

Urinary Incontinence & OAB

By Jenna Haines

EXPERT ADVICE

Surgery for UI

“Although UI does not jeopardize physical health, it does interfere with a woman's lifestyle. For those who have tried medication and exercise for relief but are still plagued by bothersome symptoms, surgery is an option. The goal is to restore the bladder and urethra to their normal positions or to provide a sling compression of the bladder neck during stressful events. It's most effective when stress incontinence is a major component of the incontinence.”



Robert S. Furr, M.D., Director, Women's Surgery Center; Assistant Director, AAGL Fellowship in Minimally Invasive and Robotic GYN Surgery; Clinical Instructor of Minimally Invasive GYN Surgery, UT College of Medicine, Dept. of OB/GYN, Division of Minimally Invasive Gynecologic Surgery



Urinary incontinence is an issue that many women find embarrassing to discuss. As a result, many feel isolated in their suffering. In fact, the National Association for Continence estimates two out of three Americans don't tell their doctors about UI. For women that do, they wait about 6.5 years on average from the first time they experience symptoms.

Additionally, incontinence is not as uncommon as we think. An estimated 26 million Americans experience urinary incontinence, and women are the majority of its victims (at 20 million, more than twice as many women have it as men).

The two most common types of urinary incontinence are urge incontinence, otherwise known as overactive bladder, and stress incontinence. Some women have mixed urinary incontinence, which is a combination of both problems. Overactive bladder is characterized by an urgent need to go to the bathroom and involuntarily loss of urine. This condition is presumed to be the result of bladder muscle spasms, caused by damage to the bladder's nerves, damage to the nervous system (spinal

cord or brain), or damage to the bladder muscles themselves. Stress incontinence, however, is a leak that occurs when pressure is placed on the bladder, whether from a cough or a jog. This kind of incontinence is usually due to insufficient strength of the pelvic floor muscles, and often occurs in many women after childbirth but can also result from high-impact sports, aging, or from being overweight.

Fortunately, urinary incontinence is highly treatable with both natural and medicinal remedies. Often, the condition can be improved simply by practicing kegels, lifting vaginal weights, and/or losing weight. Other treatments include biofeedback, electric stimulation, bladder training (i.e. scheduling bathroom trips), and lifestyle changes, such as consuming less liquid and caffeine. While it is encouraged to try cheaper, less intrusive treatments first, if your condition is beyond the scope of natural fixes, you can ask your doctor about medications, such as Enablex, Vesicare and Oxtryol, and interventional therapies. If symptoms do not respond to conservative treatment and UI markedly disrupts your life, surgery may be an option. ♀



Women's Surgery Center A Center for Minimally Invasive Gynecology

Specializing in minimally-invasive surgical treatment for gynecologic disorders

- Urinary Incontinence
- Female Prolapse
- Uterine Fibroids
- Endometriosis
- Hysterectomy
- Cystectomy
- Fertility Promoting Surgery



Dr. Robert S. Furr

Director, Women's Surgery Center
Assistant Director, AAGL Fellowship in Minimally Invasive and Robotic GYN Surgery
Clinical Instructor of Minimally Invasive GYN Surgery, UT College of Medicine, Dept. of OB/GYN, Division of Minimally Invasive Gynecologic Surgery

1604 Gunbarrel Road, Chattanooga Tennessee 37421

Phone: (423) 899-6511

For more information go to: www.gyndr.com