

MEditorial for website; December 2008

“Here Comes the Rain Again”

With the rainy season in Southern California approaching, it brings to mind wetness and gloom; features often associated with urinary incontinence (leakage). When I was in my urology residency, there used to be a video series sponsored by one of the pharmaceutical companies titled “Visits in Urology”. One of these featured a visiting professor from Virginia discussing urinary incontinence with the local academic urologist. While looking out the window at a rainy NYC day, the Virginian, in a great southern drawl, said: “Yep, you sure have some wet women here in New York”.

One of my urology professors at UCLA brought a bit of “black humor” but also an admission of truth from his residents, when he would state “Incontinence is worse [for some women] than cancer—it is like a “social” cancer”. He was referring to the embarrassment and social isolation often brought on by lack of bladder confidence.

Female incontinence, as well as male incontinence, can be due to many factors. One solution does not fit all. Sudden leakage may, for example, represent a urinary infection; or retention, when the bladder stops working, pressure build up, and leakage occurs like a “pop-off” valve.

More commonly, women complain of leakage associated with some form of activity or straining of the abdominal wall muscles. This is called “stress urinary incontinence”. Provocations include coughing, laughing, sneezing, exercising, or sometimes just standing upright. Occasionally there is urge associated with the

leakage, especially an immediate feeling of the need to void when getting out of a chair.

Stress incontinence can be diagnosed in the office by taking a good history and doing a basic examination, including looking at the pelvic/vaginal area. Further tests, such as measuring the urinary residual, bladder capacity and pressure; and trying to reproduce the symptoms in the doctor's office, may also be helpful. Detailed tests such as cystoscopy (looking inside the bladder) or urodynamics (physiologic testing of the voiding cycle) are rarely needed--except in complicated or re-operative cases.

Having been in practice for over 20 years, I have seen surgical treatments for SUI (stress urinary incontinence) come and go. There is, let us say, a lot of creativity in this field of urology. Sometimes, studies show a certain procedure works quite well, but when the women are questioned 5 or 10 years later, most are incontinent again. The trend has been toward less invasive and more effective procedures. There may be nothing wrong with larger operation such as a "Burch" or "Marshall-Marchetti"-- but why have a more disabling/painful procedure, if the same goal can be accomplished through "mini"-incisions. Also, studies have demonstrated that most women with SUI need "support" (like a hammock) underneath the urethra, not just tacking up of the bladder neck or urethra to the pubic bones or muscles.

"Permanent" mesh type slings have generally supplanted the use of biologic materials. The latter could include the patient's own tissues, or those sterilized from a human cadaveric, porcine (pig) or bovine (cow) source. Prior concerns about placement of synthetic mesh slings between the urethra and vaginal wall, especially risk of infection, erosion and fistula (hole from urinary tract to vagina) have not been statistically substantiated by studies and almost 15 years of experience.

I can take a woman with longstanding SUI and usually in 20-30 minutes, under anesthesia in the operating room, either cure or greatly reduce her leakage—and it appears the short-term results DO hold up “for life”. Even women with one or more prior failed procedures may be reasonable candidates for the sling operation. The procedure can be done with a short (“24 hour”) hospital stay, or as an outpatient. Pain and bleeding are minimal, and one can return to non-strenuous activities in less than a week, sometimes after a few days of recovery. It is a rare to see women with complications requiring, e.g., dividing, loosening or removing of such slings, but in reality, I have seen this occur.

As you can see, the “weather forecast” for women with the most common form of urinary incontinence is improving all the time.