Don’t worry, gals, your leaky bladder can be fixed!

A weak bladder shouldn’t stop you from doing your regular activities because urinary incontinence can be treated.

BY DR SHIRLEY BANG

POSTED: 24 FEB 2020 | UPDATED: 15 MAR 2020

Urinary incontinence or involuntary leakage of urine is more common than you think. As it’s more prevalent among females after pregnancy and during menopause, women frequently tend to assume that this is part and parcel of growing old.

Because they are embarrassed to seek medical help, many women give up their favourite activities such as dancing, gym or just simply meeting up with friends.

Although there are different types of urinary incontinence, the two most common ones include stress incontinence where urine leaks out during exertions such as coughing and sneezing, and urge incontinence where urine leaks when there is a sensation that you need to go to the toilet, commonly known as Overactive Bladder (OAB).

We will focus on stress incontinence as it is very common among women after pregnancy.

Stress urinary incontinence

A set of pelvic-floor muscles and urinary sphincters control urinary continence and prevent urine from leaking during exertion. Stress urinary incontinence occurs when either of these are weak.

Risk factors include:

* Pregnancy.

* Childbirth.

* The loss of pelvic muscle tone, often due to ageing.

* Pelvic organ prolapse.

* Chronic cough.

* Obesity.

* Post-menopausal.

* Smoking.

* Surgery to the pelvic and/or vaginal areas.

* Surgery to the prostate (men).

Your urologist will first take your history, perform a physical examination and do a series of tests to rule out any organic causes of your urinary symptoms. These may include an internal examination for women, midstream urine analysis, as well as a urine culture and sensitivity analysis of the bacteria involved.

> ***"Stress urinary incontinence occurs when either the pelvic-floor muscles and urinary sphincters that prevent urine from leaking during exertion are weak."***

Treatment options

Pelvic-floor muscle exercises are a well-proven initial step in improving stress urinary incontinence. Also known as Kegel exercises, these strengthen the pelvic-floor muscles, which are important in maintaining continence during exertion.

The Continence Nurse will teach you to perform a set of five fast and five slow squeezes of the pelvic floor muscles, and about 10 cycles per day. Without proper training, it is sometimes difficult to know if you are performing the exercises correctly.

Another method of teaching pelvic-floor muscle control is Biofeedback. This technique, which uses special instruments to measure the strength of the muscles during pelvic-floor exercises, provides information on whether the correct muscles are being used.

When conservative management fails...

When non-surgical solutions fail to achieve the desired results, your urologist will offer the following options:

* **Bulking agent —** Patients who did not succeed with conservative management strategies can try minimally-invasive surgical therapy, such as injecting a bulking agent. It is normally offered to older patients who cannot tolerate invasive surgery or anaesthesia. However, the outcome of this low-risk procedure is variable and temporary.

* **A midurethral sling** — Inserting a mid-urethral sling using different methods of insertion has gained widespread popularity. Now the most frequently used surgical intervention for stress incontinence, your urologist will first make a small incision in the vaginal area. They will then place a sling to "support" the urethra, much like the effect of a hammock. Depending on the complexity of the procedure, this minimally-invasive surgery usually requires only day surgery or one-day stay in hospital. A urinary catheter will be placed in the patient's body and removed before they are discharged.

* **Autologous pubovaginal slings** — Surgeons need to be aware of the complications of synthetic slings, especially in patients who are susceptible to sling erosion. An autologous pubovaginal sling uses the patient's own tissue to create the sling, so as to avoid the risk of the sling eroding.

* **Vaginal laser therapy —** Laser therapy is applied to the vagina to induce a thermal effect, which in turn, stimulates collagen remodelling and tightening of the surrounding tissues, thereby improving the patient's ability to control their bladder. Your doctor will carry out this treatment on you as an outpatient — you'll be under local anaesthesia — over several sessions.

Today, urinary incontinence can be treated with an array of treatment options — all you'll need to do is to take the first step.

Dr Shirley Bang is a urology specialist at **Thomson Surgical Centre**.