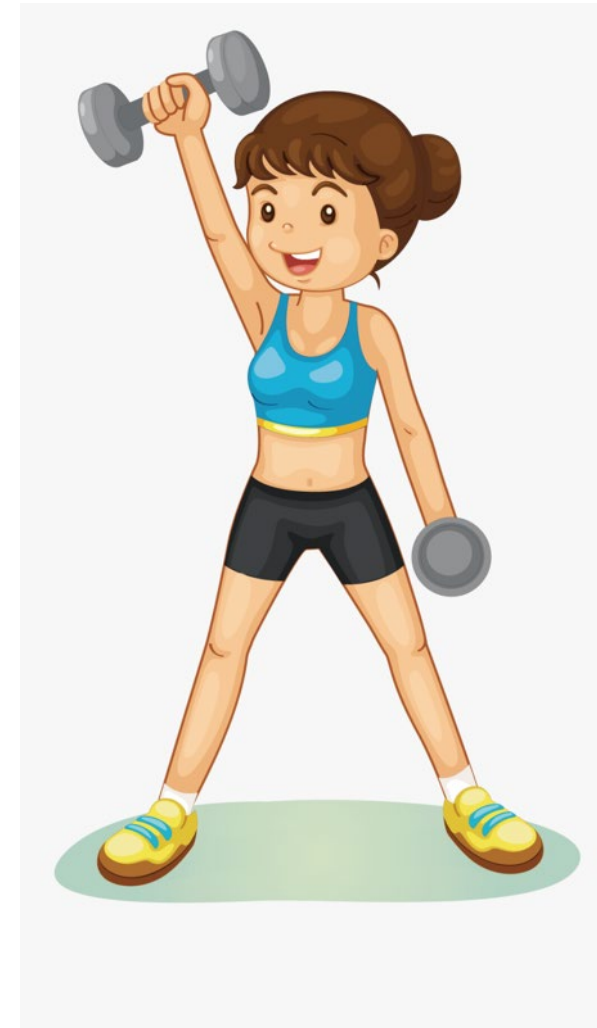
Treatments: Prolapse

Lifestyle

Conservative

Procedures

- **Correction of Risk Factors**
 - Weight loss
 - Addressing constipation
 - Whole body fitness!
- **Pelvic Physical Therapy**
 - Strengthen pelvic support
 - Improve bowel and bladder function
 - Address PFD-related pain



Lifestyle



External and internal
soft tissue mobilization

biofeedback

myofascial

deep tissue
massage

visceral
manipulation

connective tissue
manipulation

trigger
point release

electrical
stimulation

heat and
cold therapy

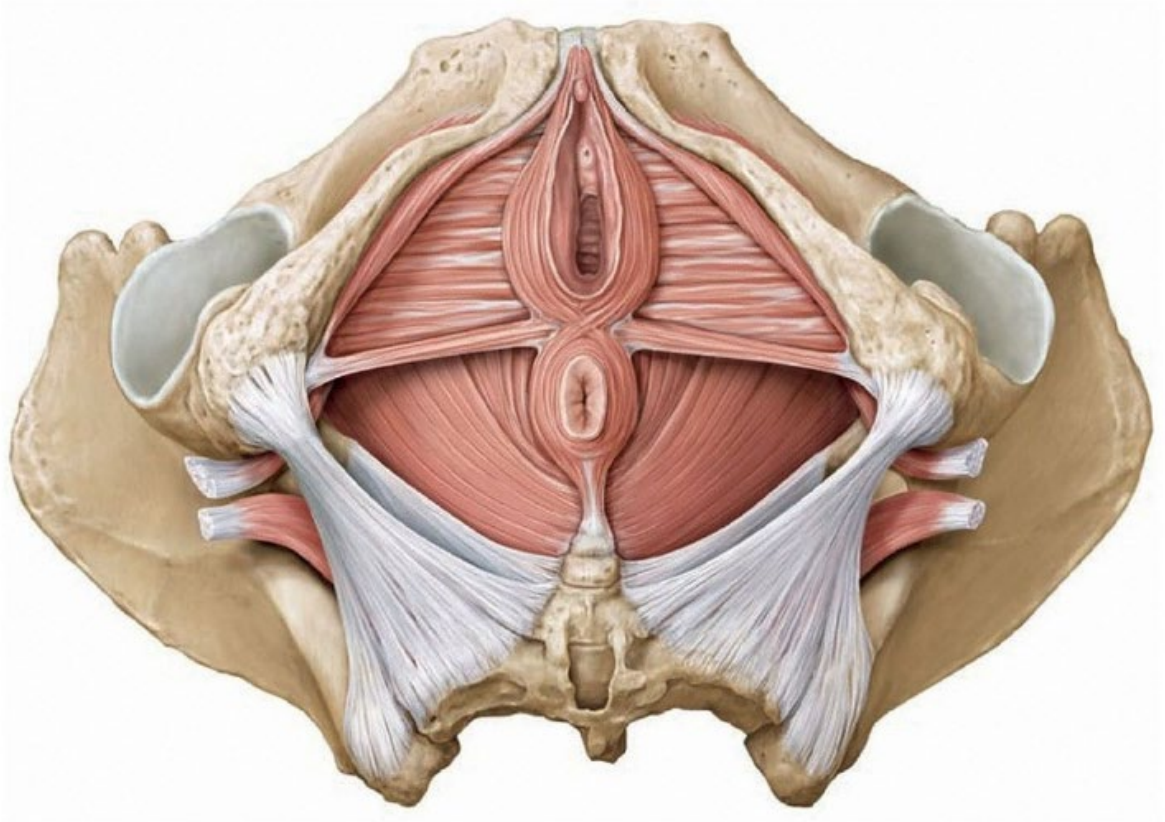
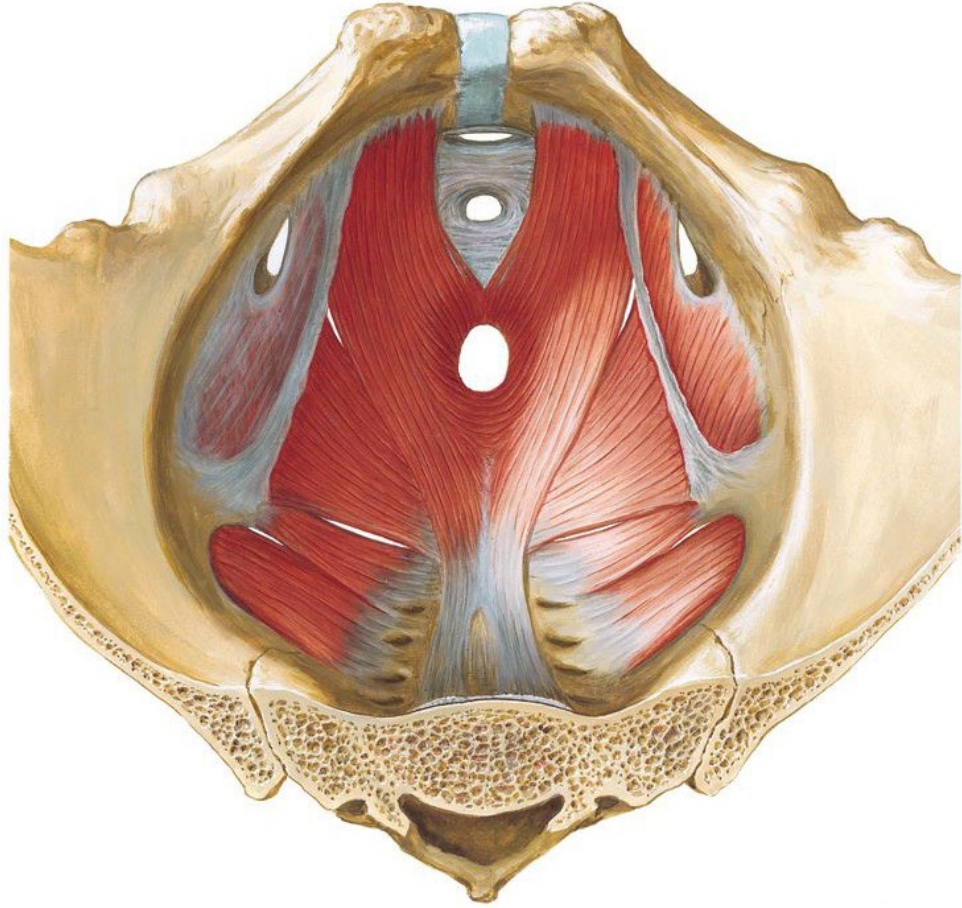
Treatment
may
include

transcutaneous electrical
nerve stimulation (TENS)

Move Forward.[™]
Physical Therapy Brings Motion to Life

 **APTA**
American Physical Therapy Association.

Strengthen? Relax? Balance?



Treatments: Prolapse

Lifestyle

Conservative

Procedures

Treatments: Prolapse

Lifestyle

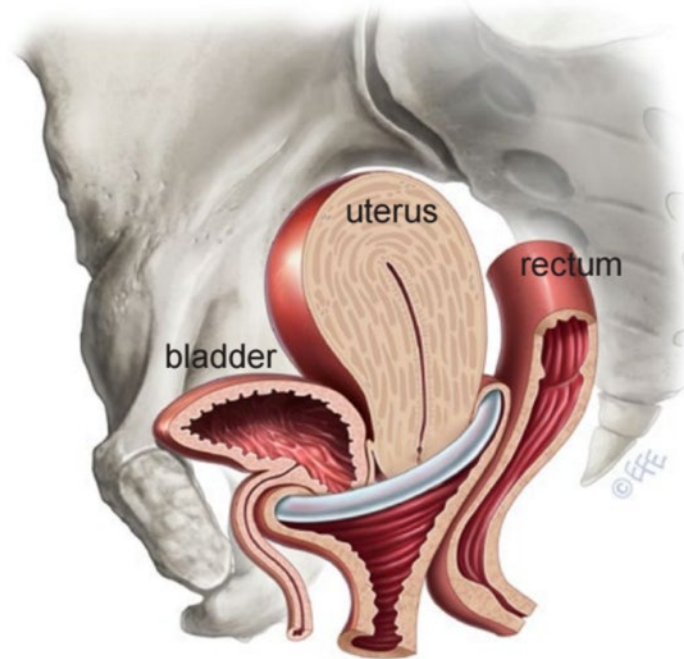
Conservative

Procedures

Treatments: Prolapse

- **Pessary**
- **Vaginal (bioidentical) Estrogen**

Conservative



 **Imvexxy**[®]
(estradiol vaginal inserts)
4 mcg • 10 mcg

Treatments: Prolapse

Lifestyle

Conservative

Procedures

Treatments: Prolapse

Lifestyle

Conservative

Procedures

The type of surgery a woman needs... depends on the type of prolapse she has.

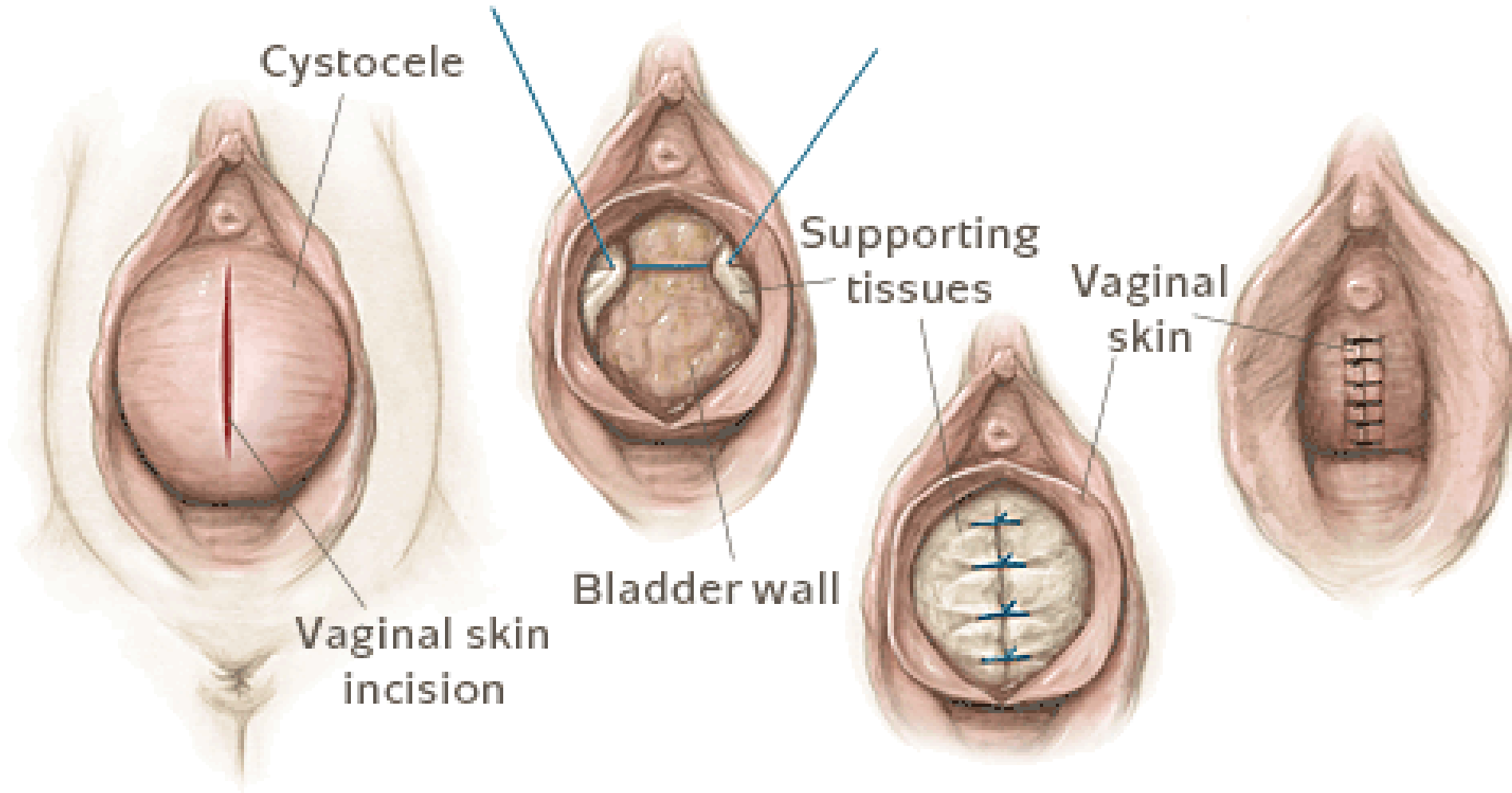
- Cystocele → Anterior repair (aka Bladder lift)
- Rectocele → Posterior repair
- Uterine prolapse → Hysterectomy with apical support

Notes:

- No mesh.
- Vaginal procedures (no incisions on the belly)
- Short hospital stay and recovery
- We do not need to remove your ovaries

Procedures

Treatments: Prolapse



Treatments: Overactive Bladder

Lifestyle

Conservative

Procedures

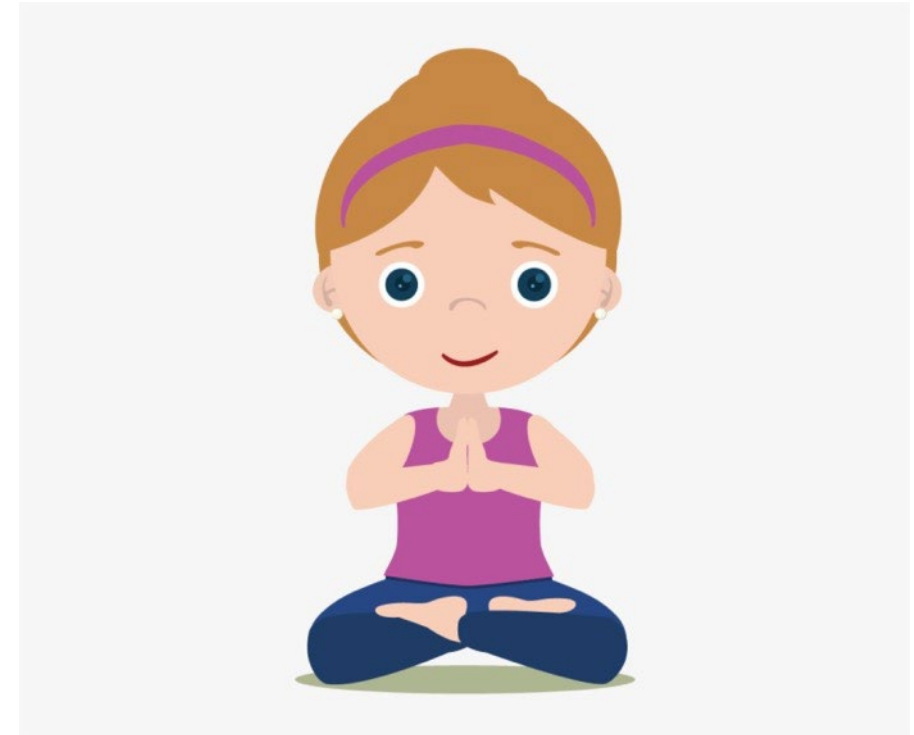
Treatments: Overactive Bladder

Lifestyle

Conservative

Procedures

- **Correction of Risk Factors**
 - Weight loss
 - Avoiding bladder irritants
 - Mindfulness
- **Pelvic Physical Therapy**
 - Down-train to Up-train
 - Bladder training (biofeedback)



Lifestyle

Treatments: Overactive Bladder

Lifestyle

Conservative

Procedures

Treatments: Overactive Bladder

Lifestyle

Conservative

Procedures

- **Vaginal Estrogen!**
- **Medications**
 - Reduce bladder spasm and reactivity
 - “Anticholinergics” – Oxybutynin, Detrol, etc.
 - Side effects: Dry mouth, Dry eyes, None?

Detrol^{LA}
tolterodine tartrate
extended release capsules



Toviaz[®]
fesoterodine fumarate
extended release tablets 4mg and 8mg

Conservative

Treatments: Overactive Bladder

Lifestyle

Conservative

Procedures

Lifestyle

Conservative

Procedures



Treatments: Stress Incontinence

Lifestyle

Conservative

Procedures

Treatments: Stress Incontinence

Lifestyle

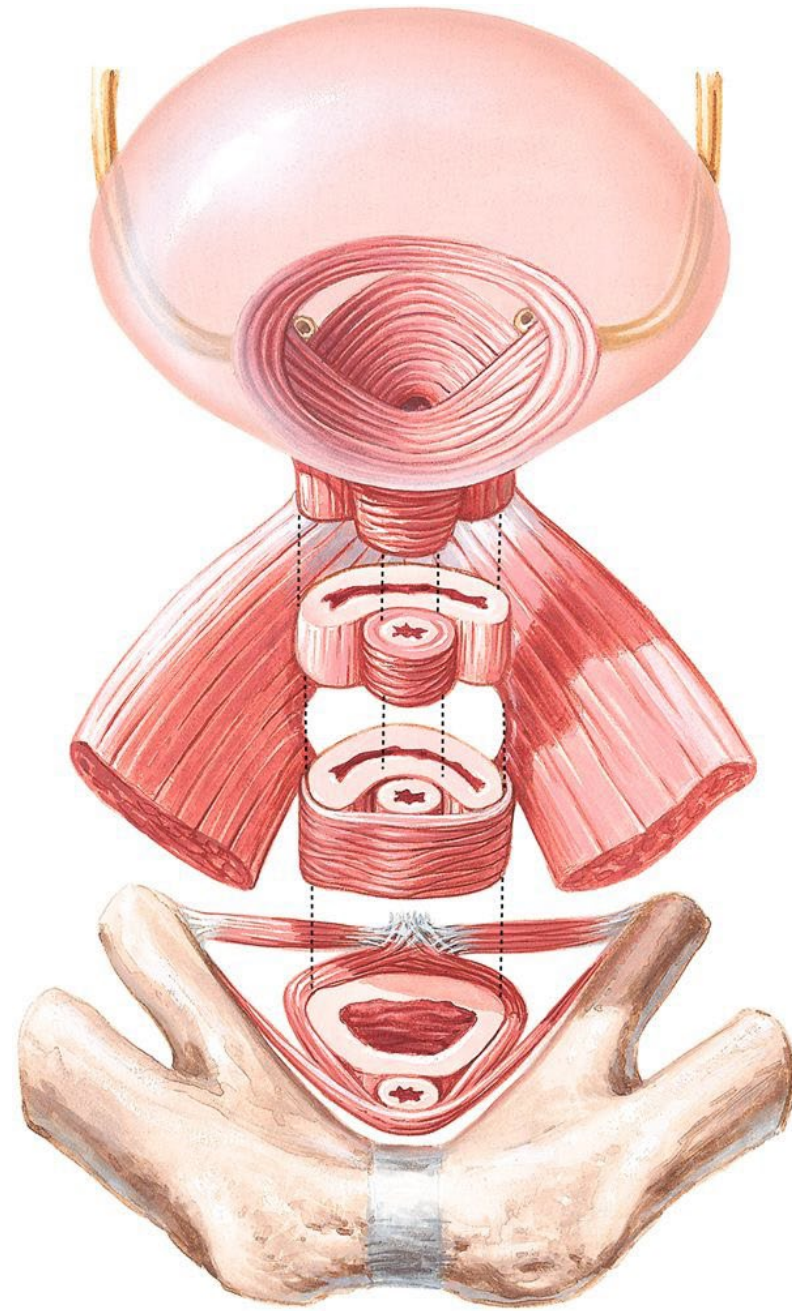
Conservative

Procedures

- **Correction of Risk Factors**
 - ***Weight-loss***
 - Addressing prolapse (if present)
 - Fix constipation
 - Avoid straining...
- **Pelvic Physical Therapy**
 - Strengthening (Support AND Sphincters)



Lifestyle



Treatments: Stress Incontinence

Lifestyle

Conservative

Procedures

Treatments: Stress Incontinence

Lifestyle

Conservative

Procedures

Treatments: Stress Incontinence

- **Vaginal Estrogen!**
- **Anti-incontinence Pessary**



Conservative

Poise

IMPRESSA

... BLADDER SUPPORTS ...



Treatments: Stress Incontinence

Lifestyle

Conservative

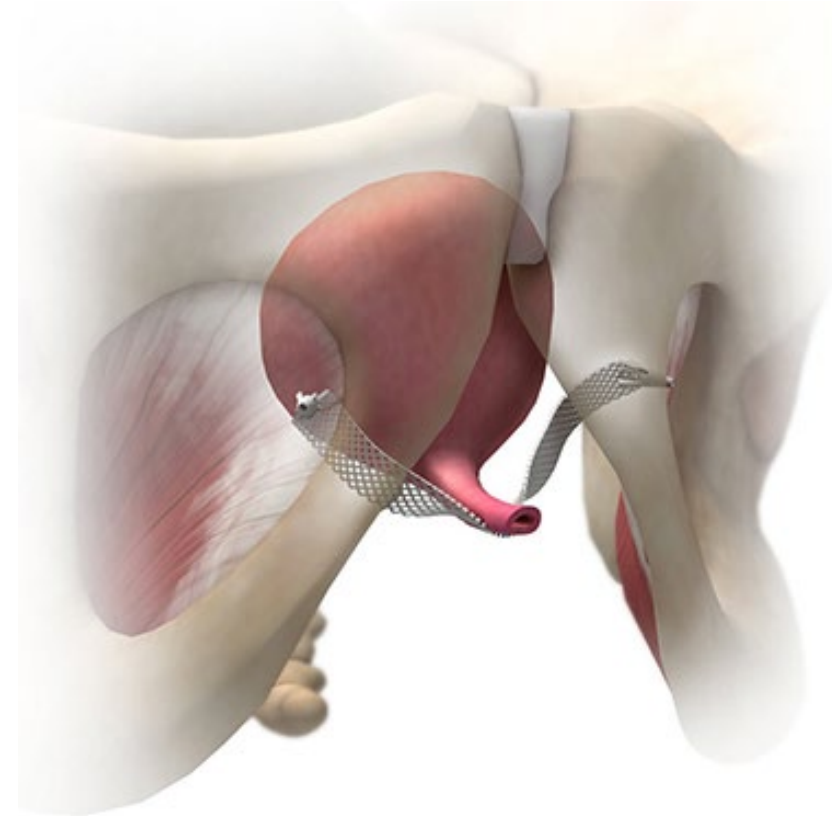
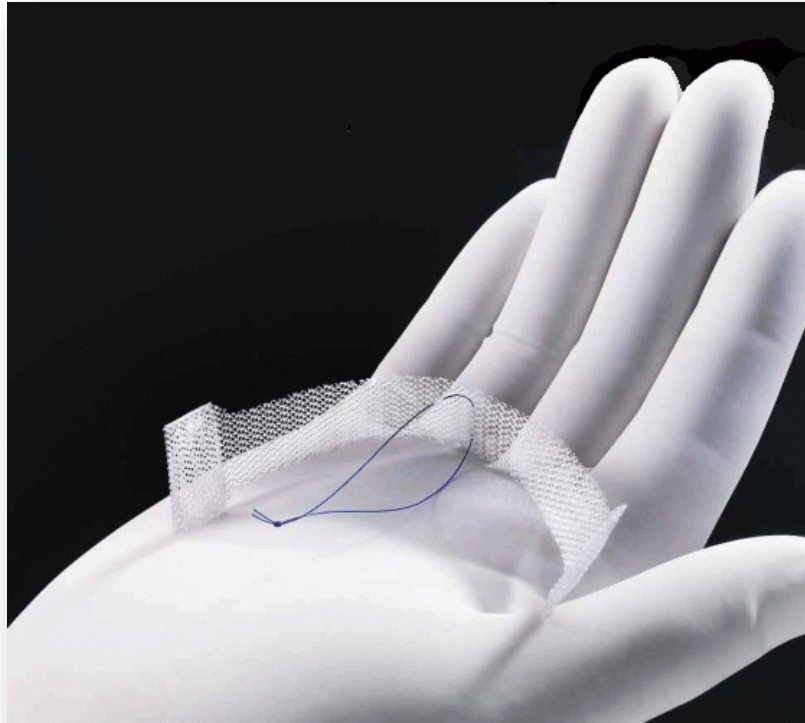
Procedures

Treatments: Stress Incontinence

Lifestyle

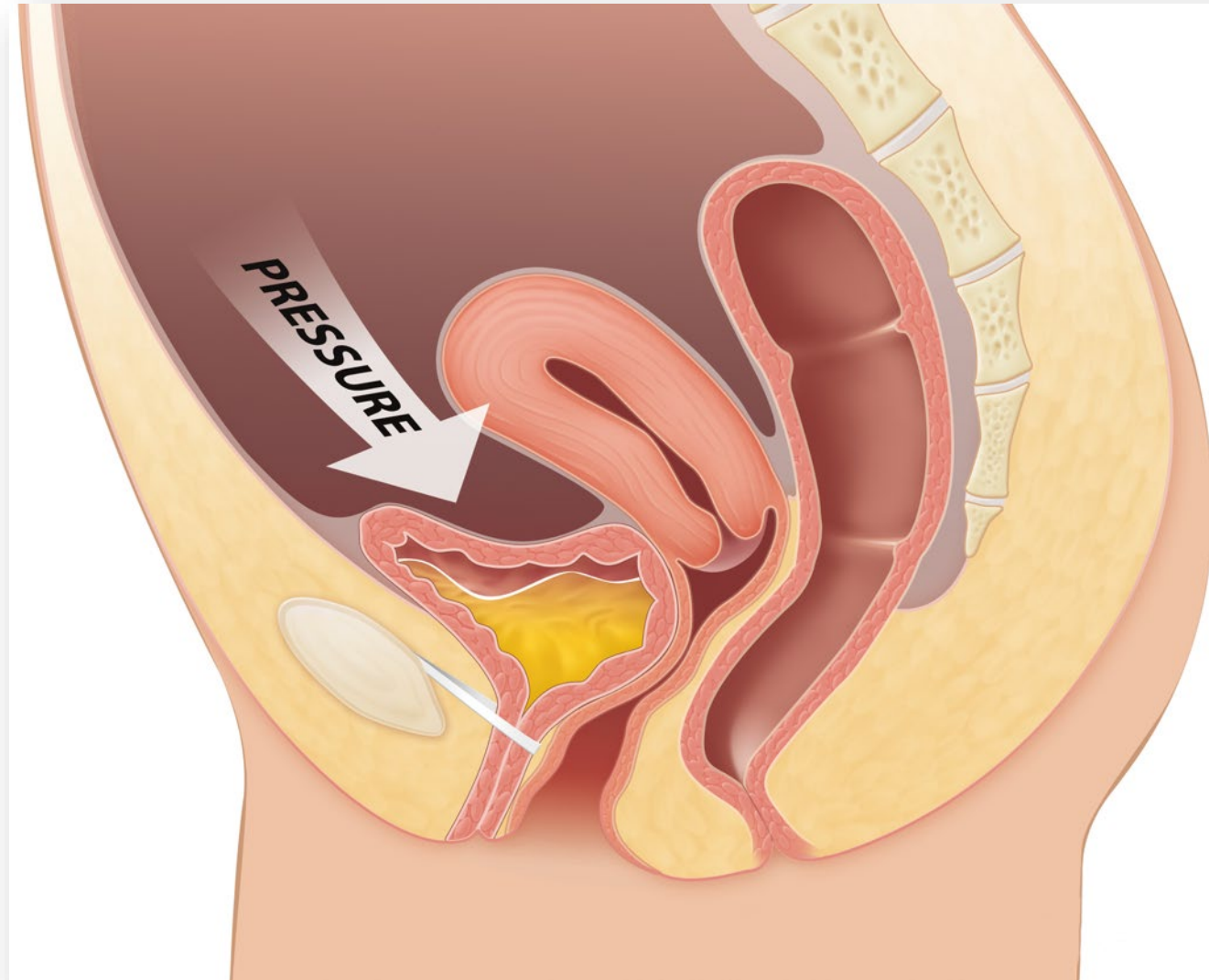
Conservative

Procedures



“Incontinence Slings”

Procedures



Procedures

Incontinence Slings

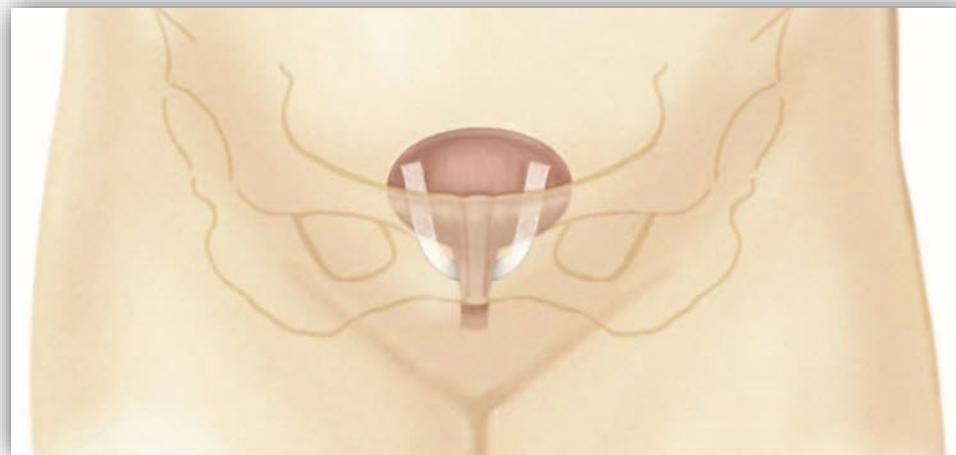
- Outpatient surgery
- Single 1 cm incision under the urethra
- Thin strip of permanent mesh
- Benefits:
 - **71-97% cure rate at 1 year**
 - **Maintained at 5 year follow-up**
- Risks:
 - Injury to bladder or urethra during operation (1-5%)
 - Post-op urinary retention (1-2%) & New Urgency (15%)
 - Mesh erosion (1.1-2.6%)



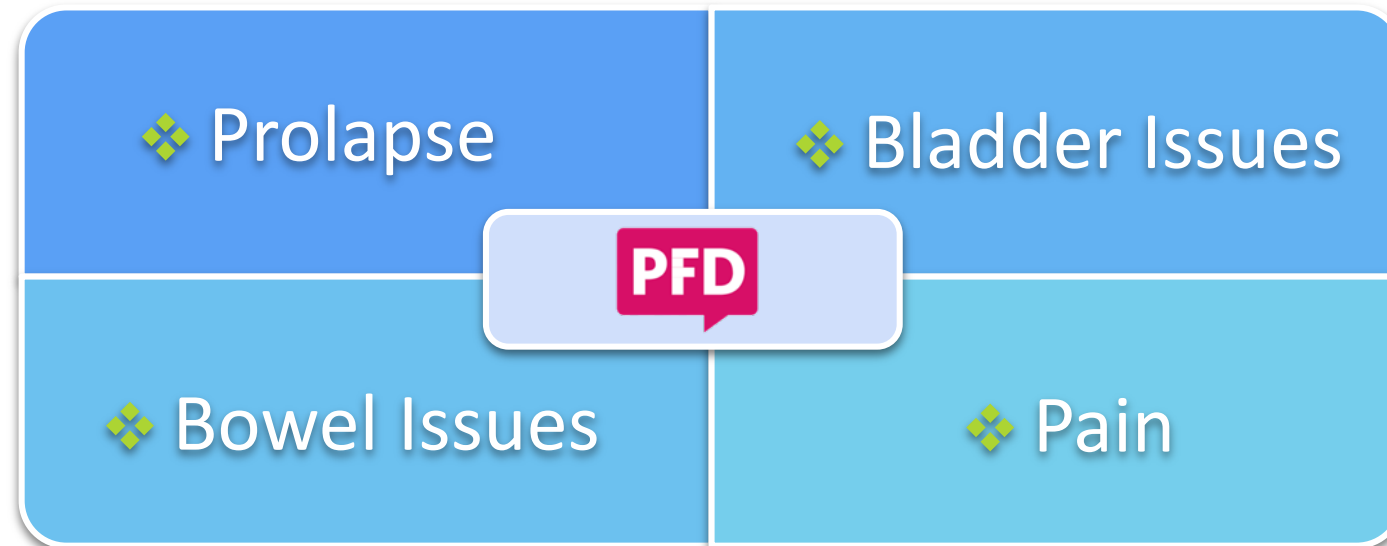
Cochrane
Library

Trusted evidence.
Informed decisions.
Better health.

81 trials, 12,113 women



Procedures



- These problems are *very* common, and *very* undertreated.
- **THE BEST** fixes are ones that involve no surgery and allow you to **heal yourself**.
- If you need a procedure, there are options with quick recovery and excellent success.
 - **Do your Kegels** (better yet, try Pelvic PT!)

Thank You!



Sources:

- American UroGyn Society (aug.s.org)
- Uptodate.com
- Voices for PFD (voicesforpfd.com)
- The International Pelvic Pain Society (pelvicpain.org)
- The University of Michigan Bowel Control Program (medicine.umich.edu/dept/michigan-bowel-control-program)
- The American Physical Therapy Association (apta.org)
- "Ultrasound Post-Void Residual", Michael Zwank, youtube.com
- The Poise Impressa, Kimberly-Clark Worldwide, Inc. (poise.com/products/impressa)
- Netter Atlas of Human Anatomy, 6e: Copyright © Elsevier Inc. (netterimages.com)



Advancing Female Pelvic Medicine
and Reconstructive Surgery

Latest Treatments for a Leaky Bladder

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