

“Gotta go . . . Gotta go right now?”
Urinary incontinence in women

The effective “Gotta go...Gotta go” television commercial immediately grabs the attention of many woman. This spot is advertising a medication that is effective for some women with *urge incontinence*.

For the more common problem of *stress incontinence*, there is a procedure which has a very high success rate and has women who know about it, singing it’s praises.

Urinary incontinence affects 10-70 % of all women. Prevalence of incontinence appears to increase gradually during young adult life, has a broad peak around middle life, and steadily increases with age according to The American College of Obstetricians and Gynecologists.

The most common condition to cause loss of urine is *stress incontinence*. This is an anatomical problem caused by a fall in the urethra or bladder with increase in abdominal pressure

The second most common condition is *urge incontinence* or over activity of the bladder muscle.

Some patients experience both stress and urge incontinence. Evaluation of incontinence is by history, physical and Cystometrogram evaluation of the bladder.

A three day and night urination chart should be adequate to document symptoms of urine loss. A list of all medications is also important.

Physical exam will evaluate possible vaginal relaxation as well as rotation of the urethra, the tube from the bladder to the outside.

The Cystometrogram evaluation is an office assessment of bladder filling and urination. A simple and painless twenty minute procedure allows a computerized device to evaluate the pressure of the muscles that control the ability to urinate. The bladder is filled with sterile water to determine the volume of water the bladder can hold.

Stress incontinence is managed by physical support to the bladder neck either by improved muscle tone using pelvic floor exercises, or by surgery. Many surgical treatments have been developed for stress incontinence, but many fail within a few years.

Tension Free Vaginal Tape (TVT)

The tension-free vaginal tape has proven to be very effective in curing urine loss due to stress incontinence.

In this approximately 30 minute procedure under anesthesia, a narrow strip of mesh is placed at the mid-urethra through a small vaginal incision. This vaginal tape prevents movement of the urethra when coughing and sneezing. The procedure is noninvasive and requires no abdominal incision. The surgery is either outpatient or requires only one night in the hospital. Because the tape is tension free, about 95% of the patients will go home without a catheter. There is very little pain and return to normal activities is possible in about 48 hours. Cure rates have been as high as 96%. Those women who have a combined problem of stress and urge should see up to a 60% improvement in their urge incontinence.

Urge incontinence or bladder muscle spasm is treated with medication and behavior modification. About one-third of all urge incontinent women who usually consume large amounts of water, could see dramatic improvement by drinking less. There are several drugs available that appear to be effective for bladder spasm. However, the response to treatment is unpredictable, and side effects are common.

If you loose your urine, you should consult your Gynecologist for evaluation of your incontinence to determine if you need medicine or surgery.

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