

Nonsurgical Treatments for Urinary Incontinence

You never know unless you try. You would be amazed at the number of women who get significant improvement in their urinary leakage or urgency symptoms with one of many available non-surgical treatments. Success varies but improves with persistence and continued practice. Risks associated with these options are few to none. Unfortunately not all women can get significant enough relief and may require further evaluation. We strongly encourage you to give the non-surgical options a try even if you are in the middle of the testing process or have decided on surgery.

Fluid Management. Being made aware of your daily fluid intake can be very beneficial. Quite often we are not aware of just how much fluid we are taking in on a day to day basis. A voiding diary will give you and your provider some insight on potential easy modifications to improve your condition. Limiting certain foods or fruits high in water content (melons) may help. Other foods contain chemicals that can be bothersome to those with urinary difficulties. Foods and liquids known to increase urinary symptoms include foods/liquids containing caffeine, alcohol or high acidity (citrus juices, tomato sauces, etc.).

Diuretics will make urinary symptoms worse. If you are taking a diuretic for blood pressure control or another indication prescribed by your primary care provider, it is best to stay on the medication until you talk to your doctor about alternatives that may not have a diuretic effect. If an acceptable alternative to the diuretic can not be substituted, we can explore other areas that may give relief and work around the diuretic.

Voiding Journal. If you were amazed just how often you urinated or how much you actually drink day to day, you were able to appreciate the benefit of maintaining a periodic voiding journal. Busy day to day activities make a voiding journal impractical at times but can keep you on task if performed periodically. Studies have shown that women are much more conscious of their voiding habits and fluid intake when keeping a voiding journal and they are more likely to report an improvement in their symptoms. So do your best to keep periodic 24 hour journals when practical so you can see the progress you are making.

Scheduled Voiding. Simply put, you are to void according to the clock and not according to your urges. Your health care provider will determine a starting point for you after reviewing your voiding diary. The goal is to decrease your chances of leaking by voiding more frequently and therefore decreasing the chance your bladder will contain significant volume during any one particular event (coughing, laughing,

sneezing or strong urges). This method works particularly well when used in conjunction with "Kegel" exercises or pelvic floor muscle physical therapy. The voiding intervals will then be slowly increased over time so you do not need to urinate as often during the day. Be patient - this can take a few months.

Pelvic Floor Muscle Rehabilitation/Training. In 1948 a German physician by the name of Arnold Kegel described exercising the pelvic floor muscles to improve pelvic floor strength and bladder control. Since that time, pelvic floor rehabilitation or training has been used as a non invasive treatment for urinary symptoms. It is thought that persistent exercising of the pelvic floor musculature will increase muscle tone and possibly transmit increased pressure to the urethra to improve resistance to leakage with stress events. This muscular development also improves urgency symptoms but through a different mechanism. Either way pelvic floor muscle exercising can improve urinary incontinence and urgency.

Many women report that they have tried "Kegel's" in the past and they did not seem to work. While this may be the case, studies have proven that many women were not performing the exercises properly, were exercising in a spotty manner or were not performing the exercises for a long enough period of time. Pelvic floor muscle rehabilitation should not be considered a failure until properly instructed and monitored by a professional trained to do so.

Suppression of Urge. Some call this technique "freeze and squeeze". When you feel a sudden strong urge to urinate your first instinct is to scoot to the nearest bathroom before you leak. Unfortunately, this is the wrong approach. If you are having trouble making it to the bathroom before you leak urine, first stop and remain still, Squeeze you pelvic floor muscles (Kegel's) quickly 3 to 5 times. Relax your entire body. Concentrate on suppressing the urge to urinate. Once the urge subsides, slowly walk to the bathroom - do not ignore the urge.

Vaginal weights. Another way to improve the muscle tone in your pelvic floor is to hold progressively heavier vaginal weights while walking or doing daily activities. Vaginal weights can also help you contract your pelvic floor ("Kegels") if you find this difficult to do on your own. Some women find it difficult to remember to do the "Kegel" exercises daily and vaginal weights could be an alternative - if you remember to do the weights. The weights give women a feeling of "falling out" causing a reflex "holding" contraction by contracting your pelvic muscles. Women typically start at the lightest weight and gradually increase to the next size as the pelvic floor strength improves indicated by your ability to held the weight "in". Weights range from 20 to 100 grams and cost approximately \$60 (can be found and ordered on-line). We recommend you start with the lightest weight you can easily retain and gradually move up until you can retain the heaviest weight.

Physical Therapy. If you seem to have difficulty performing pelvic floor muscle exercises on your own or you do not seem to get much improvement within 4 to 6 weeks you should consider an evaluation with a Physical Therapist trained in pelvic floor disorders. They are specifically trained to perform a thorough evaluation and develop a treatment plan according to your goals and findings. This is usually a minimal time commitment. You will learn about your bladder function and learn to improve the strength and endurance of your pelvic floor musculature and core strength with professional guidance and feedback. Goals are established at the first visit and recommendations given for maintenance once successfully completed. This may or may not include the need for pelvic exams or other modalities such as electrical stimulation or biofeedback systems to help you improve pelvic floor tone and strength. Your physical therapist can better determine how many visits will be required after the first one or two appointments.

Electrical Stimulation. This is another minimally invasive alternative to help you contract your pelvic floor muscles. This is generally performed under the guidance of a physical therapist. Depending upon your particular problem, the frequency can be adjusted to help with stress, urge or a combination incontinence disorder. The devices are quite expensive and may not be covered by your insurance so be sure to check first.

Urethral and vaginal devices. Multiple urethral occlusion devices used to be available. We are now down to only a few mostly because of patient lack of acceptance and cost. FemSoft is a one-time use urethral occlusion device that must be inserted into your urethra after voiding and removed when needed to void. You will need to be trained how to insert and remove the device. Urethral irritation can develop and urinary tract infections are more common. This type of device is great for "situational incontinence" that is, leaking only with a single activity like tennis or running. It can get rather expensive the more often you leak during the day since you would need to be wearing the device at all times. An incontinence pessary is another option. This is a device you place inside your vagina. The pessary is an attempt to stabilize your urethra - similar to what the surgical procedures do. This allows your urethra to collapse or close down with pressure from a cough or sneeze which may decrease incontinence episodes. Again these are low risk options that may be able to give you enough relief.

Medications. Currently there are no FDA approved medications to treat stress incontinence. Some patients felt they had improvement with vaginal estrogen and some noticed improvement with certain decongestants (Sudafed, Entex) but studies suggested these medications were not much better than the placebo it was compared to and side effects were a problem. The recent Women's Health Initiative

(WHI) study suggested that incontinence was actually worse in women using hormone replacement therapy. Duloxetine (Cymbalta) is an antidepressant that did show an improvement in stress incontinence episodes but again side effects were an issue so the company never pushed for an FDA approval.

They are basically bladder muscle relaxants (anticholinergics) and attempt to keep the bladder muscle less active. No medications work specifically on the bladder muscle however. They all have similar side effects primarily dry mouth, constipation and GI upset. These medications cannot be used if you have certain types of Glaucoma (high internal eye pressure). According to one particular study, the majority of patients started on these medications stop taking them within 6 months of starting the medication. These side effects need to be balanced with the benefits of decreasing your urgency.

As you can see, there are many non-surgical options that may give you some relief. We encourage you to discuss these options with your health care provider. For more information on urinary or pelvic organ prolapse disorders visit www.mypelvichealth.org.