

## **New Treatment Options for Stress Urinary Incontinence**

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Urinary incontinence affects approximately one third of Americans over the age of 60. It is twice as common in women as men. Many women feel that it is a normal part of aging and are not aware of the treatment options now available. Although there are different types of urinary incontinence, stress incontinence is the most common form. With stress incontinence, women experience leakage during lifting, exercise, coughing, laughing and sneezing.

Normally, the muscles of the pelvic floor fit snugly around the urethra, which is the tube that expels urine from the bladder. During childbirth, the muscles and ligaments of the pelvis are stretched and may be torn, destroying this urethral support. There is often further loss of muscle tone with menopause, as the low estrogen levels cause the muscles to become thinner. Pressure on the bladder (for example coughing) can overcome the muscles and cause leakage. The diagnosis of stress incontinence is made through a careful history and physical exam, along with a urine sample and a voiding diary. If further testing is indicated, lab or voiding studies may be performed. An in-office urodynamic evaluation may also be helpful where the bladder is filled in order to reproduce the symptoms. Treatment varies according to the type of incontinence.

For stress incontinence, therapy includes:

- Kegel exercises to strengthen weak pelvic muscles,
- A pessary, which is similar to a diaphragm, is inserted around the cervix and supports the muscles,
- Local estrogen therapy,
- Surgery, including a new approach called Tension Free Vaginal Tape.

Tension Free Vaginal Tape (TVT) is a new and exciting surgical procedure now being performed by the physicians at Bedford Commons OB-GYN. A band of material is inserted through the vagina, cradles the urethra, and is pulled up through very small incisions on the abdomen. The urethra is thus supported and better able to remain closed, when appropriate. This procedure is similar to a “sling” procedure (where a band of material wraps around the urethra and is tied to the abdominal wall); however, the TVT does not need to be tied down and, thus, is a much less invasive and shorter procedure. Studies have shown that the five-year success rate for this procedure equals that of traditional “slings” and abdominal surgery. TVT surgery is performed in the hospital and patients can often go home the same day. If it is done in combination with other surgery, such as a hysterectomy, then patients should expect to stay in the hospital at least a day.

It is important for women to know that there are treatment options for incontinence. At Bedford Commons OB-GYN, we are extremely pleased to be able to offer our patients TVT, as well as any of the other treatment approaches for urinary incontinence. We encourage you to contact our office for more information or for a consultation with one of our providers if you are experiencing this problem.