The Road to Pelvic Health for All!

Part 3

Incontinence Treatment & Potential Complications

Report Compiled by Beta Marketing (2019)

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IMPORTANT NOTE

The information in this report is for educational purposes only.
It is not medical advice. Should you have any of these issues or problems please consult your Doctor.

Introduction

When it comes to treatment, you can work with your doctor and agree on a programme of several treatments, to give you a lasting solution. The treatment programme will aim to resolve the issues that are bothering you most, first.

For example, if you are struggling to get enough sleep because your bladder is waking you up multiple times a night (Nocturia), you may wish to treat that first, before concentrating on an issue you may have with leaking when you laugh (giggle incontinence).

The programme will aim to improve your quality of life by reducing the impact of your symptoms, alongside resolving the original cause of the incontinence to reduce the risk of it recurring, as well as repairing any damage that has been done.

If you are suffering with depression, associated with your incontinence, speak to your doctor about what support is available during your treatment.

In addition, you may want to consider meditation, which is known to offer many benefits.

Certainly, there are surgical treatments available for incontinence, but they are only offered when all other treatments have been unsuccessful, and you are still severely suffering.

Be aware that pelvic surgeries lose their effectiveness over time; therefore they are usually reserved for adults who are finished having children. Surgeries cannot be considered as a one-time solution to incontinence, and should always be accompanied with permanent lifestyle changes and pelvic floor exercises, to prevent the incontinence from returning.

As incontinence can be a symptom of another condition, seek formal diagnosis from your doctor before proceeding with treatment. Not all treatments are appropriate for all conditions.

Subsequently, some treatments can possibly result in your incontinence getting worse. So, always be aware of your situation and if things are not improving or they are getting worse, be sure to tell your GP or Specialist.

Be aware that incontinence surgery should only be considered once all other treatment options have been exhausted.

Incontinence Treatment & Potential Complications

There are many different treatments available for those suffering from bladder and/or bowel incontinence.

We have grouped these treatments into:

1. Conservative therapies,
2. Non-surgical medical treatments
3. Surgical treatments.

Conservative Therapies for Incontinence

Conservative therapies, which include lifestyle changes and non-surgical treatments are considered as the first course of treatment for incontinence. They are able to significantly improve 25% of minor and moderate bowel incontinence cases, and even more urinary incontinence cases.
Initially, your GP or Specialist will look to treat the reversible (transient) causes of your incontinence first.

The doctor will often start by reviewing your lifestyle and existing prescriptions.

This may result in some lifestyle changes like:

- Maintaining a weight of BMI 30 or less. Reducing your weight by just 8% can decrease the frequency of your incontinence episodes by half.
- Cutting down on diuretic food and drinks such as caffeine and alcohol, to reduce the amount of urine you produce.
- Avoiding constipation, which puts added strain on your pelvic floor and can even put pressure on your bladder.
- Stop smoking and treat any chronic cough to stop weakening your pelvic floor.
- Amending your diet to reduce the occurrence of diarrhoea (low fibre) or in the case of constipation (high fibre).

- Wearing clothes which can be easily removed if you urgently need the toilet.
- Emptying your bladder before exercise, sex and going to sleep.

When the doctor reviews your existing prescriptions, there may be medicines which can lead to incontinence, that can affect the effectiveness of your muscles, and increase the volume of urine your kidneys produce.

<u>These include:</u>

- Diuretics
- Opioids (e.g. morphine)
- Blood pressure medicines
- Antidepressants
- Sedatives
- Hormone replacement therapy drugs
- Ketamine (used in anaesthesia and as a pain killer).

Do not stop any prescribed medications without first consulting your doctor.

<u>Non-surgical treatments on offer are:</u>

Manual pelvic floor (Kegel) exercises - Strong pelvic floor muscles are essential for having voluntary control over your bladder and bowel. The muscles support the bladder and bowel as they gradually fill up, you then voluntarily contract the sphincter muscles to prevent leaks, whilst you make your way to a toilet. When you are ready, your muscles help you empty your bladder and bowel.

You lose control over these functions as your pelvic floor muscles weaken or if they experience damage.

Luckily, if action is taken soonest, this can be quickly reversed. It takes just a 12 week course of daily pelvic floor (Kegel) exercises to bring your pelvic floor muscles back to full strength.

Pelvic floor (Kegel) exercises, if done correctly, are proven to provide:

- A 70% improvement in the symptoms associated with stress urinary incontinence
- Reduced frequency of incontinence episodes by half after 6 to 8 weeks
- Can fully recover most cases of incontinence that occur as a result of a newly weakened pelvic floor following childbirth.

Pelvic floor (Kegel) exercises should always be continued even after you have treated your incontinence, through a weekly 'maintenance' schedule to prevent the incontinence from returning.

Pelvic floor (Kegel) exercises using electrical stimulation - When you first begin to exercise your pelvic floor, you may struggle to contract the correct muscles or not be contracting them correctly. As a result you will not see much improvement in your incontinence. If this is the case, or you wish to see an improvement even quicker, electronic pelvic toners are available to contract your pelvic floor muscles for you.

Some toners even have specialised, medically approved, programmes that look to resolve the specific form of bladder or bowel incontinence you are suffering from, through a proven series of timed artificial muscle contractions and relaxations.

The toners use a vaginal or anal probe or skin electrodes, to send electrical pulses to your muscles.

These devices do not need to be prescribed and are beneficial for everyone, even if they do not suffer from a pelvic floor disorder.

However, avoid using electrical stimulation if you are pregnant or have a pacemaker, unless otherwise specified by your GP, specialist or physiotherapist.

Anal sphincter exercises (for bowel incontinence) - To improve the control you have over your bowel, you can specifically exercise your internal and external sphincter muscles to increase their strength.

- Sit with you knees slightly apart.
- Squeeze your anus as if you are trying to stop yourself passing wind, then lift the sphincter muscles as tightly as you can, away from the chair - as if you can feel a leak is about to occur.
- Your buttocks, abdomen and thighs should not tense - check this, and if it is the case, relax everything and start again.
- Breath normally, as you should be able to hold a conversation as you do these exercises.
- Squeeze for the equal amount of time as you relax the sphincter muscles.

There are different routines available to train the strength of the sphincter muscles, their endurance, and reflex to sudden urges.

Each routine involves holding the contraction for different amounts of time, always followed with an equal relax period to avoid the muscles getting too tight.

These specific sphincter exercises can be done alongside your pelvic floor(Kegel) exercises with the help of a physiotherapist, and should be continued even after you have treated your incontinence.

If you wish to improve faster, you can opt for an electronic toner, some of which have specialized medically approved programmes to resolve specific bladder or bowel issues.

Bowel and/or bladder behaviour therapy - A programme partly supervised by a specialist physiotherapist. The purpose of this therapy is to teach you how to contract your muscles correctly in order to urinate and/or defecate most effectively. Resulting in fewer trips to the bathroom and offering more control.

Biofeedback techniques can be used to inform you when you are incorrectly contracting or relaxing your muscles. This uses a small electronic probe, inserted into the vagina or anus, to capture information about the muscles and how they are working. This can be used by a specialist to advise on which exercises you need to do to improve the function of your bladder and/or bowel.

- For bowel retraining, you should see an improvement in stool consistency.
- For bladder therapy, you will also be trained on how to relax your muscles to hold urine for longer.

Alarm therapy - If you suffer from bed wetting as you sleep, an electronic sensor can be placed in your underwear, on a pad which is put in your underwear, or on a mat which you sleep on which triggers an alarm when it senses moisture. This can be used at night to wake you up when you begin to leak.

This therapy is commonly used for children, which will otherwise consistently wet the bed as they sleep. The alarm should be used until you have at least 14 consecutive dry nights.

Ask for support - If you suffer from functional incontinence, you may experience the sensation to go to the bathroom, but cannot go for physical or psychological reasons. Ask for help in improving the environment around the bathroom to make it more accessible, and for someone to be regularly available when you need to go.

If you are having trouble communicating your need to go to the bathroom, speak to a friend, relative or carer about implementing a system to express this need. It may help to plan a regular schedule of using the bathroom, when someone can be available.

If your incontinence has occurred because of a reversible (transient) cause, you may be prescribed medical treatment alongside undergoing some of the conservative therapies listed above. These can ease and treat your symptoms, or prevent the abnormal functions, which are leading to your incontinence.

Additional non-surgical treatments include:

Treat any underlying condition - If you have developed a form of incontinence as a result of suffering from another condition, such as recurring UTI's or constipation, treatment of these conditions alongside treating your incontinence will prevent the incontinence from returning.

Duloxetine - This oral medicine helps keep the urethra closed when you are not urinating, by increasing the muscle tone of the urethral sphincters. Often favoured over surgery with the same aim.

Bethanechol chloride - This orally administered drug increases the tone of your bladder muscle and its ability to contract. It works within an hour of administration and therefore its benefits are often seen within just a few days.

Antimuscarinics - Specifically for an overactive bladder, this group of medicines are usually taken orally several times a day or, through a skin patch. They reduce involuntary contractions of the detrusor muscle, which can lead to an overactive bladder.

Mirabegron - This oral medicine causes the bladder muscles to relax to allow it to fill and store urine, increasing the amount of urine you are able to hold.

Desmopressin - Specifically for nocturia, this medicine reduces the amount of urine produced by the kidneys and is taken a few hours before going to sleep.

Loperamide - To treat diarrhoea; This medicine slows the movement of stools through the digestive system to allow more water to be absorbed into the bloodstream.

Laxatives - Laxatives treat constipation by loosening your stools and increasing the volume of your bowel movements.

Suppositories and enemas - Where you suffer from faecal impaction blocking the rectum, these deliver medication straight to the issue.

Rectal irrigation - Also used for faecal impaction, a small tube injects liquid medicine into the rectum to flush out faeces.

Catheter - You can have a catheter fitted intermittently, to empty your bladder into a toilet in a procedure called clean intermittent catheterisation. This is repeated at multiple points during the day to reduce overflow incontinence.

You can fit the catheter into your bladder yourself or a professional can do so. An indwelling catheter is a more permanent solution, it is left in place to continually collect urine in a bag, which you will carry with you.

Percutaneous/Posterior Tibial nerve stimulation - Through a series of 12 sessions (30 minutes each week), you will have a needle inserted into your ankle, through which a mild electric current is sent. This stimulates the tibial nerve, which runs from your ankle to your pelvis. It can relieve symptoms of your overactive bladder, urge incontinence, and bowel incontinence.

Potential complications - 15% of patients will suffer one of the following:

- Temporary swelling, around the needled area
- Headaches, cramps, blood in the urine
- Occasionally a worsening of the incontinence
- However, no long term negative effects have been reported.

Percutaneous/Posterior Tibial nerve stimulation can also be achieved using an electronic pelvic toner together with electrode pads specifically placed on an ankle. The tibial nerve runs from your pelvis, down your legs to each ankle. Skin electrodes placed on the ankle stimulate this nerve and in this way successfully treat incontinence.

Botox injections - For overflow incontinence; Botox (botulinum toxin A) can be injected into your bladder to relax it. The effects last several months, after which the injections can be repeated.

Potential complications:

- The injections are unable to resolve your overflow incontinence
- Studies into its long-term effects are incomplete.

Bulking agents - Bulking agents are injected into the walls of the urethra or anal sphincter muscles to increase their size, encouraging them to stay closed with greater strength. This procedure has a 53% success rate however, this does differ depending on the bulking agents used.

Potential complications:

- This procedure is often not as effective as other options
- For a short time after the procedure you may suffer from a burning sensation, an abscess, or bleeding.

Surgical Treatments for Incontinence

Incontinence is considered chronic if the original cause of the incontinence cannot be reversed or resolved through conservative therapies alone, for example, a spinal injury.

Any kind of lasting damage may be treated with a course of medicine however, if this is not sufficient, you may be considered as a suitable candidate for surgery. If you opt for surgery, your doctor or specialist will speak to you about the risks and likelihood of the success of the surgery to fail, as time goes on.

Surgery is usually reserved for adults that have finished having children as pelvic surgery can cause issues with conception and, falling pregnant can reverse the benefits of previous pelvic surgeries. If you suffer from several different types of incontinence, you may require multiple surgeries.

The risk of fatality is present for all surgeries.

Procedures to treat urge incontinence and an overactive bladder

This includes:

The removal of uterine fibroids (in women) - If you suffer with fibroids that are irritating your bladder, there are three popular procedures:

1. Myomectomy - Surgical removal of the fibroids from the uterus.

   Potential complications: inability to conceive

2. Hysterectomy - Surgical removal of the entire womb.

   Potential complications: unable to have children and increased vulnerability to developing pelvic organ prolapses.

3. Non-surgical uterine fibroid embolisation (UFE) - Deprives the fibroids of their blood supply so that they shrink in size.

Bladder enlargement (augmentation cystoplasty) - This procedure increases the size of your bladder by adding a piece of intestinal tissue. It also aims to reduce the effects of muscle contractions.

Potential complications: You may require a permanent catheter following this surgery and can suffer from recurring UTI's as a result.

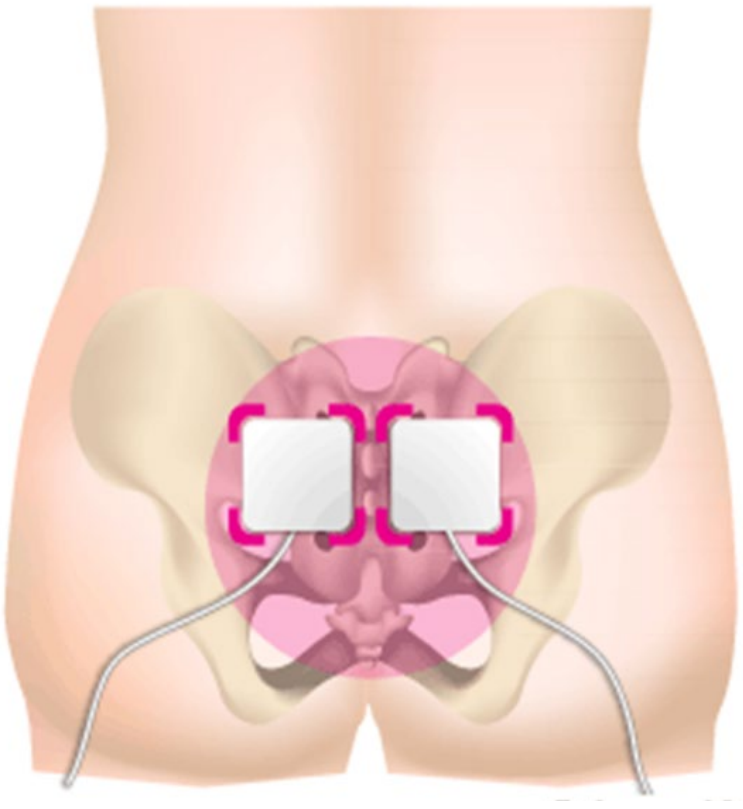
Sacral nerve stimulation (sacral neuromodulation - SNM)) for bladder incontinence - Influences the muscles, nerve endings and reflexes in the pelvis. You can have a device fitted near your sacral nerves (at the bottom of your back),which is stimulated to tell the muscles of the bladder to relax. Reducing the impact of an overactive bladder caused by detrusor muscle overactivity. The device can also be used to increase the strength of the sphincter and pelvic floor muscles for them to work together more effectively.

SNM can be used for many pelvic conditions including:

- Resolve pelvic pain
- Reduce incontinence episodes
- treat an overactive bladder and constipation

Potential complications: No long term negative effects have been reported however, you may suffer temporary discomfort or infection with a surgically fitted device.

Non-surgical sacral nerve stimulation can also be achieved using an electronic pelvic toner together with electrode pads specifically placed on the lower back to successfully treat some of the same conditions as discussed above.



Urinary diversion - If your bladder or urethra is blocked or severely damaged, a urinary diversion redirects the urine straight from the kidney into either; an artificial pouch inside the body (continent diversion); or a plastic pouch worn outside the body (urostomy). It can be done temporarily whilst a blockage is resolved, or permanently.

Potential complications: This is a major surgery and can lead to bladder infections and needing further surgery.

Procedures to treat stress incontinence

Tension-free Vaginal Tape (TVT) procedure - A tape procedure reduces the pressure on the bladder. It involves a piece of plastic tape being permanently inserted behind the urethra to support it. Two out of three women experience normal bladder function after the surgery.

Potential complications:

- Some women develop urge incontinence following the surgery; increasing how often they need to go to the bathroom, and cannot always empty their bladder when they do go.
- Artificial mesh and tape can erode into the surrounding tissue, causing lasting pain. From 2017, the National Institute for Health and Care Excellence recommend that artificial mesh and tape is only used in pelvic surgeries within the context of research - whilst further evidence into its long-term safety is carried out.

Sling procedure - A sling (made of your or a donors tissue, or a synthetic material) is placed around the neck of your bladder to support it and prevent accidental leaks.

Potential complications:

- Some individuals develop overflow incontinence. From 2017, the National Institute for Health and Care Excellence raise serious concerns about using synthetic mesh in such procedures.

Serious complications are possible, they include:

- Lasting pain
- The surgery failing. If the mesh needs to be removed, as it begins to erode into your tissue, it can be difficult and occasionally impossible to do so.

Colposuspension - This surgery lifts the neck of your bladder to prevent involuntary leaks in women suffering from stress incontinence.

Potential complications:

- Issues with this surgery include developing overflow incontinence,
- Sexual discomfort
- Frequent urinary tract infections (UTI's).

Artificial urinary sphincter - When you are holding in urine, you are unconsciously contracting your urinary sphincter. An artificial urinary sphincter can replace yours, and can be activated and deactivated as needed, depending on the type of item fitted. This procedure is mostly used for men suffering from stress incontinence.

Potential complications: It is not uncommon for the artificial sphincter to fail and need to be removed after many years of use.

Procedures to treat bowel incontinence

Artificial anal sphincter - If the muscles of the sphincter are irreparably damaged, an artificial circular cuff is placed under the skin around the anus. This keeps the anus closed until a button under the skin is pressed, at which point the cuff opens and stool can be passed. The cuff then slowly refills with fluid, closing it again.

Potential complications:

- Erosion of the cuff.
- Increased faecal incontinence and constipation.
- **86% of patients suffer from complications like infection and pain,**

Sphincteroplasty - To give extra support and strength to the anal sphincter, some of the tissue in the muscle is removed, and then the muscles are overlapped.

Potential complications:

- Infection
- No improvement in the incontinence
- Leaks around the surgical stitches.

Endoscopic heat therapy - A new treatment for bowel incontinence, heat is applied to the anal sphincter through a thin probe. It encourages tissue scarring to tighten the muscles.

Potential complications: The most common issue is anal ulcers forming, leading to anal pain.

Other reported risks include:

- Increased constipation
- Diarrhoea
- Severe bleeding.

Colostomy - If other treatments have been unsuccessful, the colon (lower bowel) is shortened and given an artificial opening, which leads to an external colostomy bag, which then collects the stool.

Potential complications:

- The development of granulomas (a mass of cells caused by inflammation)
- Infection
- Pain, leaks and skin conditions around the opening.

Sacral nerve stimulation (sacral neuromodulation (SNM)) for bowel incontinence - influences the muscles, nerve endings and reflexes in the pelvis. You can have a device fitted near your sacral nerves (at the bottom of your back), which is stimulated to increase the strength of the sphincter and pelvic floor muscles, for them to work together more effectively.

As mentioned before SNM can be used to:

- Resolve pelvic pain
- Reduce incontinence episodes
- Treat an overactive bladder
- Treat constipation and many other pelvic conditions.

Potential complications:

No long term negative effects have been reported however, you may suffer from temporary discomfort or infection with a surgically fitted device.

Non-surgical sacral nerve stimulation can also be achieved using an electronic pelvic toner together with electrode pads specifically placed on the lower back to successfully treat some of the same conditions as discussed above.

Implanted magnetic bead band - If you have weak or damaged sphincters, you may be offered this relatively new procedure. A tunnel is made around the anus, into which a ring of magnetic beads is placed. The magnets keep the sphincter closed, until stool presses against it to interfere and open the ring. The National Institute for Health and Care Excellence (UK) recommend this procedure due to the significant improvement in quality of life that it can provide. More research into the procedures effectiveness and safety needs to be done.

Potential complications include:

- Current known risks include temporary infection, swelling, pain and bleeding.
- Long term risks include difficulty passing stool, developing abscesses and the band breaking.

Muscle transposition - A segment of the gracilis muscle, from the patients thigh, is added to the anus as extra bulk. An electric pulse generator is implanted into the abdomen, which continuously stimulates the muscle, turning it into a slow twitch endurance muscle.

Potential complications:

- Infection
- Electrical/technical problems
- Issues emptying your bowel.

Other treatments to resolve incontinence are being studied all the time to ensure they are safe and effective.

----- END OF PART 3 -----

Important Notices

1x DOWNLOADABLE PDF BONUS ON THE PART 3 REPORT PAGE

1. Bladder Diary.pdf

NEXT WEEK - KEEP AN EYE OUT FOR PART 4

Bowel Incontinence: Faecal Incontinence

With BONUS: The Bristol Stool Chart.pdf

Since it can be difficult to state what is normal and what is abnormal, some health professionals use a scale to classify the type of stool passed. This chart helps assess how long the stool has spent in the bowel.

Medical knowledge is always advancing and in light of this we acknowledge that this information herein is current as of the date of publication (July 2019) and that some information may no longer be valid in the future.

For updates and a first world understanding of what the current medical practices are, visit the National Institute for Health and Care Excellence (www.nice.org.uk) for advice into procedures you are offered .

If you have not yet subscribed for the full 8-part report titled, **The Road to Pelvic Health for All**, you can do so here: www.pelvichealthsubscribe.betamarketing.co.za

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