UROLOGY

Help is available for women with bladder woes

BY JULIE LANDRY LAVIOLETTE
Special to the Miami Herald

Some women shrug off incontinence, thinking the involuntary leaking of urine is just a normal part of aging. Others give up dancing, exercising or going to the movies because the leakage, coupled with a frequent or urgent need to go to the bathroom, is just too embarrassing.

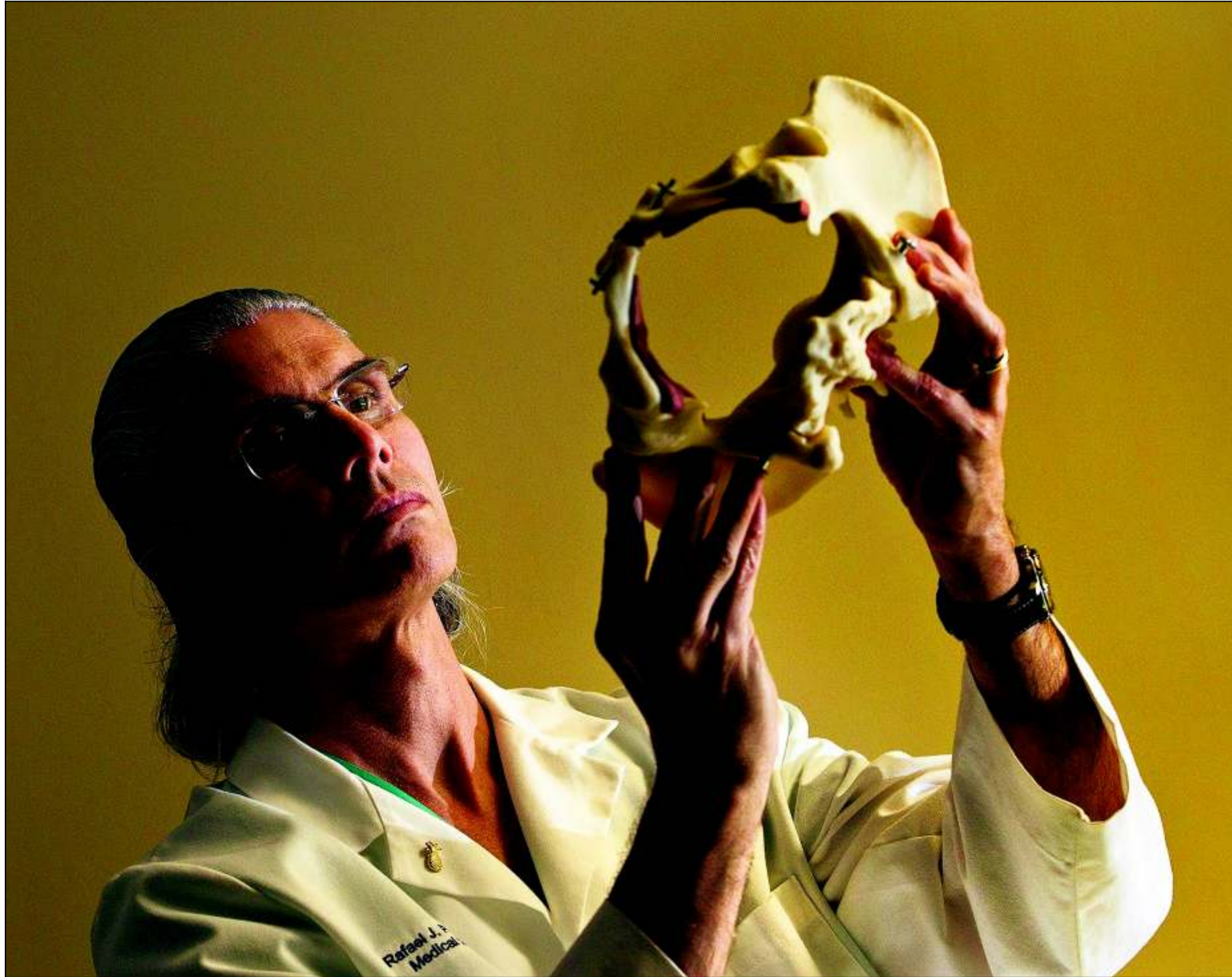
But help is available to improve symptoms and get you back to doing what you love, medical experts say.

"Often women delay getting treatment, because of embarrassment or they are afraid nothing will help," said Dr. Rafael Perez, gynecologic surgeon and medical director of the Fibroid Center at South Miami Hospital's Center for Women & Infants. "While it lengthens the time you have to deal with it, the good news is that most times, delaying treatment doesn't worsen the problem."

There are two main types of incontinence. Stress incontinence is when you leak urine, often when you cough, laugh, jump or run. Urge incontinence is more about increased frequency and urgency.

Perez said he sees urge incontinence more in younger patients, while stress incontinence increases as you get older. "After menopause — the average age of menopause in the United States is 52 — over 50 percent of women have some sort of incontinence or bladder problem," he said. "It's a humongous problem."

So what's normal? If you're going to the bathroom more than seven times a day, that may be a problem, Perez said. But it needs to be examined with a full workup, family history, physical examination, assessment of symptoms, and a diary of how much fluid you take in, and how much you're peeing out.



PATRICK FARRELL/MIAMI HERALD STAFF

STRENGTH EXERCISES: Dr. Rafael Perez of South Miami Hospital looks at a model of a pelvis. Therapy to help strengthen the pelvic floor is the first line of defense for stress incontinence, Perez says.

STRESS INCONTINENCE

Therapy to help strengthen the pelvic floor is the first line of defense. This includes Kegel exercises (contracting the muscles that stop urine flow), biofeedback to help make sure you're doing the exercises right, and electrical stimulation, which contracts the muscles and helps strengthen the pelvic floor. "What that does is help the patient have a lot more control, and if the pelvic floor gets strong enough, they may not need anything else," Perez said.

Dr. Eric Hurtado, a gynecologic surgeon at Cleveland Clinic in Weston, said if pelvic floor therapy doesn't help, there are other options. One is a pessary, a ring inserted in the vagina that puts pressure on the urethra to prevent leakage. "It's another route for people who want to avoid surgery," he said.

Bulking agents, little beads injected around the urethra, also can help stop leakage. "They're very simple and they can be done in the office, but they're not the most effective treatment," Hurtado said. Cleveland Clinic is involved in a research study that is using stem cells as an alternative to beads as a bulking agent, he said.

The most common surgical option for stress incontinence is the mid-urethral sling, a mesh sling that supports a sagging urethra.

"Urethral slings have become the go-to because of their ease, high success and low complication rates and because it is an out-patient surgery," Hurtado said.

URGE INCONTINENCE

"We start with behavioral therapy and pelvic floor therapy, to see if they can get better," said Dr. Yvonne Koch, a urologist at Mount Sinai Medical Center in Miami Beach. "We try lifestyle changes like avoiding bladder irritants like caffeine or alcohol."

Bladder retraining, systematically trying to lengthen the time a patient waits before they go to the bathroom, also can help, Perez said.

The next step is oral medication for an overactive bladder. There are seven medications on the market. "The goal is to find something that works, is affordable, and has the fewest side effects," Koch said.

If the medicine doesn't work or the side effects are too severe, there are other treatments. Botox injections can help relax the bladder. InterStim, or sacral neuromodulation, acts like a pacemaker for the bladder to change its impulses.

Perez said one therapy, percutaneous tibial nerve stimulation, stimulates a nerve near the ankle that affects your bladder. The idea is to help reset the reflex to go, he said.

Hurtado said acupuncture may help in about 50 percent of cases, but there is not enough good research to say for sure.

Hormone cream such as vaginal estrogen cream may help post-menopausal women, he said. "If they have a lot of vaginal atrophy, it can help, along with the oral medication," Hurtado said.

The overall improvement rate with treatment is about 90 percent, he said. For a complete cure, where you don't leak a drop, it's about 50 to 60 percent.

"Women think they're alone. They don't realize it's such a common problem," Koch said. "Treatment improves quality of life, because when they get better, they go back to things they like to do."

BREAST CANCER

Targeted therapy, 3-D mammograms are new treatments

BY KATHERINE KALLERGIS
Special to the Miami Herald

Nancy Tafoya was diagnosed with breast cancer in February 2014.

By the end of March, Tafoya, 58 at the time, had been accepted to participate in a clinical trial at the University of Miami Miller School of Medicine's Sylvester Comprehensive Cancer Center.

TAFOYA

Dr. Joyce Slingerland, director of the Braman Family Breast Cancer Institute at Sylvester, is leading the trial that uses standard anti-estrogen therapy and combines it with a targeted therapy in postmenopausal women with estrogen-receptor positive breast cancer. The goal: Shrink tumors before surgery.

By the time Tafoya had surgery on Oct. 6, her tumor had shriveled from 10 centimeters to less than 0.5 centimeters.

This type of targeted therapy is an indicator of where breast cancer treatment is headed.

"Mine wasn't a tumor you could hold onto," she said. "When doctors did the MRI, half of my breast lit up."

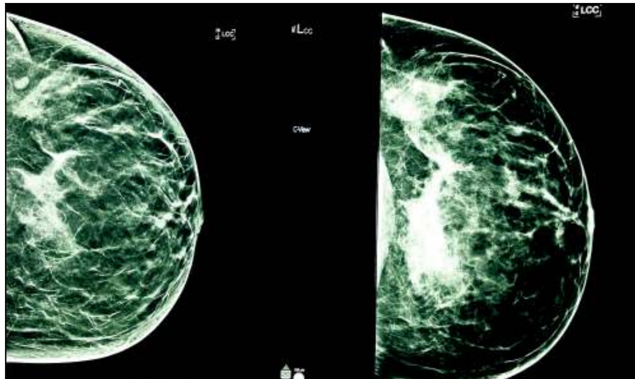
Now, 10 months since her surgery and more than a year since she was diagnosed, Tafoya, 59, said she feels great and is "pretty much back to normal."

Targeted treatments are tailored to the genetic makeup of a patient's cancer. Because they single out the mutations or pathways that cause cancer cells to grow, they selectively kill the cancer cells, leaving healthy tissue that is often damaged by chemotherapy unaffected. Side effects are minimal or nonexistent.

Tafoya was part of a presurgery trial that treats breast cancers that have not spread to other parts of the body. Two-thirds of trial participants receive standard antiestrogen therapy together with a new specific inhibitor drug, and one-third received only the standard therapy and a placebo.

CARL JUSTE/MIAMI HERALD STAFF

EARLIER DETECTION: Dr. Mary Hayes-Macaluso, medical director of Women's Imaging at Memorial Healthcare System in Miramar, sits near screens showing 3-D mammography technology. With the 3-D technology, 'cancers get diagnosed earlier that would otherwise go undetected for years,' she said.



CARL JUSTE/MIAMI HERALD STAFF

CLEARER PICTURE: With tomosynthesis, or 3-D mammography, multiple images are taken of the entire breast, offering a more comprehensive view.

"Although the standard treatment effectively decreases cancer size in nearly all patients, we hope to see the cancers shrink even more with the addition of this new drug," Slingerland said. "The molecular profiles of the cancers will be compared before and after treatment to help us figure out the molecular 'signatures' of the cancers most responsive to this new targeted therapy."

Slingerland's lab is also trying to understand how a specific gene activates cancer stem cells, and the molecular causes of breast cancer seen in obese and overweight women.

Early diagnoses and effective screening are crucial to the success of a patient's treatment, doctors say. Tomosynthesis, or 3-D mammography, is helping to provide a more detailed look.

Conventional 2-D mammograms provide one image of overlapping tissue, making it difficult to detect cancers.

3-D mammograms take multiple images of the entire breast — like slices — allowing for more comprehensive imaging. Benefits include earlier detection of small breast cancers, and greater accuracy.

"Overlapping tissues make it difficult to see subtle signs of cancer," said Dr. Cristina Vieira, a board-certified radiologist at Baptist Health Breast Center.

Tomosynthesis increases cancer detection rates by 30 percent and decreases the number of unnecessary callbacks by 30 percent as well, she said.

And while it's too soon to tell the impact of 3-D mammograms, patients definitely benefit, said Dr. Mary Hayes-Macaluso, director of Women's Imaging at Memorial Healthcare System.

Patricia Lewis, 67, has had 3-D mammograms for about three years. Lewis has never been diagnosed with cancer, but has very dense breast tissue, making cancer more difficult to detect.

"My mother had breast cancer at 52, so I lived that with her. Mammograms are important to me," Lewis said. "The new technology has made it very good for people like me."

Memorial uses CView, an addition to 3-D mammography that uses less radiation with a shorter scan time.

CView takes the individual slices, or images, and turns them into a composite image — eliminating the need for additional 2-D mammograms and resulting in half of the radiation exposure.

"Cancers get diagnosed earlier that would otherwise go undetected for years," Hayes-Macaluso said.

Staff

Editors
Joan Chrissos
jchrissos@MiamiHerald.com

Maru Antunano
mantunano@ElNuevoHerald.com

Design
Juan Lopez

Advertising
Kristina Corrales
kcorrales@MiamiHerald.com
(305)-376-2801

Next month:
Kids' Health