

Urogynecology & Incontinence Treatment

Today there are many treatment options that can help women with all forms of incontinence gain control and improve the quality of their lives. Specific treatment for urinary incontinence will be determined by your physician based on your age, overall health, medical history, and activity level. Our physicians will work to determine the extent of the disease and assess your tolerance of specific medications, procedures or therapies. We also work with you to understand your expectations as well as your preferences in treatment.

Depending on the type and severity of your incontinence, treatment may include one or more therapies.

Lifestyle

Many bladder problems can be significantly improved by changes to your lifestyle or home environment. These might include changes in diet, voiding schedules or prompting from a family member or caretaker to make it easier for you to get to the bathroom. Absorbent underclothing specially designed for incontinence is no more bulky than normal underwear and can be worn easily under everyday clothing. Diet modifications may include eliminating caffeine in coffee, soda, and tea, eliminating alcohol, and/or increasing fiber content.

Medical

If lifestyle changes do not work, then there are a range of surgical and non-surgical procedures to treat incontinence.

Pelvic muscle exercises/Kegel exercises - These exercises are designed to strengthen the pelvic floor muscles especially the urinary muscles that hold the bladder and many other organs in place. Exercising your pelvic floor muscles for just 5 minutes, three times a day can make a big difference in bladder control.

Behavioral therapy - Through the UAB Continence Clinic biofeedback training can be used to help teach women how to locate, learn to exercise, and control their pelvic floor muscles. A therapist trained in biofeedback places electrode patches on the skin over your abdominal and pelvic muscles. A wire connected to the patch is linked to a TV screen. You and your therapist watch the screen to track when these muscles contract and relax, so you can learn to gain control over these muscles.

Pessary - This is a soft rubber, diaphragm-like device which a woman inserts into her vagina around the cervix to help prop up the uterus. Pessaries are also used to help control urinary leakage by giving support to the area around the urethra.

Medications - Medications can reduce many types of leakage. They can also help tighten or strengthen pelvic floor muscles and muscles around the urethra. Some drugs can also calm overactive bladder muscles.

Periurethral injection - Special material is injected into the area around the urethra to build up the urethral wall and strengthen the muscles controlling urine flow.

Surgical

Surgical correction may be needed if incontinence is related to structural problems such as urethral insufficiency, an abnormally positioned bladder, organ prolapse, or a blockage.

Mid-urethral sling procedure – A relatively new minimally invasive surgical technique that treats urine leakage associated with coughing, laughing, sneezing and other activities.

Bladder suspension - Surgery to raise, or lift, the bladder up to a more normal position.

Other vaginal repairs for vaginal wall weakness may help lower urinary tract or vaginal function.

Hysterectomy - Surgical removal of the uterus and/or ovaries. This may be recommended if symptoms are bothersome or if the uterus has dropped so far that it is coming through the vagina. Other vaginal strengthening repairs and/or incontinence procedures are usually performed at the same time if necessary.