



Latest Treatments for a Leaky Bladder

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Boulder Community Health



Boulder Women's Care

Financial Disclosures

- None

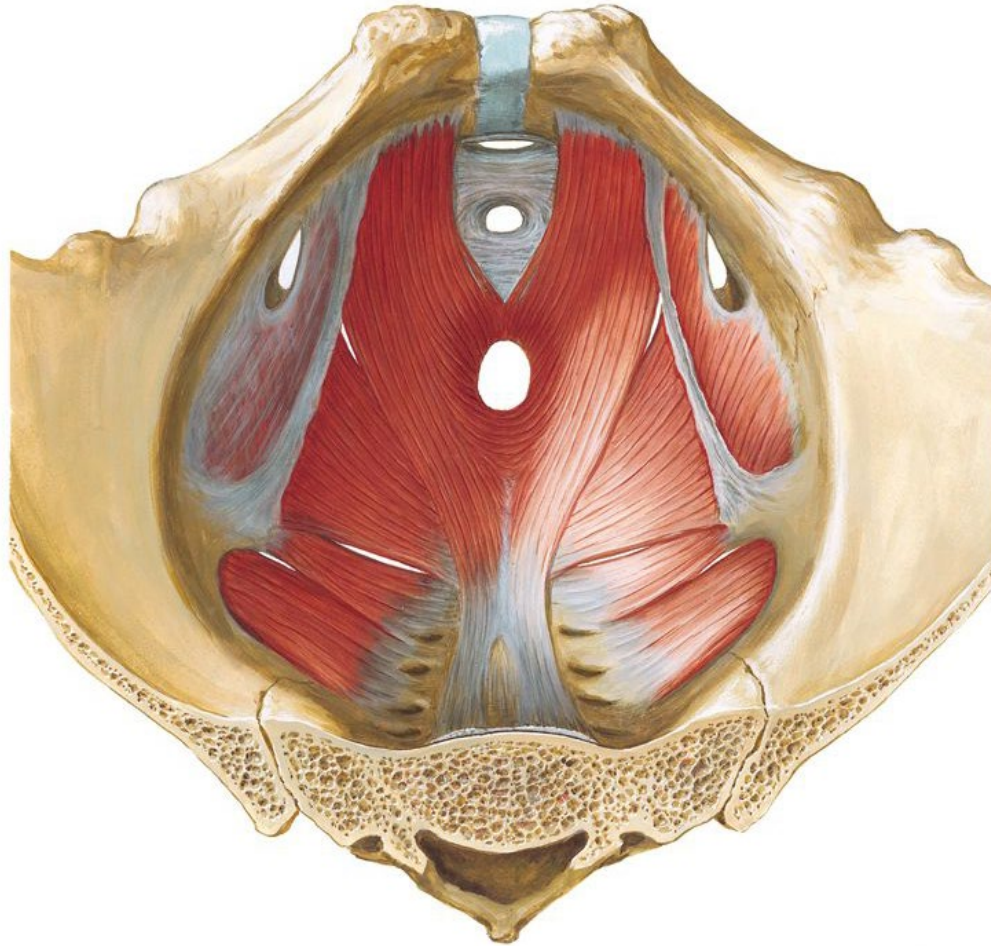


Agenda:

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

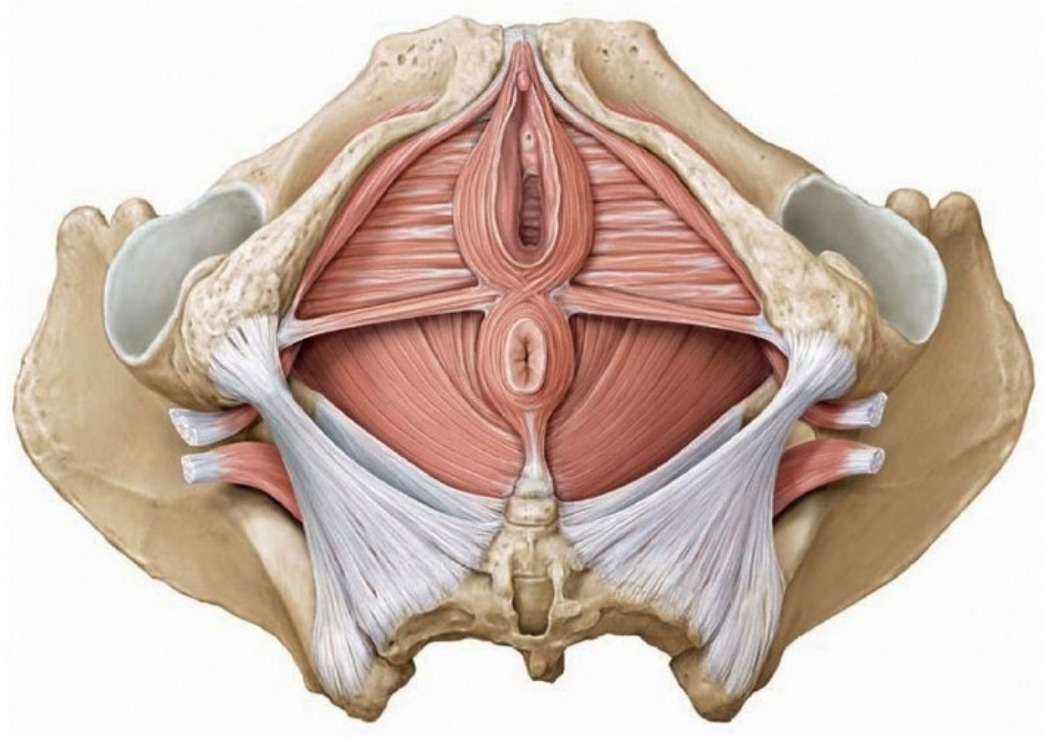
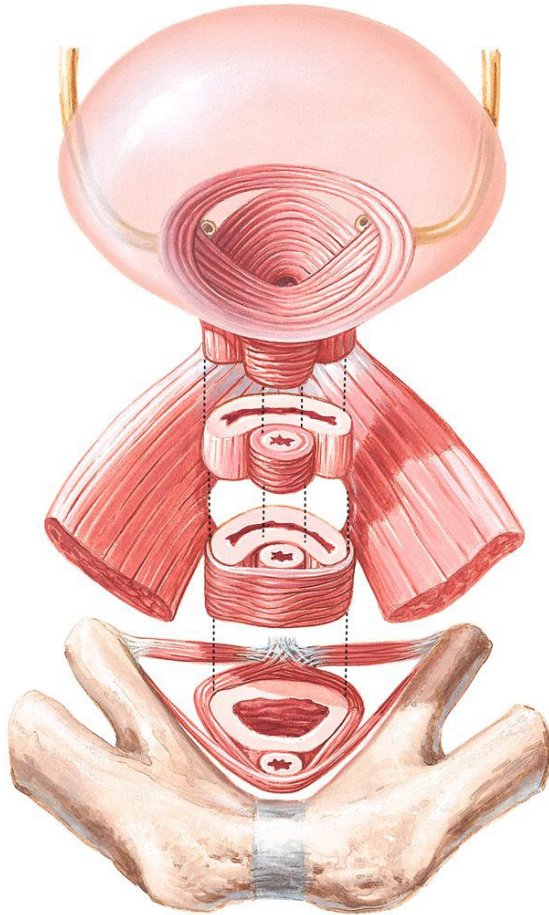


Pelvic Floor (Dysfunction)

‘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.

It is **VERY** common.

Many are suffering silently with it.

Voices for PFD

"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..."

"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."



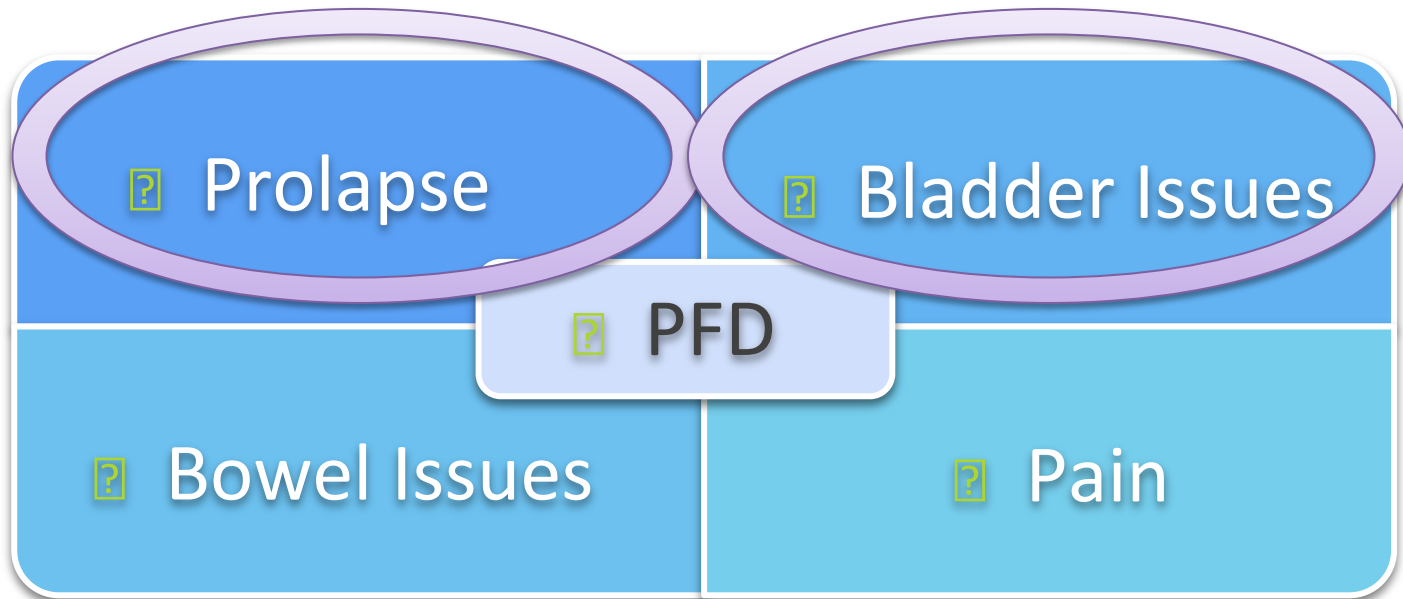
? Prolapse

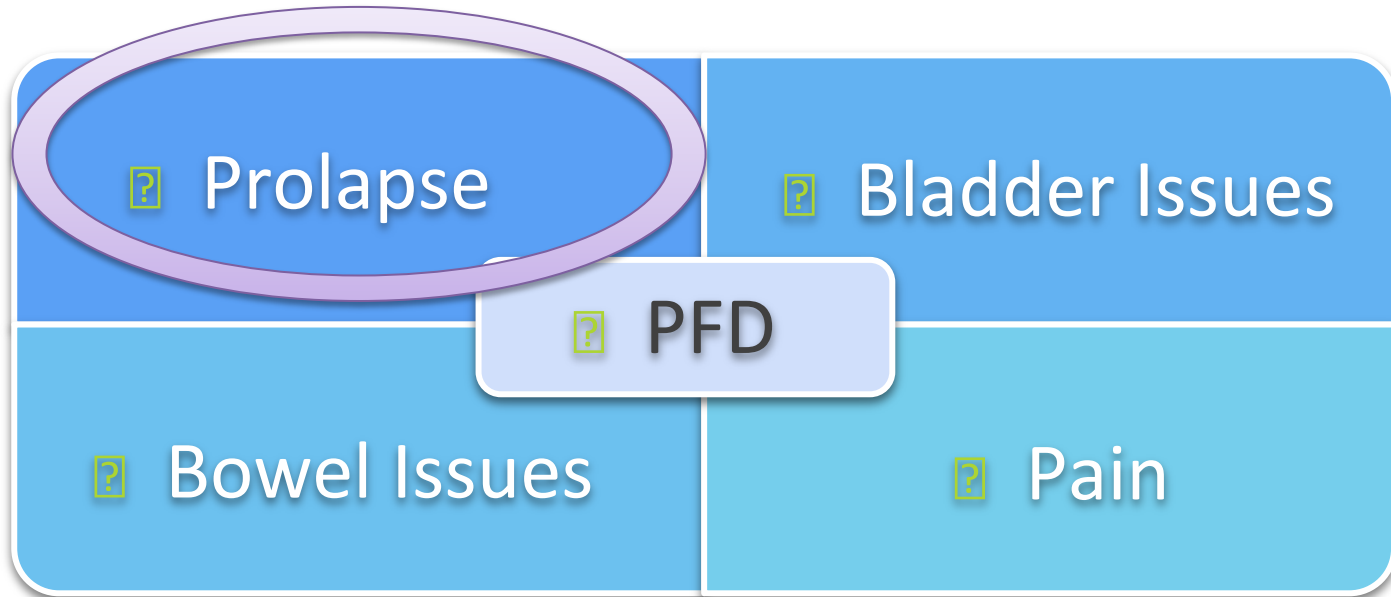
? Bladder Issues

? PFD

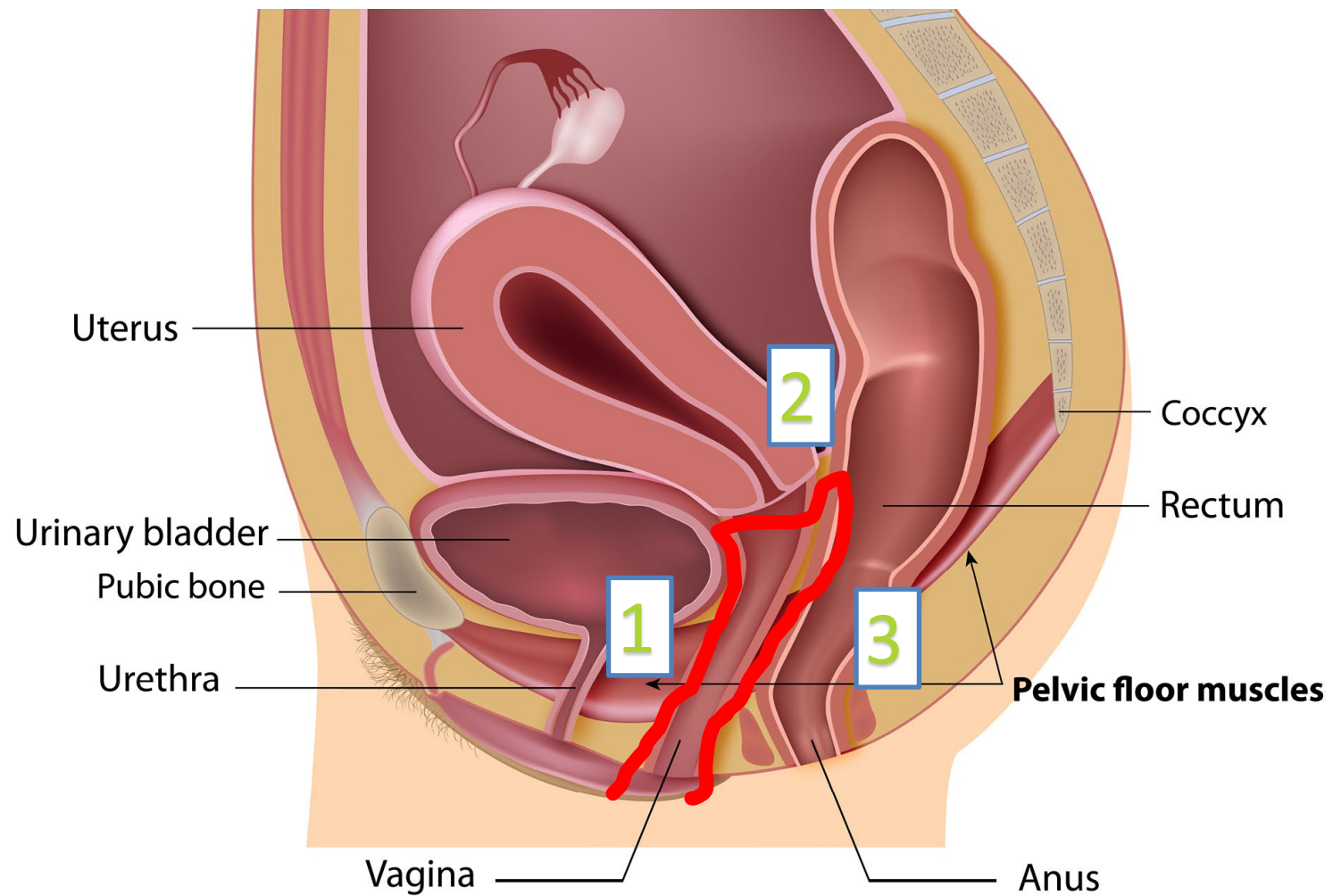
? Bowel Issues

? Pain





Video: Types of Prolapse



1. Cystocele

2. Uterine Prolapse

3. Rectocele

4. Combination

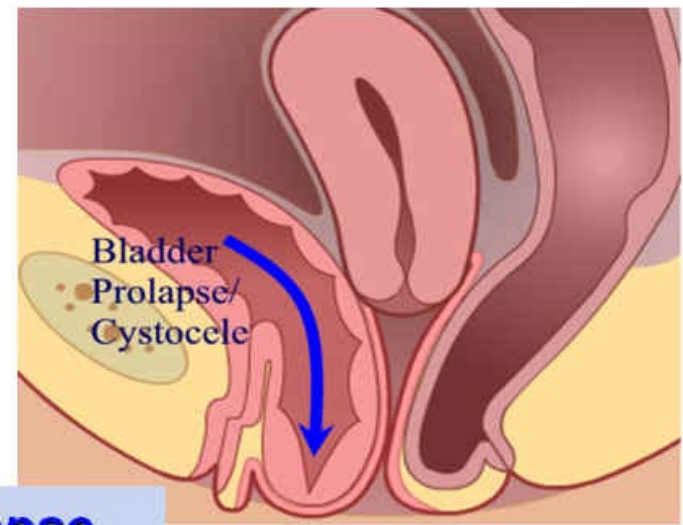
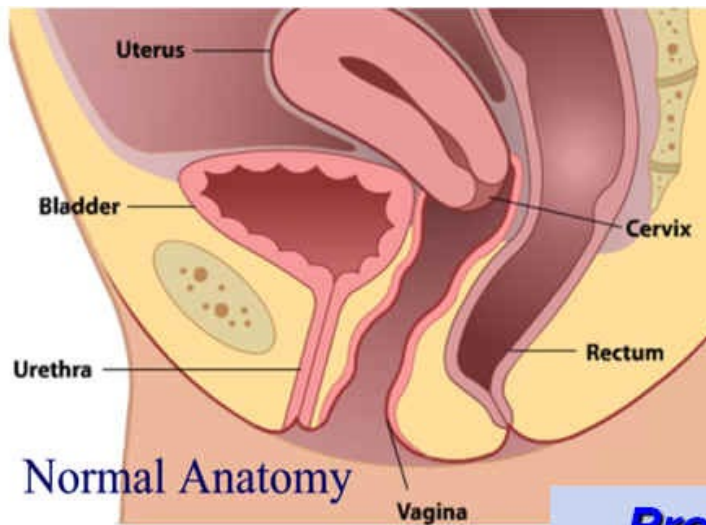
Prolapse

- Risk Factors

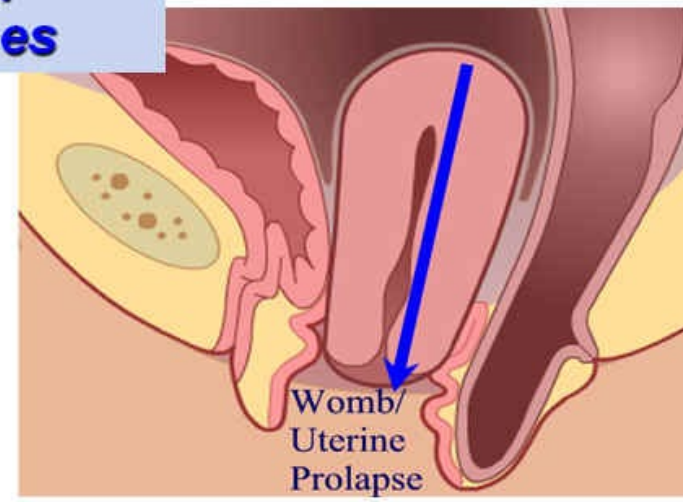
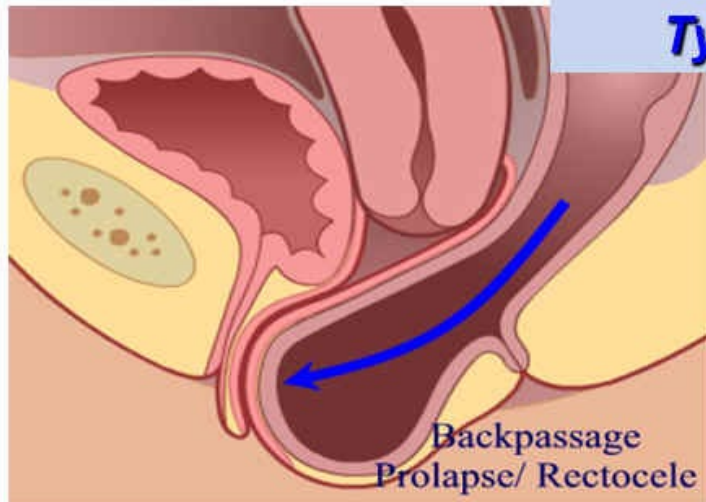
- Pregnancies, Age, Obesity, Chronic constipation
 - Vaginal > Cesarean (size of babies not necessarily correlated, cesarean not completely protective)
 - BMI > 25 = Two-fold higher risk (weight loss = amazing improvement)
 - Hysterectomy = Historically - Increased risk of *apical/vault* prolapse

- Presentation

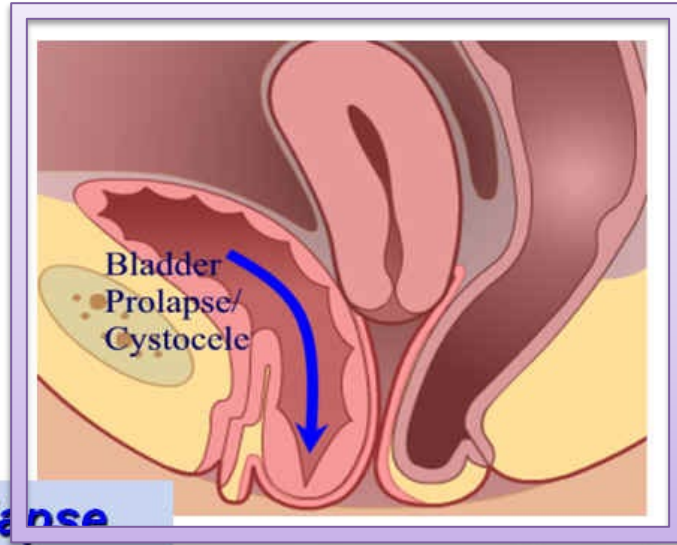
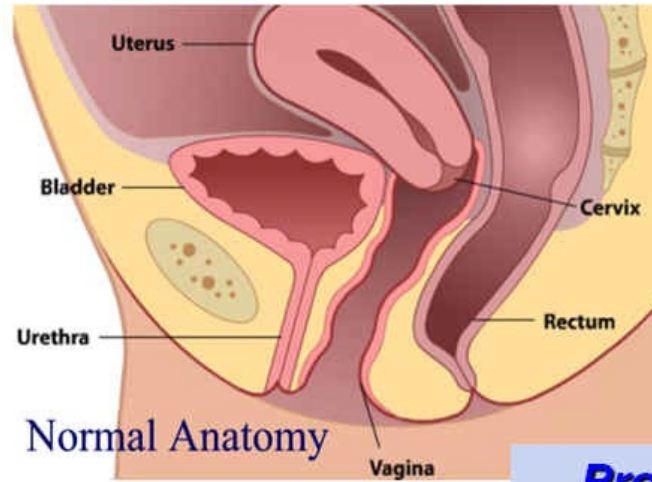
- Bulge (vaginal fullness/pressure)
- Organ System Dysfunction
 - Cystocele: Incontinence or urgency, double voiding, splinting, weak/changing stream, feeling of needing to pee during intercourse
 - Rectocele: Obstructed/painful BM's, splinting, stool trapping, accidental bowel leakage, feeling of needing to have BM during intercourse



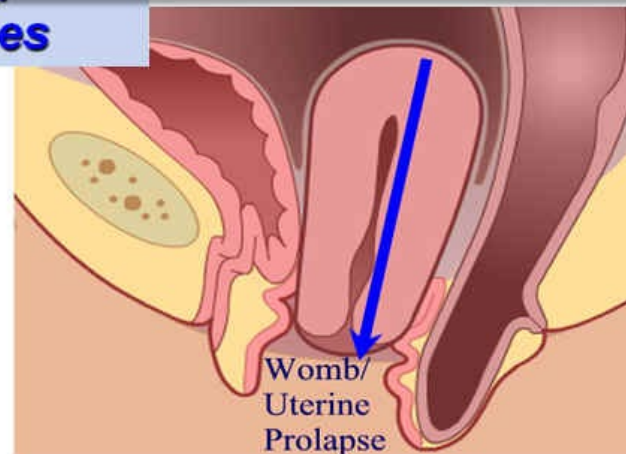
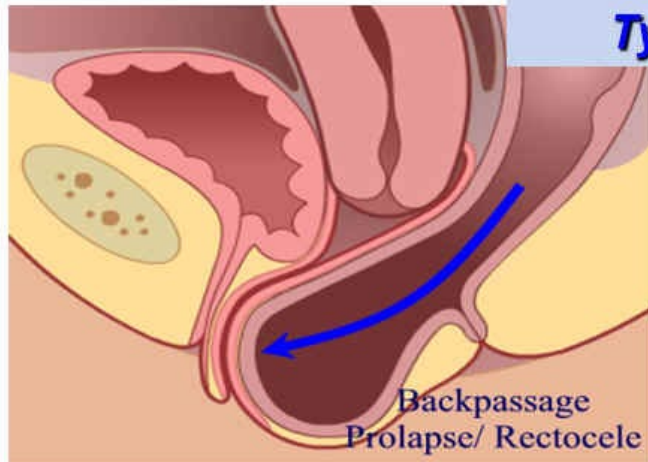
Prolapse Types

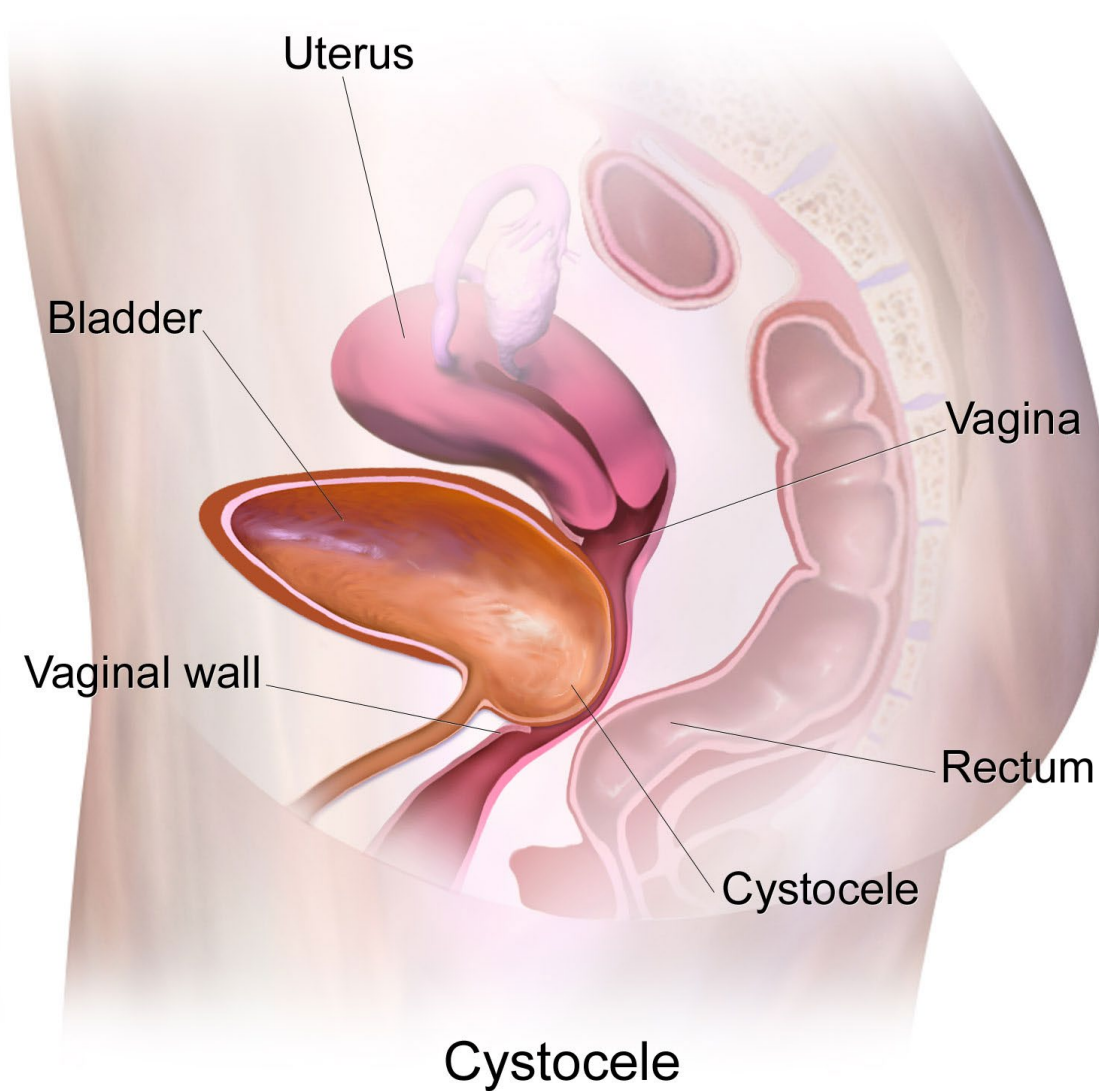


Association with a leaky bladder...



Prolapse Types







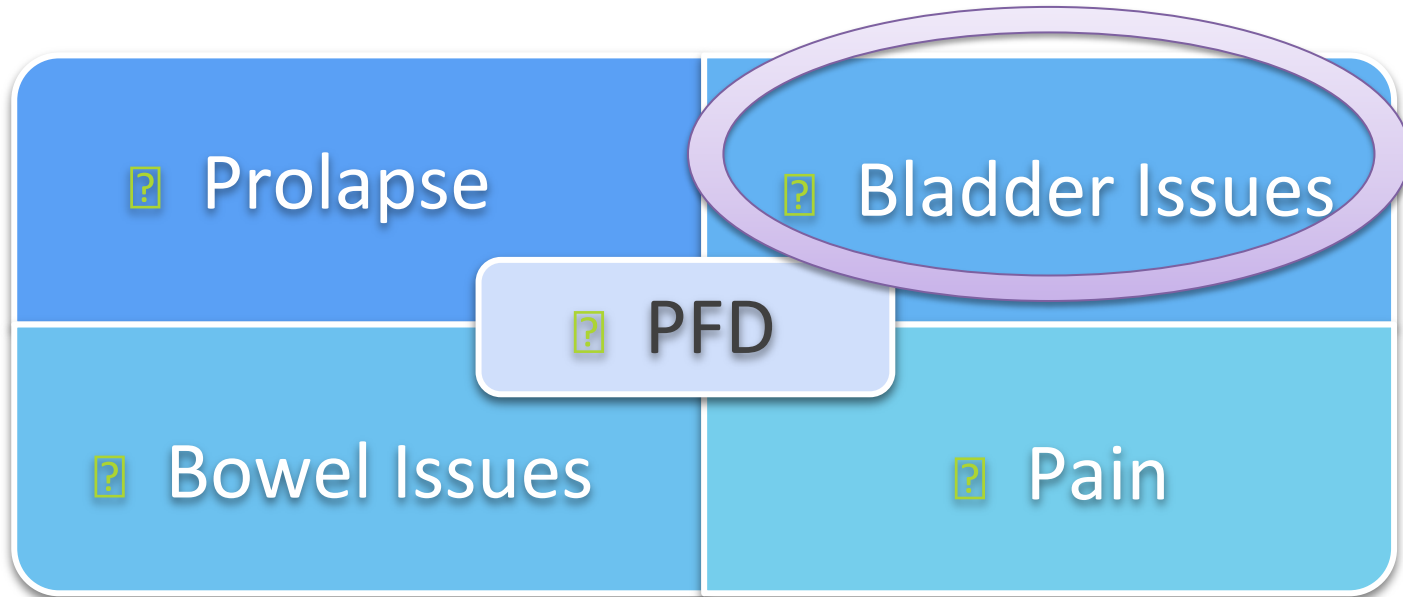
? Prolapse

? Bladder Issues

? PFD

? Bowel Issues

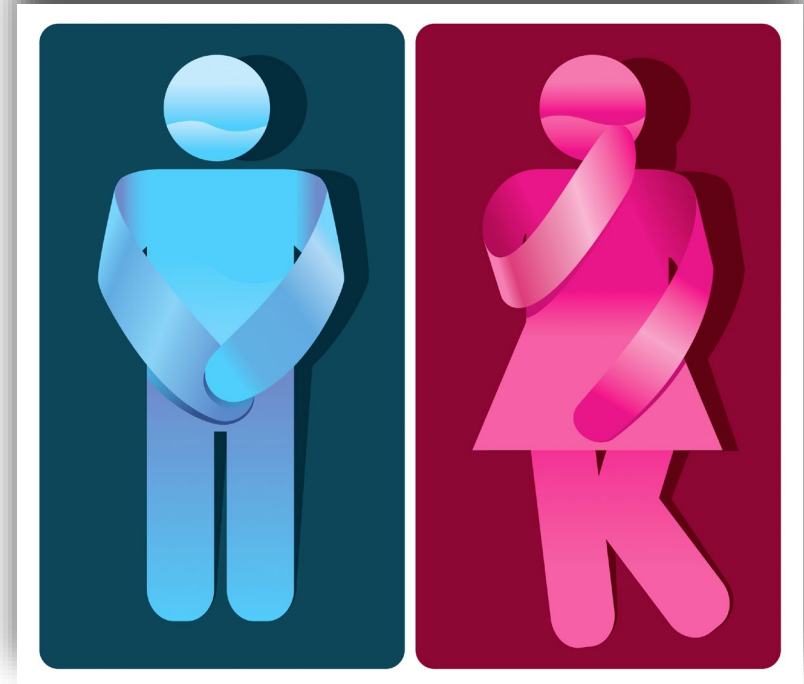
? Pain



Bladder Issues



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



* With or Without underlying prolapse

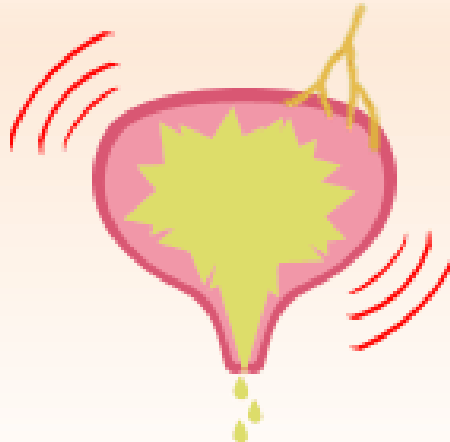
Urinary Incontinence

Stress incontinence



It is the most common, causing involuntary bladder leakage.

Urge incontinence



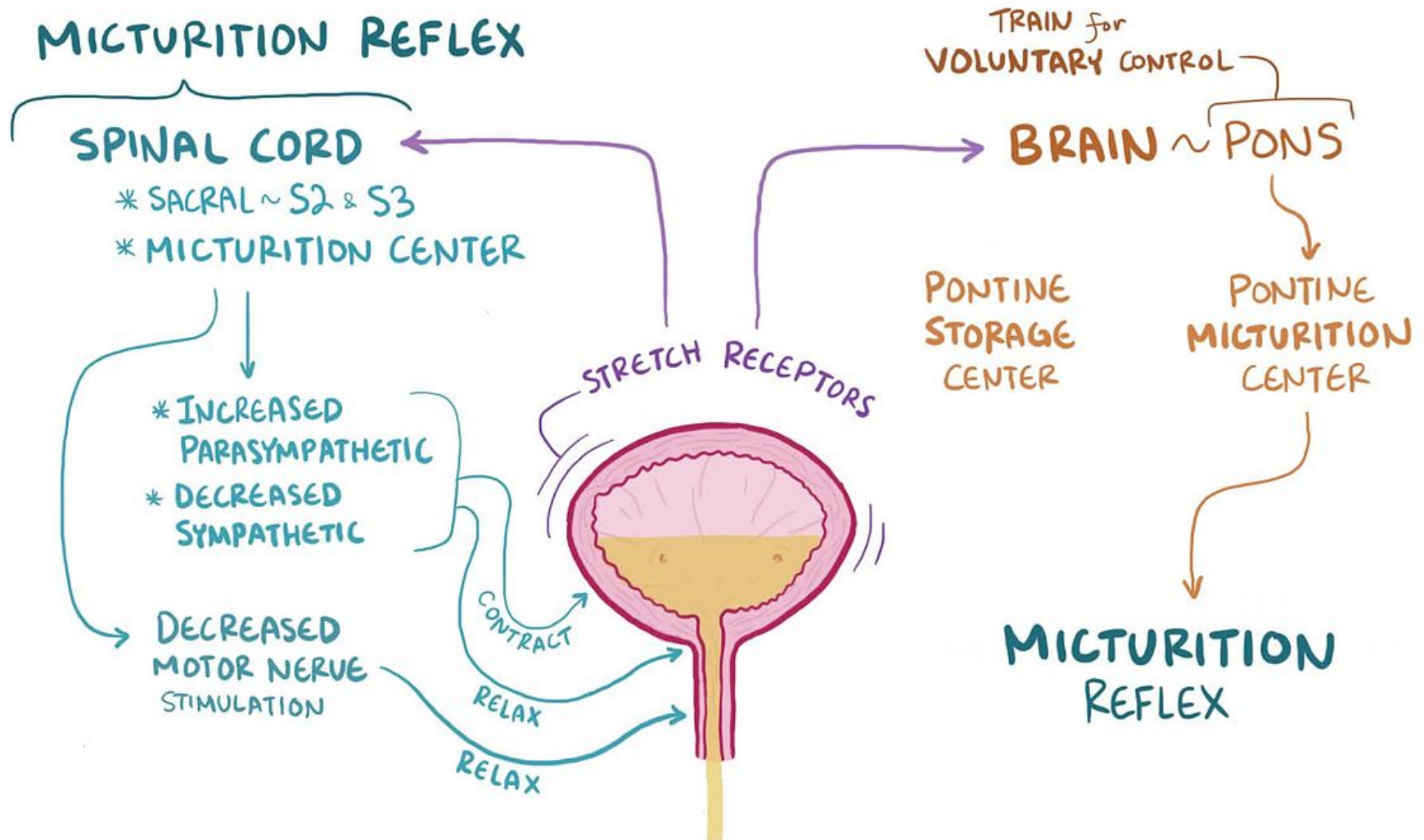
It results in the uncontrollable need to use the bathroom.

Overflow incontinence



It appears as frequent, constant dripping from the urethra.

MICTURITION REFLEX



“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

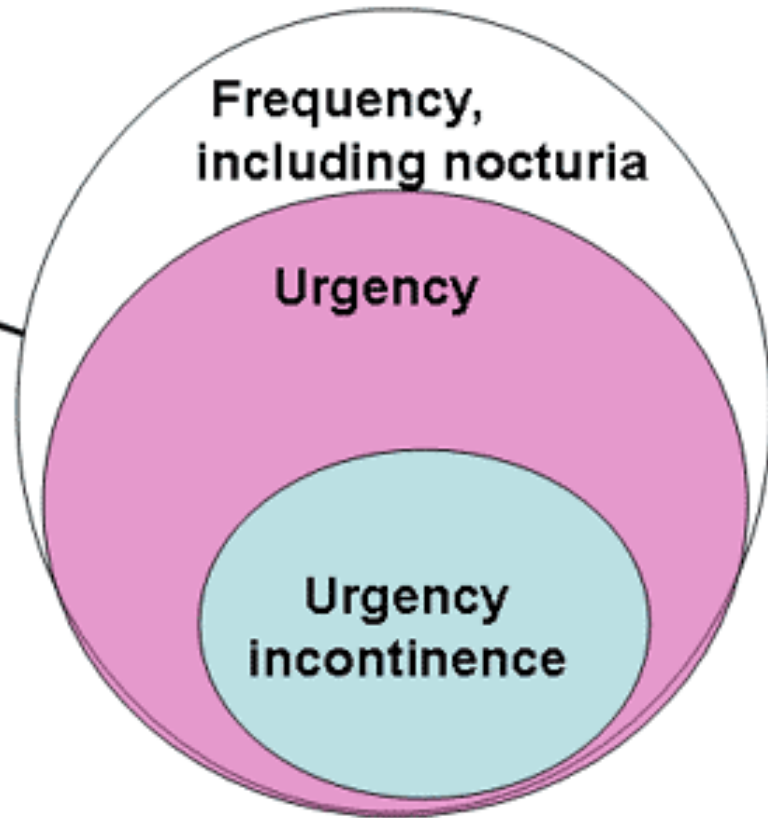
- Presentation

- 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



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



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

Common **BLADDER IRRITANTS**

The National Association For Continence



Treatments

Lifestyle

Conservative

Procedures

Treatments: Prolapse

Lifestyle

Conservative

Procedures

Treatments: Prolapse



Lifestyle

Conservative

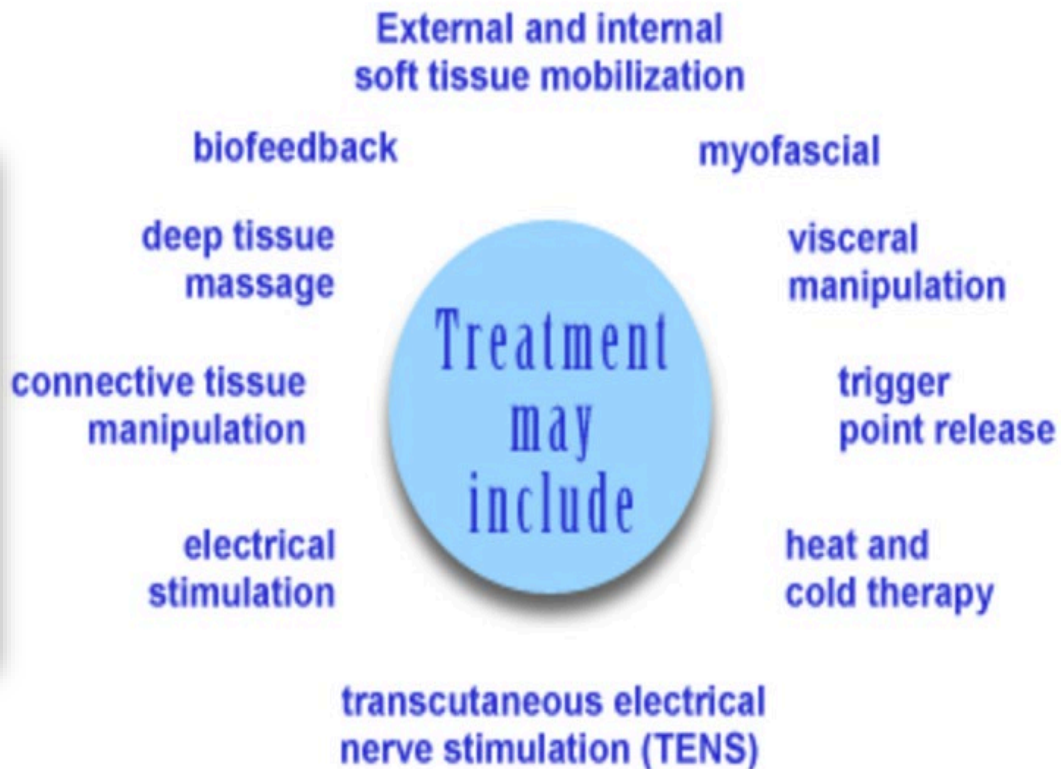
Procedures

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



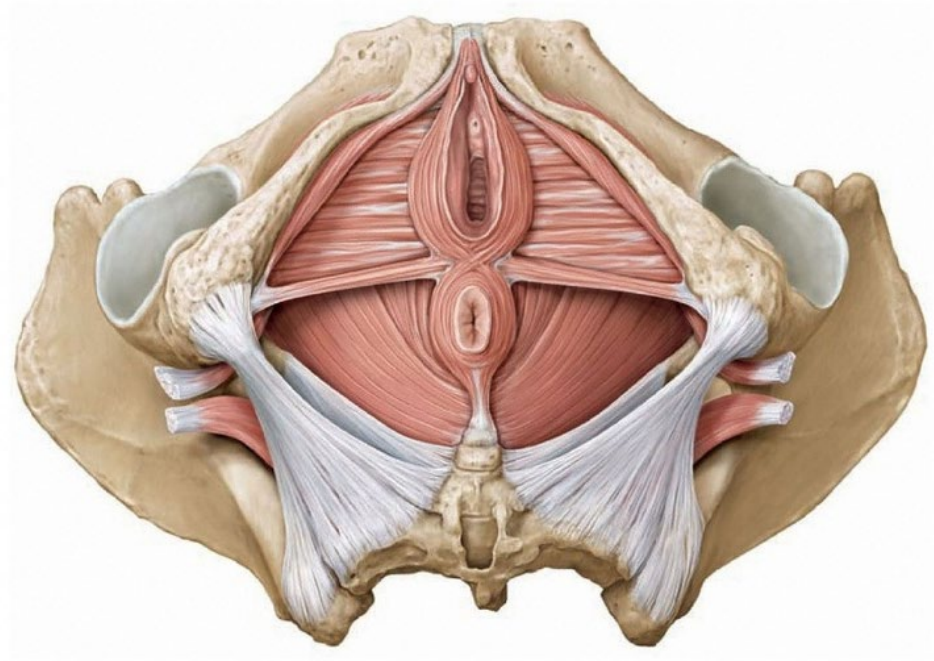
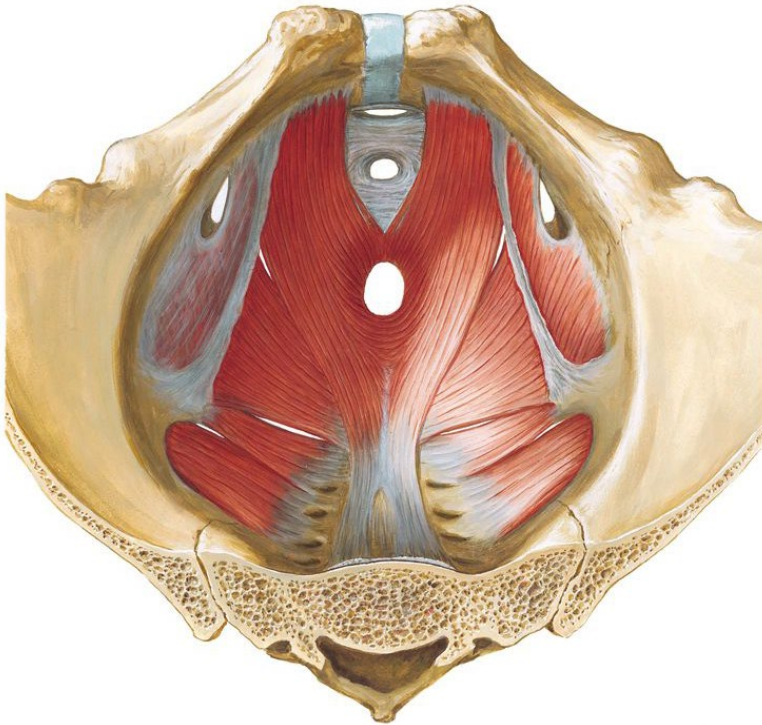
Lifestyle



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



Strengthen? Relax? Balance?



Treatments: Prolapse

Lifestyle

Conservative

Procedures

Treatments: Prolapse

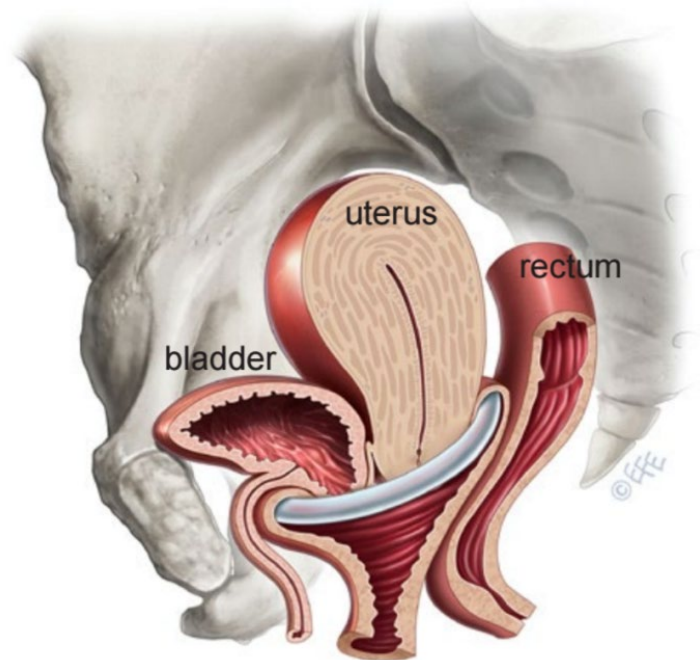
Lifestyle

Conservative

Procedures

Treatments: Prolapse

- Pessary
- *Vaginal* (bioidentical) Estrogen



Conservative

Treatments: Prolapse

Lifestyle

Conservative

Procedures

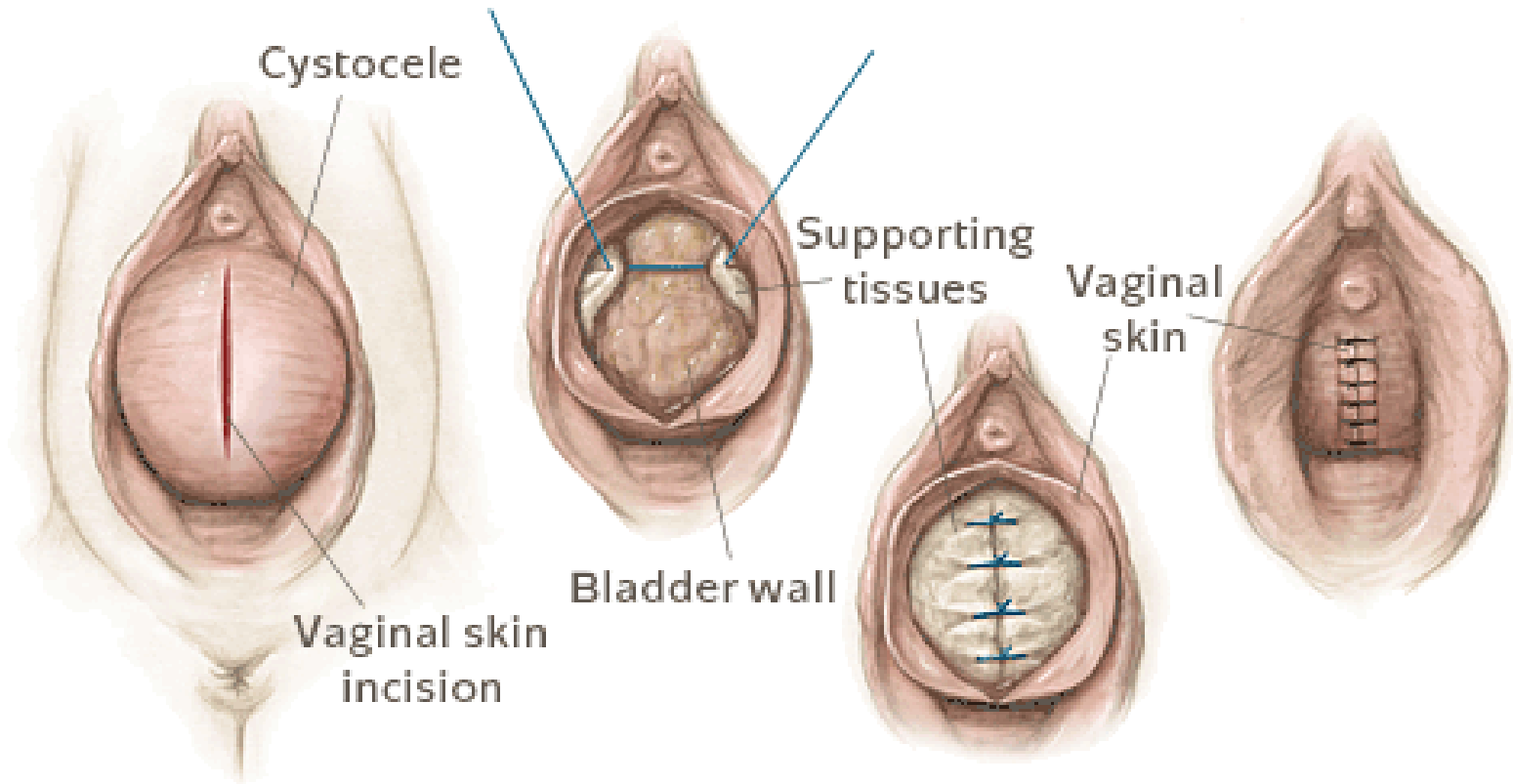
Treatments: Prolapse

Lifestyle

Conservative

Procedures

Treatments: Prolapse



- ***Does not*** always involve hysterectomy
- ***Does not*** mean removing ovaries
- All Vaginal Surgery – Faster recovery

Procedures

Treatments: Urgency

Lifestyle

Conservative

Procedures

Treatments: Urgency



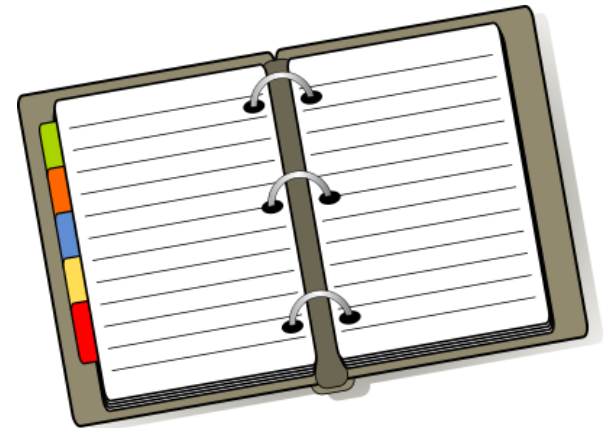
Lifestyle

Conservative

Procedures

Treatments: Urgency

- **Correction of Risk Factors**
 - Weight loss
 - Avoiding Irritants (tobacco)
 - Voiding Diary
- **Pelvic Physical Therapy**
 - Strengthening & Relaxation
 - Bladder training (biofeedback)



Lifestyle

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



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

Conservative

Treatments: Urgency

Lifestyle

Conservative

Procedures

Treatments: Urgency

Lifestyle

Conservative

Procedures



Treatments: Stress Leaking

Lifestyle

Conservative

Procedures

Treatments: Stress Leaking



The diagram consists of three stacked rectangular boxes. The top box is light blue and contains the word 'Lifestyle'. The middle box is teal and contains the word 'Conservative'. The bottom box is green and contains the word 'Procedures'. A purple, hand-drawn style border encloses the top two boxes. Each box has a subtle gradient and a drop shadow.

Lifestyle

Conservative

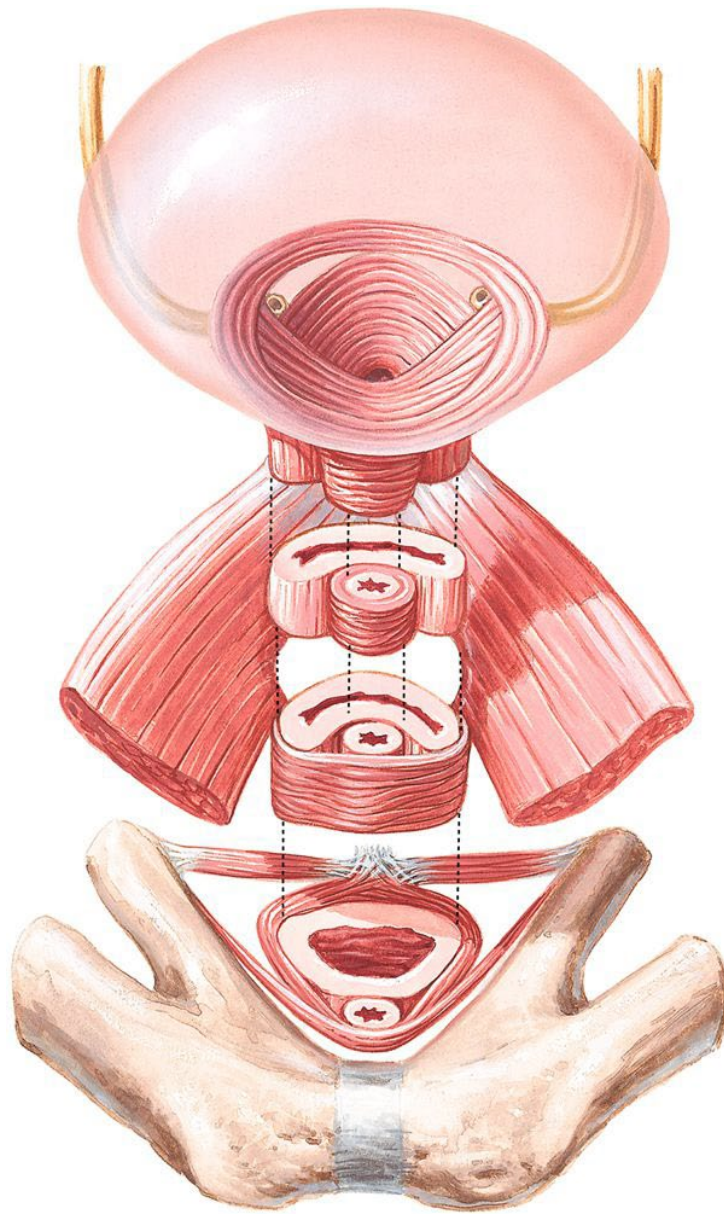
Procedures

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)



Lifestyle



Treatments: Stress Leaking

Lifestyle

Conservative

Procedures

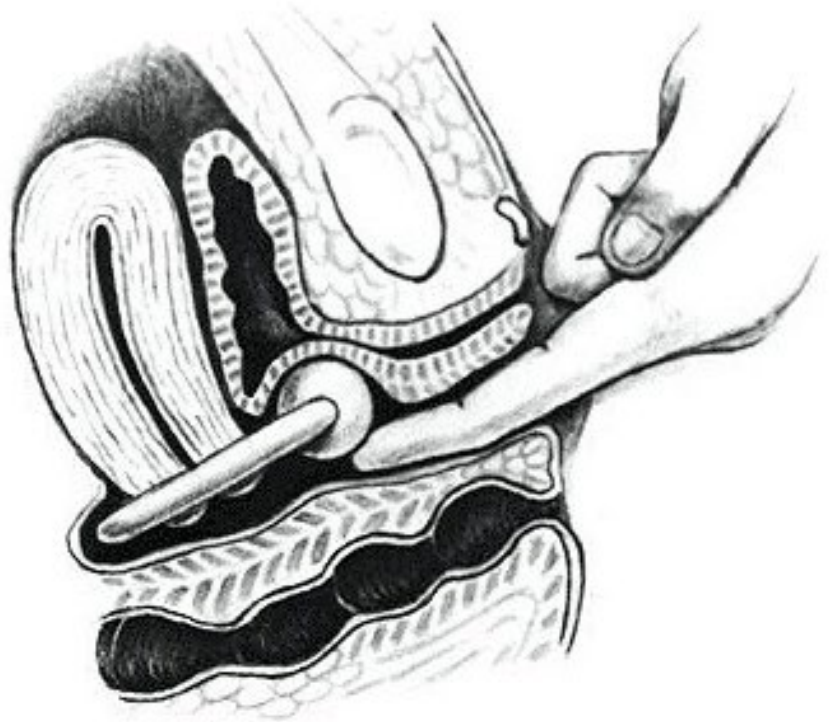
Treatments: Stress Leaking

Lifestyle

Conservative

Procedures

Treatments: Stress Leaking



Conservative

Poise

IMPRESSA

... BLADDER SUPPORTS ...



Treatments: Stress Leaking

Lifestyle

Conservative

Procedures

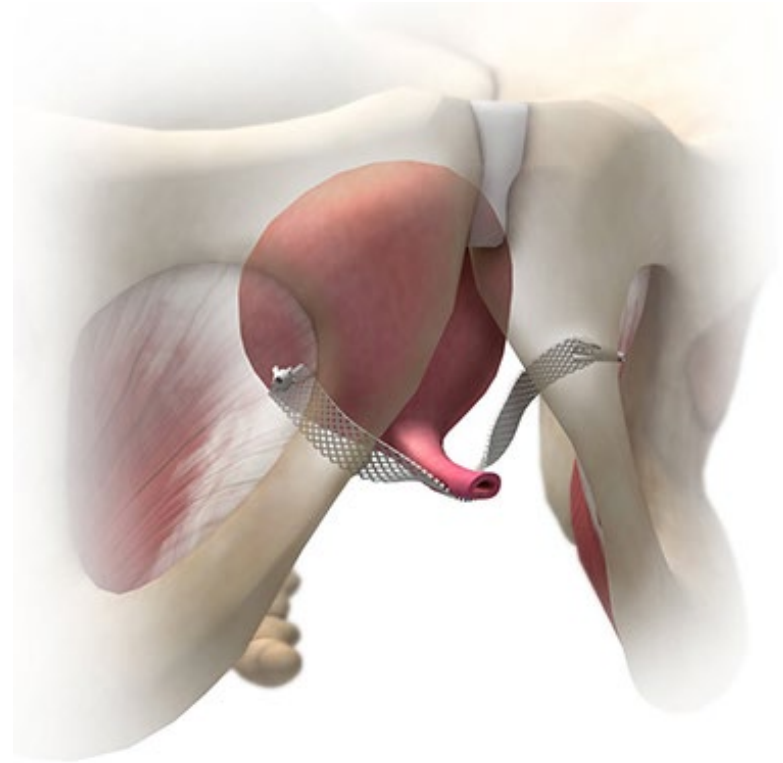
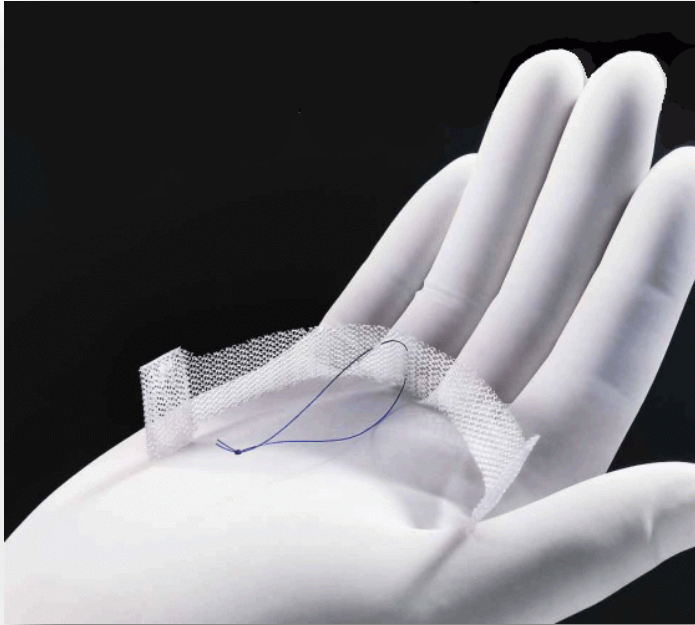
Treatments: Stress Leaking

Lifestyle

Conservative

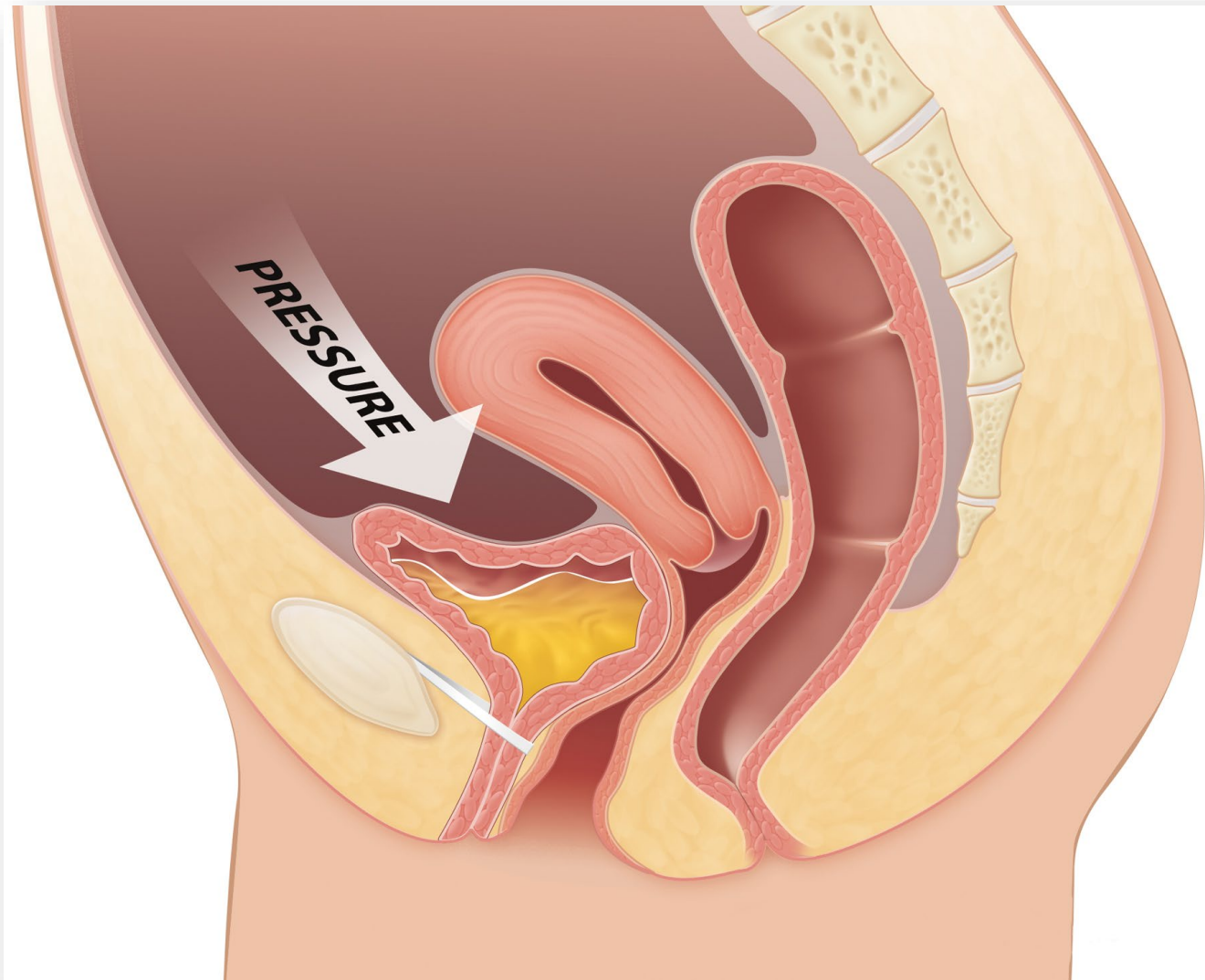
Procedures

Treatments: Stress Leaking



“Incontinence Slings”

Procedures



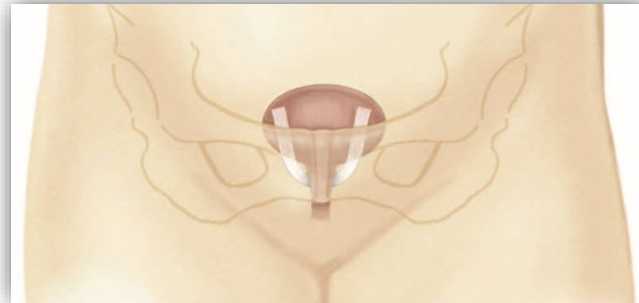
Procedures



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%)

81 trials, 12,113 women





? Prolapse

? Bladder Issues

? PFD

? Bowel Issues

? Pain

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



American
Urogynecologic
Society

Advancing Female Pelvic Medicine
and Reconstructive Surgery

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)
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- Netter Atlas of Human Anatomy, 6e: Copyright © Elsevier Inc. (netterimages.com)

<https://vimeo.com/45420786>





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