



A Woman's Guide for Urinary Incontinence



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Introduction

If you're like most women, you sometimes have embarrassing urine leakage and assume that it's just part of life. More than likely, you haven't talked to a doctor about the problem and perhaps only confided in a family member or close friends. You also may have done some research online and tried to manage it on your own using absorbency pads or just changing your underwear when needed. We know how confusing it can be to understand all the mixed messages about urine leakage, so we've put together this guide to help you better understand why it happens and how you can comfortably talk to a doctor about your options.

First, we need to know what to call it if we're going to get comfortable talking about it. Doctors call it "urinary incontinence," meaning having urine escape without wanting it to. There are types of urinary incontinence, and we'll explain those for you as you read on. Simply knowing that there's a medical term for what you're going through – and that doctors will know what you're talking about – should help ease some of the embarrassment that you've experienced.



Of course, we're a little biased when it comes to recommending a great doctor, but whether you end up choosing Dr. Ryan Stratford, another board-certified urogynecologist, or not to treat your leakage, we think the information in this guide will help you understand what's happening with your body and give you some peace of mind.



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First Things First

Women often ask what type of doctor treats urinary incontinence. There are doctors called urogynecologists whose entire practices are focused on treating urinary incontinence in women because the problem is so widespread. They have extensive training in the very issues that are causing you so much anxiety.

Unfortunately, the name is often misused or misunderstood. A urogynecologist is a surgeon who specializes in treating problems in women that occur in the pelvis, typically those associated with childbirth injuries. One of the most common pelvic problems women experience is urinary incontinence and urogynecologists are highly trained in treating urinary incontinence in women just like you.



See this certificate?
It's a sign of protection.

Here's why: whenever you see it, you know that the doctor behind it is certified by the American Board of Obstetrics and Gynecology or the American Board of Urology to treat women for urinary incontinence.

There are some doctors who treat urinary incontinence in women without going through advanced surgical training. For decades, urologists and gynecologists treated urinary incontinence in women with limited success. Better techniques and more advanced surgeries have since been developed requiring years of surgical training. As a result, a new specialty developed called Female Pelvic Medicine and Reconstructive Surgery (FPMRS), but most people simply refer to it as urogynecology.

If the doctor is certified in FPMRS, you can be assured that he or she has advanced surgical experience (usually three additional years of training) to treat all types of urinary incontinence and help you with even the most complicated cases. Beyond the advanced training, the doctor will have passed a board exam before being certified as a specialist in FPMRS.

Of course, credentials can never guarantee a successful outcome, but when you choose a urogynecologist certified in FPMRS, you can **always be certain that the doctor:**

- ✓ **has as much as seven years of surgical training, with three years specializing in urogynecology**
- ✓ **is certified by the American Board of Obstetrics and Gynecology or the American Board of Urology**
- ✓ **operates only in an accredited medical facility**
- ✓ **adheres to a strict code of ethics**
- ✓ **fulfills continuing education requirements including patient-safety techniques**

If you can't easily find the certificate, the words Female Pelvic Medicine and Reconstructive Surgery, or the acronym FPMRS, then the doctor is probably not a certified urogynecologist. Dr. Stratford is board certified in FPMRS and has served as a board member of the American Urogynecologic Society (AUGS).

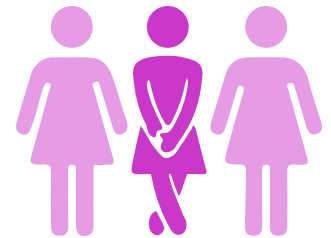




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Urinary Incontinence Basics

There are many reasons women may choose not to talk about urinary incontinence. It's embarrassing and something they don't really want anyone to know about. They also fear how they might smell if they have some leakage. However, most women don't know how common it is. In fact, if you asked a friend, you would likely find out that almost half of the women you know have the same problem. If you experience urinary incontinence, you're in good company!



1 in 3 women seek treatment for urinary incontinence in their lifetime.

The average amount of money spent by a woman suffering from urinary incontinence every year on absorbency pads is over \$930.

More absorbency pads are purchased in the United States for urinary incontinence than for menstruation.

The most common cause of urinary incontinence is childbirth injury.

Although not entirely genetic, you are more likely to develop urinary incontinence if you have a direct family member who also has the condition.

Women usually wait over five years, often suffering in silence, before they speak with a doctor.

The good news is that there are terrific treatments for urinary incontinence and *not all of them require surgery.*



There are two main types of urinary incontinence:

- 1 Stress Incontinence** (leaking from laughing, sneezing, exercising, or coughing)
- 2 Urgency Incontinence** (leaking from urgency)

Most women who leak actually have both types of incontinence. **Thankfully, both can be treated fairly easily, and success is very likely.**



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Stress Urinary Incontinence

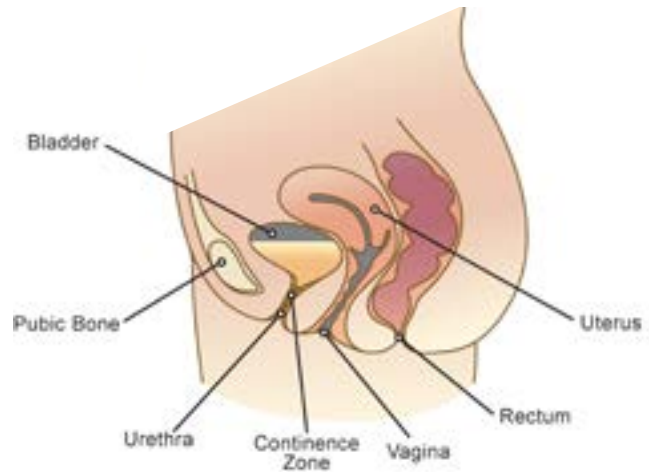
Do you ever have annoying dribbling or leakage when exercising? Does the fear of leakage prevent you from doing activities you would otherwise enjoy? Do you fear cold season because you leak every time you cough? What you're experiencing is called stress urinary incontinence.

Urinary incontinence that occurs from **things that cause pressure on the bladder like coughing, jumping, running, laughing, or sneezing** is called stress urinary incontinence.

This type of leakage is the most common, especially in the years just after childbirth. It can sometimes be treated with simple Kegel exercises. However, if you are like most women, you may have already worked on Kegels for years, along with adapting to your situation by crossing your legs or squeezing tightly before you cough or sneeze, and you're hoping that there is something more that can be done.



Stress urinary incontinence is typically caused by a lack of support for the opening of the bladder that resulted from injuries at childbirth, or from prolonged, heavy straining from constipation or lifting (something many mothers are required to do, such as putting children into car seats or moving laundry or groceries). If this is your experience, you have options for treatment. There are over-the-counter support devices, similar to tampons, that can be worn during activities that cause your leakage. They are thrown away after use and may be costly, but are a good option if you only leak during specific activities. However, if you are leaking more than once or twice a day, you may want something more permanent.



**The good news is,
surgery can work
very well to treat stress
urinary incontinence.**



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Is Surgery Worth It?

You may know someone who had surgery for urinary incontinence problems and still struggles with leakage. This might make you feel uncomfortable about considering treatment. Unfortunately, there's a lot of confusion about the many types of surgery that have been tried in the past. In fact, there are over 40 different types of surgeries that have been used to treat urinary incontinence.

The type of surgery matters.

In addition, many women who have urinary incontinence also have bladder support problems. Bladder support problems can cause the bladder to fall down and sometimes even bulge outside of the vaginal opening. This type of condition is very different from simple urinary incontinence, but the two commonly go hand in hand. That is why it's so important to see a urogynecologist who can determine the exact source of your leakage.



Surgery for bladder support problems is very different than surgery for urinary incontinence problems. Although they are often done at the same time, some women do not have bladder support problems and don't need the more involved surgery. They just need treatment of their urinary incontinence.

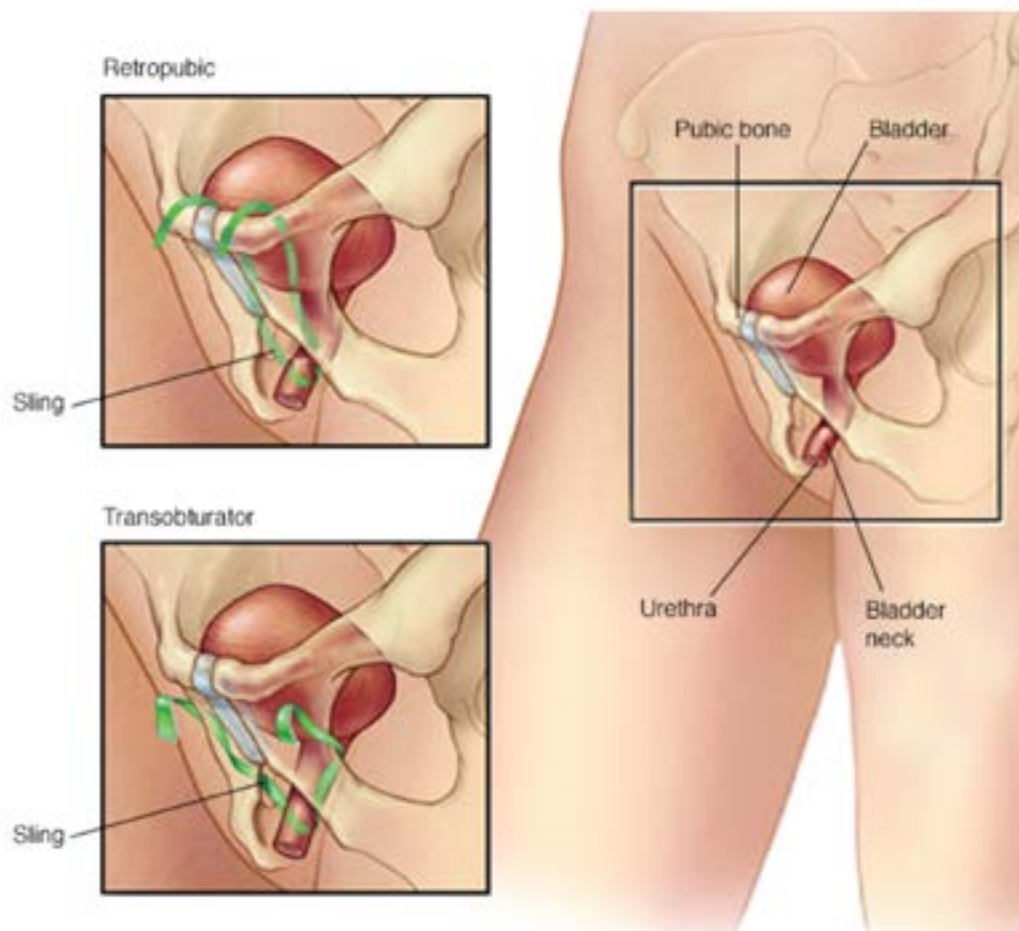
Surgery for treating stress incontinence has evolved and is now a simple procedure that can be done at an outpatient surgery center, allowing patients to go home the same day with very little recovery time needed. Because urinary incontinence is so common, thousands of tests have been done to determine the best surgical treatment. And because of the extensive testing, the current surgeries are more effective and easier to undergo, with longer lasting results, than in the past.

This is a procedure where a ribbon of mesh is placed just underneath the opening to the bladder called the urethra, not underneath the bladder itself. It provides support to the urethra so that when you cough or strain, the urethra has a backboard of support. The support stops leakage when pressure is applied.

Because the surgery is relatively quick, easy to recover from and works immediately, most women are very happy with treatment and are able to return to normal life right away.

Now that we have dispelled some of the confusion about surgery, let's talk about that mesh.

The most common and effective surgery for most types of stress incontinence is a mid-urethral sling.



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Vaginal Mesh

Have you seen advertisements on TV warning you about the dangers of vaginal mesh? This is a very common concern. Unfortunately, those ads have created a lot of confusion about surgery for urinary incontinence. You always want to educate yourself before any medical treatment, but making sure that you have the right information is important.

First of all, *what is mesh?*

Mesh is plastic suture material that has been woven or knitted together. The material has been around for over 50 years and **has been placed in over a billion people**. Plastic mesh is used to fix hernias in other parts of the body, like the abdomen or groin. The plastic is one of the few things that works well for hernias and sutures because **it doesn't cause any harm to the human body while maintaining its structural integrity over time**.

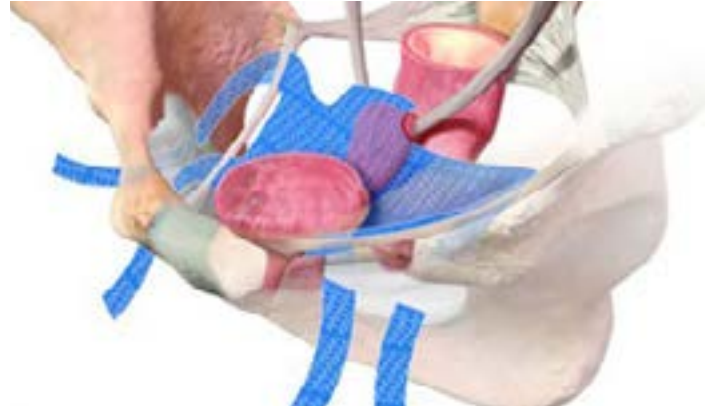


In the early 1990s, a few surgeons working on trying to find a more effective way of treating urinary incontinence developed a procedure that places a ribbon of mesh underneath the urethra. They inserted it using just three small puncture incisions and found that it worked extremely well. They did significant testing before it was made available for use. It was then studied for years before doctors started using it regularly.

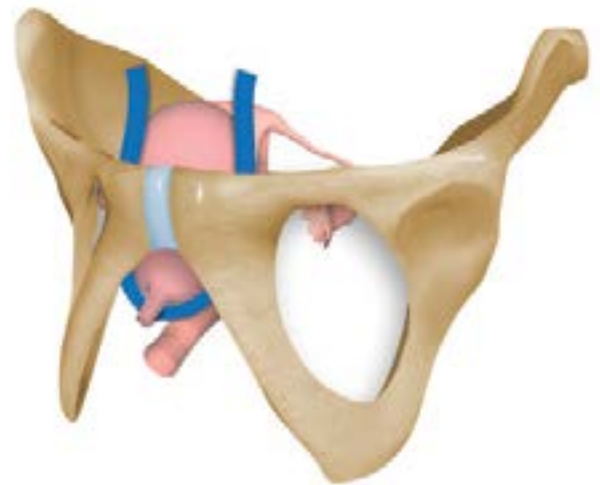
This type of surgery was called a “mid-urethral sling.” Because the mid-urethral sling for urinary incontinence was so successful, companies and doctors started developing similar minimally invasive ways for placing mesh through the vagina to treat problems for bladder support (prolapse).

Unfortunately, testing was not done before the mesh was made available for patients to treat bladder support, and, over time, complications occurred that concerned the Food and Drug Administration (FDA). The FDA made a few public statements about the complications and a class action lawsuit was filed. Law firms started advertising on TV, which caused widespread confusion about the safety of surgical mesh.

The complications addressed by the FDA were related to vaginal mesh used for bladder support or prolapse, **not** urinary incontinence. The truth is that mesh used for prolapse is really not a sling but more like a hammock. When used for prolapse, much more mesh is placed to hold up a much larger area and it is suspended by muscles in the pelvis. When used for urinary incontinence, a small ribbon of mesh (1 cm wide) is placed underneath the middle part of the urethra and is not attached to any muscles. The problem is not with mesh but with how it is placed and used.



Sling (or hammock) for Prolapse



Sling for Incontinence



Mesh for bladder support



Mesh for incontinence

To put it simply, using mesh for urinary incontinence is *very safe*.

Using mesh for bladder support may create problems and likely has something to do with where it is placed, not the mesh itself. We understand that this can be very confusing. Learning more about it may ease your concerns. We always encourage our patients to educate themselves before any medical procedure and recommend reading more about vaginal mesh on the FDA's website (www.fda.gov) or from medical societies who represent specialists in urogynecology, like the American Urogynecologic Society.

If you have stress incontinence and wish to treat it, you should absolutely speak with a urogynecologist. Dr. Stratford has over 15 years of surgical experience treating this type of leakage and would be happy to answer any questions you have about the procedure, the safety of vaginal mesh, and which course of treatment is right for you.

We always encourage our patients to *educate themselves* before any medical procedure.



Considerations about Surgical Mesh for SUI

Mesh sling procedures are currently the most common type of surgery performed to correct SUI. Based on industry estimates, there were approximately 250,000 of these procedures performed in 2010.

While all surgeries for SUI carry some risks, it is important for you to understand the unique risks and benefits for surgical mesh slings used in SUI repair.



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Urgency Urinary Incontinence

Do you know where every bathroom is located at the grocery store, the movie theater, your child's school, and pretty much everywhere else you go? Is the nearest bathroom the first thing you look for when you go somewhere? And do you wear black pants to hide evidence of leakage? If so, you're not alone.

The feeling that you can't hold your bladder or stop it once it starts is called *urgency urinary incontinence*.

It's very common and often goes hand-in-hand with stress incontinence. The cause of this type of leakage is not always a lack of support to the bladder, but rather a problem with the bladder muscle itself. Leakage from urgency is very upsetting because it can lead to completely emptying the bladder – not just a little dribble – without much warning. If you have this type of leaking, you likely are incredibly embarrassed and concerned. Don't worry; this type of incontinence can also be treated.

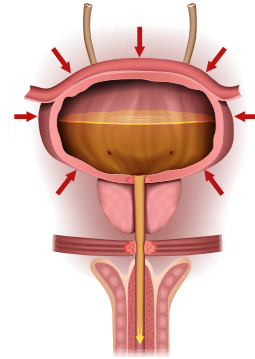


There are many reasons why urgency urinary incontinence can develop, so the first thing a urogynecologist will do is investigate why it is occurring in you. You will be asked to keep a record of every time you urinate for a few days. You will be also asked to measure the amount each time you urinate, as well as document how much fluid you drink. With that information, a urogynecologist will be able to determine the best way you can learn to “retrain” your bladder.

Retraining the bladder is often more successful with help from a pelvic floor therapist. A pelvic floor physical therapist can help you strengthen your pelvic muscles (sometimes called Kegel) and regain the ability to stretch the bladder out to be able to hold it without leaking.

There are other treatments if retraining does not work. You may have seen advertisements on TV for medications to stop the feeling of having to go to the bathroom. Advancements in medicine have developed to help stop urgency incontinence, such as nerve stimulators for the bladder and even injections in the bladder.

Urge



Oversensitivity of the bladder causing urgency from spastic contractions

Truthfully, most women are very successful with bladder retraining and when the urgency urinary incontinence stops, they feel like they have a new lease on life. Having guidance from a urogynecologist like Dr. Stratford is incredibly valuable in helping you treat the specific cause of your condition.



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Recovery

What is *recovery* like after surgery?



For a mid urethral sling used to treat stress urinary incontinence, recovery is pretty easy. Most people go back to work within one or two days of surgery. You may feel a little sore but most patients don't require pain medication. The sling works immediately, so right after surgery, the leakage is gone!

For the first few weeks, urinating may feel different or difficult. The flow seems to be slower for a few months, but that will improve over time. Rarely, patients will require a catheter for a day to let the bladder rest. If a catheter is needed, it can be removed the following day at your doctor's office.

For two weeks after surgery, lifting, straining, or bearing down can cause some discomfort and may even affect the sling. It is recommended that you don't do any vigorous activity for the first two weeks. You will also have to avoid intercourse for a month. You can immediately start exercising as long as you do not strain. Cardiovascular exercise is fine, but no weight lifting. After two weeks, you should be able to return to the activities that you enjoyed prior to surgery.

The amazing thing will be the *emotional impact* of your surgery.

Imagine having the confidence to leave the house and do the things you love knowing that you won't have leakage. You will want to do things you haven't done in years and quickly stop using those annoying pads and liners.

It is important that you follow up with your surgeon within a few weeks of the procedure to make sure that you are healing properly. It's good to continue with some follow up over the years to be sure you are doing well and that your bladder is working correctly. Sometimes, patients who have more than one type of urinary incontinence will have to work with their bladders to relearn how to hold it and not feel so much urgency, but that can usually be fixed without any other invasive treatment. In fact, just by stopping the stress incontinence, usually women change behaviors automatically with how often they urinate and the urgency problem goes away on its own.



If the problem of urgency does not entirely go away, Dr. Stratford commonly has patients work with a physical therapist when struggling with urgency. This treatment helps strengthen the pelvic muscles and solve issues with urgency.

The other nice thing about a mid-urethral sling surgery is that it is usually performed in an outpatient facility. You should expect to spend around two hours at the surgical location, including check-in, the procedure itself, and recovery. It's amazing that something so simple can be so helpful and life-changing!





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Top Questions for Your Surgeon

If you decide to stop living with urinary incontinence and seek treatment, here are a few questions you should ask your doctor:

What type of urinary incontinence do I have?

How long will it take to treat my type of urinary incontinence?

If surgery is recommended, how many of these surgeries have you done?

What is the name of the surgery you are recommending?
(for example, a mid-urethral sling)

Why do you recommend the specific type of surgery you are suggesting?

Are there any restrictions during my recovery?

How long will it take for me to recover?

The good news is that urinary incontinence is treatable. You don't have to live with it if you don't want to. There are proven treatments with positive results, which means you can live free of urinary incontinence.



Are You Ready?

Rather than worrying about leaking and trying to deal with it alone, you should consider asking for help. You don't have to live life tied to the toilet or worrying that you won't make it to the bathroom in time. Stop avoiding things that you love and start having fun again. Be active! Be yourself! You deserve it.

There are safe solutions to the problem that you share with so many women. If you're ready to learn more about your condition and the treatment options that are available, Dr. Ryan Stratford and his experienced team are here for you. Call us to schedule a consultation. We look forward to hearing from you.



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