

Frequently Asked Questions- Female Urinary Incontinence

Is it “normal” to have bladder control problems?

Although accidental leakage of urine can occur in both young, (during or after a pregnancy), and older women, urinary incontinence is not a problem that you have to live with. Factors which contribute to this condition include tearing or weakness of the pelvic muscles following a vaginal delivery, or thinning of the genital tissues as women enter menopause. Bladder control problems are more common than many realize, with an estimated 40 million people affected in this country. Unfortunately, less than 1% of these people seek medical care. However, this is beginning to change. Increased public awareness through the media, coupled with advances in the evaluation and treatment for urinary incontinence, have enabled more women to speak candidly with their physicians about this embarrassing problem. If uncontrolled leakage of urine has affected your life enough to keep you from the activities you enjoy, or it requires you to use pads for protection, you owe it to yourself to have a complete evaluation.

Is there anything that I can possibly do to prevent this problem from occurring, or lessen my current symptoms?

Kegel exercises, which strengthen the pelvic floor muscles, can enhance your bladder control, but these do require some effort and patience on your part. It usually requires at least 6 weeks until you will notice an improvement in your symptoms, the same as you would expect when you begin going to the gym. These exercises are most effective for women with mild leakage of urine.

For women who suffer from frequent urination, changing your bathroom routine by voiding more frequently, as well as going at scheduled intervals, has been proven to be beneficial as well. (Instructions for performing these activities can also be found among the other health articles in this site). Also, limiting caffeine or other bladder irritants will likely also help.

For patients who may be overweight, shedding extra pounds can also have a significant impact on bladder control. For moderately obese women, losing just 10 pounds can make a big difference.

Is surgery my only option to treat my urinary incontinence?

Fortunately, it may not be. There is more than one type of urinary incontinence, and each one of these has its own specific treatment, however, overlap can also occur. Therapies include the above mentioned behavioral methods (those you can do yourself), specific medications and finally a surgical approach. As everyone is different, not all leakage is due to the same problem. A thorough work up includes obtaining your history of symptoms, a detailed physical examination, and may also include bladder testing called Urodynamics.

If I do require surgery for my bladder problem, how long will it take me to recover?

If it is determined that surgery is the best option to treat your uncontrolled leakage, newer and truly revolutionary procedures are utilized that allow for an outpatient procedure. These do not require an abdominal incision, and usually allow you to void normally after surgery, without the need for a catheter. This is a significant improvement over the procedures that were being performed 10 years ago. These operations have also proven to be more durable than anything before it, with excellent success rates reported after 8 years and still counting!

Am I too old to have this type of surgery?

These out-patient surgeries can be performed on women of all ages, and if you are in reasonably good health to tolerate a surgical procedure and anesthesia, you likely would be a candidate. There is no age that you should have to tolerate the embarrassment from bladder accidents.

Can my general physician take care of me?

Your current physician should be aware of all of your health problems, and involuntary leakage of urine is one of them. You may be referred to a specialist who has expertise in this area. A fellowship trained Uro-gynecologist has completed additional training beyond an Obstetrics and Gynecology residency, and is the most well equipped to perform a complete evaluation. If surgery is required, these sub-specialists are also able to perform all of the associated procedures that are necessary to reestablish a normal, functioning anatomy.