Women's Wellness Center
www.womenswellnessnow.com

Bladder Control Problems: Urinary Incontinence and Overactive Bladder
Bowel Control Problems: Emptying Problems, Constipation, and Incontinence

Millions of women suffer from bladder and/or bowel control problems bringing devastating and embarrassing consequences. These problems often limit freedom, as a woman has to plan her entire life around her bathroom issues. For the bladder, the most common problems we see are stress urinary incontinence and overactive bladder. The most common bowel problems we find are incomplete emptying and soiling due to incontinence. While bladder and bowel control problems tend to become worse with age, these ailments should ***not*** be considered a normal part of aging, and they can be healed so that life may return to normal.

- Stress Urinary Incontinence is caused by a weakening of the pelvic muscles and nerves involved in bladder control. Sufferers commonly have urine leakage when they laugh, cough, sneeze, or engage in exercise and sports activities.
- Overactive Bladder, or Urge Incontinence is characterized by unexpected contractions of the bladder muscle that can lead to leaking (urge incontinence). Women with this problem often feel a strong need to go to the bathroom but they are unable to get there in time. They may lose urine when they hear running water or put their key in the door. In addition to incontinence, sufferers often have urinary frequency during the day or night. It is not uncommon to have both stress incontinence and overactive bladder – that is called Mixed Incontinence.
- Bowel Control Problems like fecal incontinence or chronic constipation can be associated with changes in the pelvic muscles that control defecation (the pelvic floor muscles). These changes can cause the rectal sphincter to stay tightly closed when it should be relaxed to allow evacuation. In cases of fecal incontinence, the rectal sphincter relaxes at the wrong time, allowing escape of feces without sensation, causing soiling and emotional distress. The name for this is Pelvic Floor Dyssynergia. The rectal sphincter does not coordinate with the bowel's motility as it should, but is relaxing and contracting at improper times.

Non-invasive Treatment for Bladder and Bowel Control Problems

Pelvic Floor Therapy. This is a first line treatment choice for stress or urge urinary incontinence, or for bowel emptying issues associated with pelvic floor dyssynergia. Pelvic floor therapy is used to train weak pelvic floor and/or bladder muscles. Using sophisticated computerized monitoring techniques, a pelvic therapy technician will evaluate pelvic muscle strength and instruct the patient on how to properly isolate and exercise pelvic floor muscles. A computerized measurement of pelvic floor contractions helps the therapist guide the patient and make progress duirng each session. When indicated, the patient will be educated so she can continue exercises at home. Typically, pelvic floor therapy consists of regular sessions for 8-12 weeks, then exercises are continued at home.

Medication for Bladder. Medications for stress incontinence or overactive bladder are often not the first line of therapy, since many patients experience side effects (dry mouth, constipation, dizziness, or blurred vision). Medications must be continued to remain effective, thus the expense continues for life (and side effects tend to increase with age). Still, medication can be prescribed for appropriate candidates if other therapies fail to produce desired results.

Medication for Bowel. There are no ideal medications to correct all of the pelvic floor issues that lead to bowel control problems. However, it is very important to keep the bowel contents moving along. Miralax is easy to use and effective for this purpose. For someone with a long-standing problem, it may require a twice daily dosing, and long term use. Pelvic Floor Therapy, discussed above, is the treatment of choice for correcting the primary problem in cases of pelvic floor dyssynergia.

Women's Wellness Center
Bladder Control Consultation

What to Expect

If you are scheduled for a Bladder Control Consultation at Women's Wellness Center, you are about to take the first step in regaining control of your bladder. Because treatments of various bladder problems differ, it's important to obtain an accurate diagnosis of your problem. Consultation involves evaluation and individualized treatment recommendations. Therapy may also involve homework on your part, such as pelvic exercises and record keeping. The entire process of evaluation and treatment may take a few weeks, but the results are well worth the time and effort. We believe in working with our patients as partners. When we each do our part, the outcome can be amazing!

1. Physician Consultation

You will visit with gynecologist Dr. Laura Grant for Bladder Control Consultation. Dr. Grant will listen to you describe your symptoms and experiences, perform a brief pelvic exam, and discuss treatment options. Patients who are appropriate candidates will then be scheduled for the remainder of the evaluation (described below). Dr. Grant will recommend a treatment plan with the goal of freeing you from your bladder/bowel worries.

2. Pelvic Ultrasound

Pelvic ultrasound at Women's Wellness Center may be scheduled as part of your evaluation. Abnormal pelvic structures can obstruct the outflow of urine from the bladder or press on the bladder and contribute to bladder spasm. Pelvic ultrasound is a simple imaging test to show these problems, as well as giving us a good look at the uterus and ovaries as part of a thorough evaluation of your pelvis.

3. Bladder Control Intake Visit

Often scheduled the same day as pelvic ultrasound (see above). During this visit you will meet with a trained female technician, who will first obtain a complete history, then perform a basic bladder function test called **cystometry**. This painless test is described below:

- Ideally, you will consume fluids prior to your visit, so your bladder is comfortably full when you arrive.
- Just before the cystometry test, you will be asked to empty your bladder and collect a urine sample.
- In the treatment room you will recline on an examination table. A thin flexible tube (catheter) will be inserted into your bladder to empty any residual urine and measure its volume. This is called the post-void residual – too much means you have trouble emptying your bladder.
- Using the same catheter already in place, the bladder is slowly filled with sterile water, and the technician will pay special attention to how much water is going in.
- You will report when you first feel the sensation of bladder fullness, and this volume is recorded.
- As filling continues, you will state when you feel the bladder is quite full but not painful.
- You will be asked to cough, as the technician observes for leaking. Sometimes it is necessary to stand up to demonstrate leak.
- During bladder filling the technician can sometimes detect abnormal bladder contractions. If so, this is an indicator of overactive bladder, and will be included in the report.
- We understand you may feel apprehension or embarrassment about this procedure. Don't let that stop you from getting the help you need. We love helping women reach their goals; and we are here to guide you through the process and make a difference.

A urine sample will be sent for analysis and culture. Sometimes low-grade bladder infections can interfere with therapy, important to detect and treat early.

Dietary habits will be discussed, and you will be given information regarding foods that may irritate the bladder wall. If constipation exists, it needs to be remedied to optimize treatment success. Your pelvic therapy technician will help you with suggestions on this.

Lastly, your technician will give you a voiding diary, explaining how to use it to record your daily fluid intake and frequency or leak episodes. Record for several days to give us a good look at your habits and experiences.