Latest Treatments for a Leaky Bladder

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• None
Agenda:

Prolapse & Urinary Incontinence

- The Big Issue: **Pelvic Floor Dysfunction**
- The Big Problems:
  - Prolapse
  - Urinary issues
  - Others: Bowel issues, pain
- For each:
  - How does it present? Who is at risk?
  - Treatments
    - Lifestyle, Conservative, Procedures
The Pelvic Floor
Pelvic Floor (Dysfunction)

‘A range of issues that arise out of weakness, spasm, or discoordination of the structures that make up the "Pelvic Floor" – A complex association of muscles, the connective tissues that anchor them to the bony pelvis, and the organs that they support physically, and assist functionally.’
The Pelvic Floor
Incidence & Impact

- **Affects 1 in 4 women**

- **50% of women over 50** live every day with one or more of these problems
  - Most Common: Stress urinary incontinence
  - 1 in 3 of those women with urinary incontinence have some degree of bowel dysfunction

- **60%** of nursing home occupants suffer from daily fecal and/or urinary incontinence
  - As much as **20% lifetime risk of needing surgery** for prolapse or incontinence
  - Surgical repair of prolapse is the most common surgery performed in women older than 70

- **Thousands** of dollars per year spent on pads and other products. **$300 million** on ambulatory care in 2006.
“I enjoy sex with my partner, but truth be told it is a little painful most of the time, has been that way for years.”

“Well I mean 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 amount of leaking was just part of the deal...”
- PFD
  - Prolapse
  - Bowel Issues
  - Bladder Issues
  - PFD
  - Pain
Prolapse

Bladder Issues

Bowel Issues

PFD

Pain
Video: Types of Prolapse
1. Cystocele
2. Uterine Prolapse
3. Rectocele
4. Combination
Prolapse

• **Risk Factors**
  - **Pregnancies, Age, Obesity,** Chronic constipation
    - Vaginal > Cesarean (size of babies not necessarily correlated, cesarean not completely protective)
    - BMI > 25 = Two-fold higher risk (weight loss = amazing improvement)
    - Hysterectomy = Historically - Increased risk of *apical/vault* prolapse

• **Presentation**
  - **Bulge** (vaginal fullness/pressure)
  - **Organ System Dysfunction**
    - **Cystocele:** Incontinence or urgency, double voiding, splinting, weak/changing stream, feeling of needing to pee during intercourse
    - **Rectocele:** Obstructed/painful BM’s, splinting, stool trapping, accidental bowel leakage, feeling of needing to have BM during intercourse
Association with a leaky bladder...
PFD

- Prolapse
- Bladder Issues
- Bowel Issues
- Pain
Bladder Issues
Bladder Issues

- Urinary Incontinence
  - Stress
  - Urge
  - Mixed
- Urinary Retention
- Recurrent UTI’s
- Painful bladder

* 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

Spinal Cord
- Sacral ~ S2 & S3
- Micturition Center

- Increased Parasympathetic
- Decreased Sympathetic

Decreased Motor Nerve Stimulation

Stretch Receptors

Train for Voluntary Control

BRAIN ~ PONS

Pontine Storage Center

Pontine Micturition Center

Micturition Reflex

"Stress" vs. "Urge"
Stress Incontinence
Stress Incontinence

• **Risk Factors**
  
  – Pregnancies (VD>CD), but BOTH are implicated
  – Age (menopause, declining muscle strength, etc.)
  – Obesity
  – Bladder irritants

• **Presentation**
  
  – Leaking with cough, sneeze, laugh, position changes, activity
  – Unexpected, insensible loss of urine
  – Unusual symptoms: Uncontrollable loss of urine, enuresis, or incontinence with sexual intercourse
Urge Incontinence

- Frequency, including nocturia
- Urgency
- Urgency incontinence

OAB
Urge Incontinence

• **Risk Factors**
  - Lifestyle: obesity, drinking habits, smoking, *bladder irritants*
  - Prolapse, or history of prolapse interventions
  - Family history (Twin studies: 35-55% genetic, only 1.5% for SUI)
  - Recurrent UTI’s

• **Presentation**
  - Frequency ("OAB")
  - Urgency, Urge accidents
  - Bladder pain/bladder spasm, Chronic pelvic pain related to voiding
Common Bladder Irritants

The National Association For Continence
Treatments

Lifestyle

Conservative

Procedures
Treatments: Prolapse

- Lifestyle
- Conservative
- Procedures
Treatments: Prolapse

Lifestyle

Conservative

Procedures
Treatments: Prolapse

• **Correction of Risk Factors**
  - Weight loss
  - Addressing constipation
  - Quitting smoking

• **Pelvic Physical Therapy**
  - Strengthen pelvic support
  - Improve bowel and bladder function
  - Address PFD-related pain
Treatment may include:
- External and internal soft tissue mobilization
- Biofeedback
- Myofascial
- Deep tissue massage
- Connective tissue manipulation
- Electrical stimulation
- Transcutaneous electrical nerve stimulation (TENS)
- Visceral manipulation
- Trigger point release
- Heat and cold therapy
Strengthen?
Relax? Balance?
Treatments: Prolapse

- Lifestyle
- Conservative
- Procedures
Treatments: Prolapse

1. Lifestyle
2. Conservative
3. Procedures
Treatments: Prolapse

- Pessary
- *Vaginal* (bioidentical) Estrogen
Treatments: Prolapse

- Lifestyle
- Conservative
- Procedures
Treatments: Prolapse

- Lifestyle

Conservative

- Procedures
Treatments: Prolapse

• **Does not** always involve hysterectomy
• **Does not** mean removing ovaries
• All Vaginal Surgery – Faster recovery
Treatments: Urgency

- Lifestyle
- Conservative
- Procedures
Treatments: Urgency

- Lifestyle
- Conservative
- Procedures
Treatments: Urgency

• Correction of Risk Factors
  • Weight loss
  • Avoiding Irritants (tobacco)
  • Voiding Diary

• Pelvic Physical Therapy
  • Strengthening & Relaxation
  • Bladder training (biofeedback)
Treatments: Urgency

- Lifestyle
- Conservative
- Procedures
Treatments: Urgency

- Lifestyle
- Conservative
- Procedures
Treatments: Urgency

• Medications
  • Reduce bladder spasm and reactivity
  • “Anticholinergics” – Oxybutynin, Detrol, etc.
  • Side effects: Dry mouth, Dry eyes, None?

Detrol LA
tolterodine tartrate
extended release capsules

Myrbetriq™
extended release tablets

Toviaz®
fesoterodine fumarate
extended release tablets 4mg and 8mg
Treatments: Urgency

- Lifestyle
- Conservative
- Procedures
Treatments: Urgency

- Lifestyle
- Conservative
- Procedures
Treatments: Stress Leaking

- Lifestyle
- Conservative
- Procedures
Treatments: Stress Leaking

- Correction of Risk Factors
  - Weight-loss (!!!)
  - Addressing prolapse (if present)
  - Addressing constipation
  - Avoiding diary & avoiding irritants
- Pelvic Physical Therapy
  - Strengthening (Support AND Sphincters)
Treatments: Stress Leaking

- Lifestyle
- Conservative
- Procedures
Treatments: Stress Leaking

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Treatments: Stress Leaking

“Incontinence Slings”
**Incontinence Slings**

- Same day surgery
- Single 1cm incision upper vagina
- Thin strip of permanent mesh
- Benefits:
  - **71-97% cure rate at one year**
  - Maintained at 5 yrs
- Risks:
  - Injury to bladder or urethra during operation (1-5%)
  - Post-op urinary retention (1-2%) & urgency (15%)
  - Mesh erosion (1.1-2.6%)
Conclusion

• These problems are very common, and very undertreated.

• THE BEST fixes are ones that involve no surgery and involve you healing yourself.

• If you need surgery, there are options with quick recovery and excellent success.

• Do your Kegels!
THANK YOU!

LIGHTHEARTED RANCH
Located at the base of the foothills in beautiful Boulder, Colorado.

MEET OUR GOATS
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