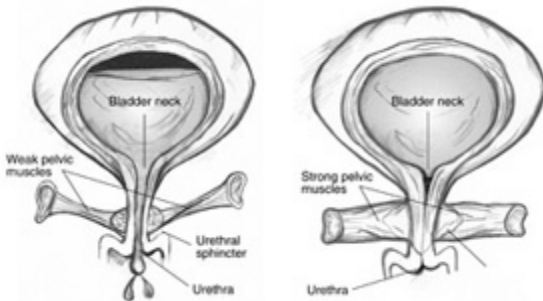


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Stress urinary incontinence in men and women

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Stress urinary incontinence is a term that describes the involuntary loss of urine that occurs with physical activity. It is a very common condition that affects thousands of men and women in this country. Women develop this problem as a result of damage to the muscles and ligaments of the pelvic floor. These structures are responsible for supporting the bladder and urethra. Child birth and constant lifting or straining can cause these tissues to stretch and tear away from their attachments to the bones of the pelvis. When this occurs, the bladder and urethra lose their support. The pressure caused by a heavy cough, sneeze, or jump can force the urine out of the bladder when the muscular seal is no longer present. Although the condition is more common in women, it can also occur in men. Stress urinary incontinence in men is usually a result of previous prostate surgery.



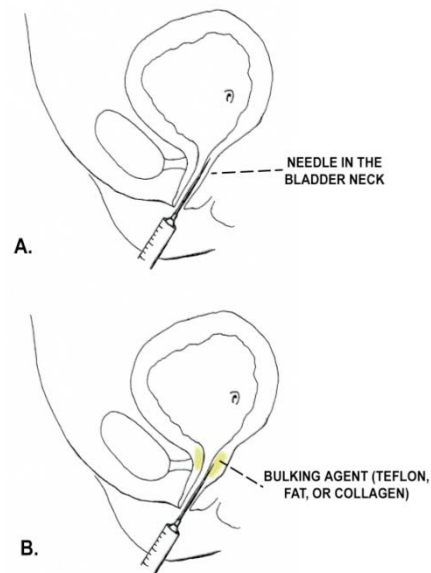
This condition causes significant physical and emotional distress. It can cause skin irritation and breakdown. It often results in embarrassment and withdrawal from activities that people once found enjoyable in their lives. Many people mistakenly believe that stress incontinence is a normal part of aging and that nothing can or should be done to correct the problem.

There are several treatment options for patients with stress urinary incontinence. The treatments are safe and effective, and almost any patient, regardless of age, can benefit from them. The most common treatment options for women are: 1) pelvic floor exercise therapy, 2) urethral injection with bulking agent, and 3) bladder neck suspension surgery (pubovaginal sling). Options for men include: 1) male sling, and 2) artificial urinary sphincter.

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The goal of **pelvic floor exercise** therapy is to strengthen the muscles that are responsible for keeping urine in the bladder. A nurse works closely with patients to help them identify these muscle and teaches them to do daily exercises that can help restore the muscles to their original strength. Patients can reduce the amount of leakage that occurs with physical activity if they learn to tighten these muscles before they sneeze, cough or bend. The treatment is not perfect, but it does allow patients to avoid surgery if they are motivated.

Urethral injection therapy involves injection of a biological or synthetic material into the wall of the urethra in order to increase the thickness of the urethral wall. This causes partial closure of the urinary channel and can prevent urine from escaping during physical activity. The procedure takes only a few minutes and can be done under local anesthesia or mild sedation. It is safe, but not always effective. Success rates range from 20% to 80%, and some patients will require repeat injections

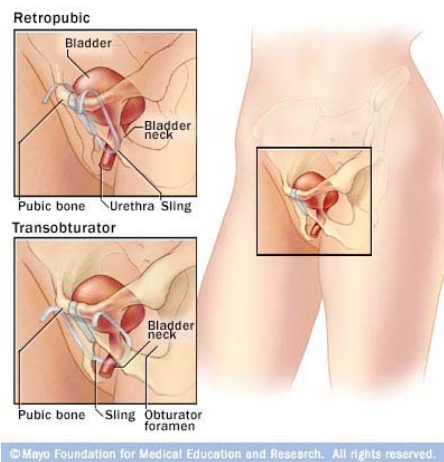


before they achieve an adequate result.

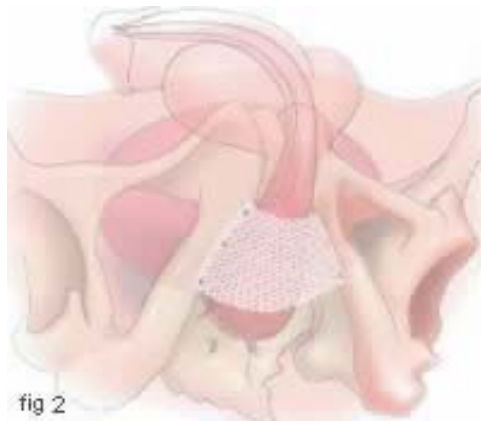
Bladder neck suspension surgery (pubovaginal sling) is the most effective method for treating stress urinary incontinence. A small rectangular patch of biological or synthetic material is positioned beneath the urethra in order to provide support. When the patient coughs, the sling “catches” the urethra and closes the channel so urine will not escape. The procedure is performed using general anesthesia and usually can be done in under an hour. Patients can often be discharged from the hospital on the day of surgery. Most patients do not experience much pain from the small incision that is made in the vagina. Success rates are 85% to 90%, but patients must have realistic expectations. Occasionally, leakage will occur following the surgery if the bladder is very full and the patient is engaged in vigorous physical activity. Patients may also experience new onset of urinary

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urge or obstructive voiding symptoms. In general, patients are usually happy with the outcome and are less reliant on pads or diapers.



Male slings are commonly performed in men who experience urinary incontinence following prostate surgery. A synthetic mesh is used to compress the portion of the urethra that passes between the scrotum and the anus. This is done by stretching the mesh tightly and attaching the two edges to the pelvic bones in the seat area. The procedure is most effective for men with moderate leakage. On average, 60%-70% of men are satisfied with the results. Post-operative pain can be a problem for some men but usually improves after several weeks.



The **artificial urinary sphincter** is the most successful treatment of male incontinence. This surgery is done by placing an inflatable cuff around the urethra. The cuff is attached to a small bulb

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that is placed in the scrotum. When the bladder is full, the patient must squeeze the bulb in order to deflate the cuff and allow for urination. This option is associated with a higher infection rate (2-4%) and requires manual dexterity in order to deflate the cuff. It must also be realized that with time, these devices may fail for various reasons.



In summary, men and women should be aware that many treatments are available for stress urinary incontinence. These treatments are safe and effective, and can greatly improve quality of life. Your physician should discuss the risk and benefits of these treatments, so patients can decide which option is best for them.