

# Women can improve 'bladder' control with medicines, surgery

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Is there any woman over 50 anywhere who hasn't sat with women friends over coffee or lunch and shared the challenges of what most of us call "bladder" problems?

We usually try to laugh at ourselves and accept the fact that we never want to be more than a short jog away from a bathroom. Most of us don't think about medical help to alleviate or cure the problem.

"Close to 50 percent of

causes. Stress incontinence and urge incontinence are the two types experienced by most women after menopause or a hysterectomy.

With stress incontinence, sneezing, coughing, etc., there is pressure on the bladder that causes patients to leak small amounts of urine. The most common causes of stress incontinence are pregnancy, childbirth and menopause.

Women who have urge incontinence suddenly feel the need to urinate and may lose large amounts of urine quickly

and surgeries, he said.

"Kegel exercises are used for stress incontinence. They can strengthen perineal muscles for women after childbirth. When the muscles are fortified, they can be used to interrupt the urine stream, but in general the results are poor," Dr. Bamberger said.

Several surgical procedures have been developed to treat stress incontinence.

"One of the procedures that has become very popular is a sling procedure that is done vaginally. Incontinence is frequently associated with the bladder dropping into the vagina, causing the urethra to shorten. When the urethra is more than 1 1/2 inches long, there isn't normally leakage. But when it becomes shorter, you do have leakage," Dr. Bamberger said. "With this procedure, a sling is inserted in the vagina, then passed into the lower abdomen

naturally derived collagen, in the tissue surrounding the urethra. The procedure is done with a local anesthetic in a doctor's office or as a hospital outpatient.

There are other surgical remedies for stress incontinence, but they require hospitalization and long recovery periods, Dr. Bamberger said.

Exercise and surgical treatments for stress incontinence are not as effective for urge incontinence.

"Urge incontinence is seen in the older female usually because of a drop in female hormones and in other people who have a small urethra or recurring infections where scarring develops," Dr. Bamberger said. "When women are younger, this entire area is normally stimulated by hormones, but stimulation decreases as the hormones decrease with age or after a hysterectomy. Taking hormone pills is not enough to stimulate this area. Hormone creams are used as a treatment, although they can't be used when there's a history of breast cancer."

Other treatments include dilation of the urethra and medications. For severe cases there is a surgical option that requires reconstruction of a part of the bladder. The risks and recovery period of this surgery are the same as for other major abdominal surgeries.

"There are basically two pills, Detrol and Ditropan, and a transdermal patch, Oxytrol, that can be helpful, but they do have side effects — dry mouth and constipation, for example — and they can't be used with glaucoma. They're not cheap, and that's another consideration," Dr. Bamberger said.

He also cautions that there are many reasons for urinary incontinence that these medications won't address, so patients need to see a urologist to rule out causes other than age or stress caused by childbirth and to learn about the latest treatment options.

"Many patients see ads on TV for these medicines that talk about overactive bladder, but they need to be evaluated with a cystoscopy where we can look inside the bladder with a telescope. They will also need a urinalysis and urodynamics that measure the pressure in the bladder, the flow of urine and the amount of urine left behind after the patient voids. These will help the doctor learn if the patient has other reasons for urinary frequency or incontinence, such as diabetes, tumors of the spine or multiple sclerosis," Dr. Bamberger said.

Other possible causes include strokes, Parkinson's disease, Alzheimer's, spinal cord injuries or lumbar disc disease (a herniated disk).

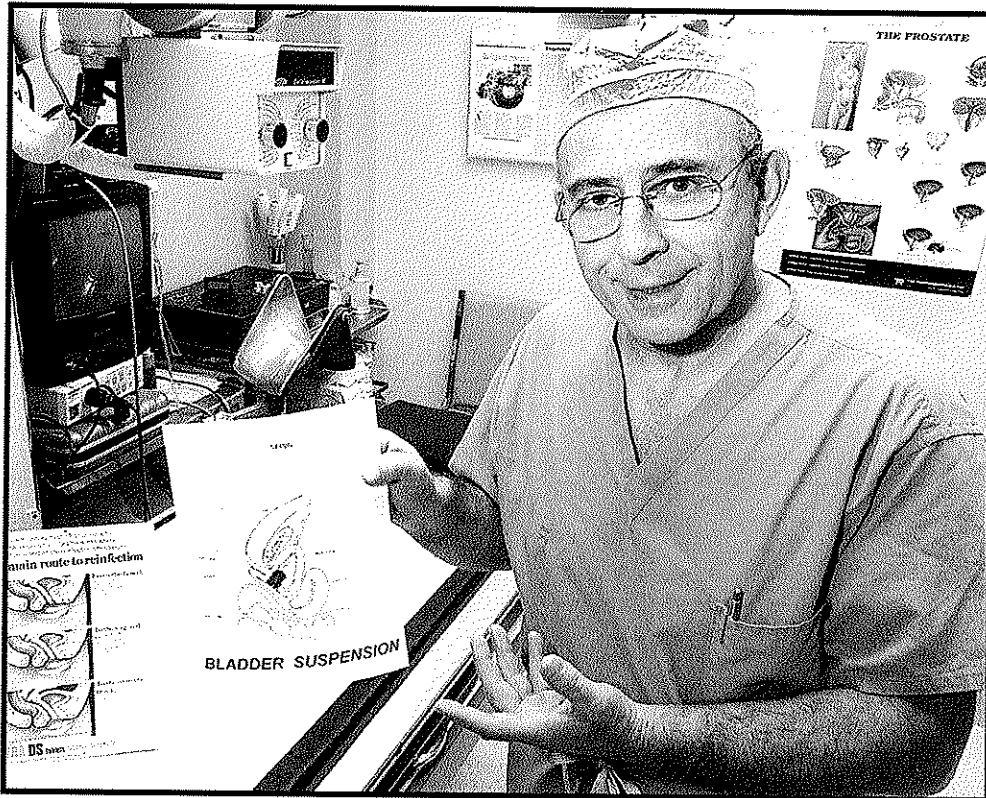


PHOTO BY STEVE EDMONDS

Dr. Charles Bamberger explains the bladder suspension surgery that can help women who suffer from stress incontinence.

women change their lifestyles to accommodate this problem. They learn where every bathroom is wherever they go," said Dr. Charles Bamberger, a Fort Worth urologist. "A Bladder Health Council study reports that 25 percent of women have never discussed this with their physicians and we know that many doctors don't communicate with their patients about it. Forty percent said they got more information on new treatments from the news media or newsletters than from their doctors."

Although many older women consider urinary incontinence a normal part of aging, there are several types of female incontinence and a variety of

after feeling the urge. This can happen after drinking a small amount of water, when they hear running water or touch water or for no apparent reason.

Frequently, women will have both stress and urge incontinence as they age.

"The symptoms of incontinence can include when a person goes between seven to eight times a day or wakes up once or more at night. This isn't normal. Not leaking urine is normal, but urgency, frequency and burning are abnormal," Dr. Bamberger said.

There are several ways of treating the symptoms of both types of incontinence, including exercises, medications, pessaries

with special instruments. It elongates the urethra, adding an extra half-inch to an inch. It is done with small incisions with just a nick in the lower abdomen so there's no scarring."

This outpatient procedure requires no hospital stay. It takes about half an hour and is done under local anesthetic.

"Procedures like this have been around for years, but in vogue the last two to three years. It is now the standard of care for women with persistent stress incontinence. The success rate is 80 percent, overall," Dr. Bamberger said.

Another treatment option for stress and mixed incontinence is new and non-surgical. It involves injecting a bulking agent, a