

Stopping the Leaks: Incontinence Can Be Treated in Women

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Dear Dr. Sapan, I leak during exercise or when I lift boxes or bend down. I can't do my regular activities without these problems, and it's getting worse. What can be done?

Urinary incontinence, or the loss of bladder control, has long been a social stigma. But it's a common problem that deserves a closer look—particularly because the condition may have a medical or surgical fix. Although it is often associated with aging, urinary incontinence can be caused by many other factors, such as genetics, childbirth, infection, pregnancy, and neurological diseases. It can even be a side effect of some medication.

This condition affects some 12 million Americans, most of whom are women. Actually, the number may be much higher as many people just “live” with the problem because they are simply too embarrassed to discuss it or they feel it is a normal part of aging. They feel that their only choice is to wear pads or diapers and curtail their usual activities to prevent an embarrassing accident.

Women with incontinence stop engaging in sports, running marathons and alter their active lifestyles. However, with celebrity athletes Bonnie Blair and Mary Lou Retton having shared their personal incontinence stories publicly, more people are starting to understand that urinary incontinence is *not* something to be embarrassed about. It may actually be a symptom of another underlying problem, which can usually be corrected.

Types of Incontinence

First of all, it's important to understand the common types of incontinence that women experience:

- **Stress incontinence:** Usually a structural problem, this occurs when laughing, exercising, sneezing or coughing. It is caused by the weakening of pelvic muscles,

sometimes a consequence of childbearing, post-menopausal estrogen deficiency, major pelvic surgery or other conditions that affect the muscle that controls urination.

- Urge incontinence or overactive bladder: People with this type have a spasmodic bladder muscle that causes involuntary leaking and the urge to urinate. This may be due to a bladder infection, bladder irritation from stones or cancer, excessive caffeine intake, nerve damage to the bladder or other factors.

Your Doctor's Diagnosis

To diagnose the condition, it may help to keep track of your incontinence for three or four days before you see your doctor. We call it a “bladder diary”; it’s where you record the times when you leak and how often. Here are example questions your doctor will likely ask about your incontinence:

- What kinds of liquids do you drink? Do you drink caffeine in excess?
- On average, how many ounces do you consume?
- How often do you urinate? How often do you leak, and is it unexpected?
- To what extent do you leak? Are you wearing pads during the day?
- Do you leak when you exercise, sneeze or cough?

Then your doctor will examine you and may perform some simple tests to look for the cause of your bladder control problem. Other conditions can cause leaking as well, including a history of diabetes, infections, stroke, neurological issues, and changes in your caffeine intake. Incontinence is also passed down through genetics. If your doctor thinks the incontinence may be caused by more than one problem, you will likely have more tests.

Medical Treatments

Most bladder control problems can be improved or cured. In addition to behavior modification techniques—such as adjustments to your diet or changing the frequency of how often you urinate—medication or surgery can be an adjunct to treatment. Your

doctor may recommend a surgical procedure designed to support the bladder and prevent leakage of urine, to make living with urinary incontinence more tolerable.

I've seen an excellent success rate in pelvic reconstructive surgery and surgery for stress urinary incontinence. These surgeries seek to lift the urethra and/or bladder into the original position. This makes sneezing, coughing, and laughing less likely to make urine leak from the bladder.

However, there is not one surgery for everyone. Surgeries are specific for stress urinary incontinence and it's important to seek out your doctor's opinion to determine what type of incontinence you have. Do you want to get back to running marathons, continue a healthy sex life, or just not worry about an incident when you're out for dinner? Talk to your doctor about the option that fits your lifestyle.

Talk to Your OB/GYN

Urinary incontinence has plagued women for history. They are often reluctant to discuss this problem with their health care provider because of embarrassment. But, what I've noticed as an OB/GYN is that in the last 10 years people are talking about it. Patients are more vocal and physicians are more aware in knowing how to treat incontinence. Tell your physician if you're having any symptoms. Urinary incontinence can be treated successfully, and Sutter Health physicians are here to help diagnose and treat your condition.