

OUR QUESTION ONE QUESTION, THREE DOCTORS' ADVICE

“Is urinary incontinence an aspect of aging I must put up with?”



Joel S. Bass, MD
Board-Certified Urologist

Typically, urinary incontinence (UI) patients will present with a combination of stress urinary incontinence (SUI) and overactive bladder or urge urinary incontinence.

There is no medication that effectively treats SUI, but anticholinergic drugs have been used to treat other forms of UI for more than 30 years. These days, topical anticholinergics can deliver the medicine in patches or gels.

These drugs prevent the bladder from contracting, and they work well, although some people cannot tolerate the side effects of dry mouth, dry eyes, and constipation. Often toleration depends on how severe the UI symptoms are: worse symptoms mean more toleration.

But there is a new class of recently approved UI medicines called beta-3 agonists. These allow the bladder to store more urine, and they have been found to be as useful as older medicines, but without the side effects of dryness or constipation.

In accordance with clinical guidelines, AMP first treats UI with a combination of medicine and biofeedback, bladder retraining, and/or dietary changes, before exploring more invasive treatments.



Philip R. Kreitzer, MD
Board-Certified Urologist

AMP Urology has several minimally invasive options to treat stress urinary incontinence (SUI) and cases of urgency or frequency that don't respond to medication.

For SUI, two modern procedures are tension-free vaginal tape (TVT) and transobdurator tape (TOT). Both of these use a strip of mesh to support the urethra, to help it remain closed when a woman sneezes, coughs, or moves suddenly. We have found these procedures to be 90% successful.

Another option for SUI is an injection of a bulking agent such as Contigen, used to strengthen the bladder neck. On the other hand, Botox is an injection just approved for widespread use in intractable cases of frequency and urgency. However, this injection must be given every four to six months.

Yet another option we offer for overactive bladder is sacral neuromodulation via the InterStim system. InterStim is an implant that sends mild electrical pulses to help control the nerves of the pelvic floor, offering more bladder control. Typically, we place a temporary implant first in an office procedure. If we see a good outcome, a permanent one can be fitted.



Gina Brothers
Nurse Practitioner

Urinary incontinence should never “just be put up with.” At the very least, a urologist should be consulted if you have symptoms because UI can be a symptom of another disease, as well as being troublesome in its own right.

Non-invasive treatments such as Kegel exercises are a good option for patients with low to moderate symptoms, although those with severe symptoms often will require medication and other more invasive methods.

Any motivated patient who is eager to put in the time and effort, and who is not looking for a quick fix, can benefit from Kegel exercises. In fact, determined patients often do extremely well with them. They can take a little practice to get right because just like any kind of exercise, there is coordination involved, but if a patient needs extra coaching, we're always ready to help.

There are other non-invasive behavior modifications we use for UI, such as yoga and tai chi exercises, and we sometimes suggest caffeine and caustic foods be cut out because they can cause urgency.