Treatment Advances for Women

By Jane Inouye and Gregory Bailey, M.D.

As the number of baby boomers increase, so do the number of age-related health concerns. For postmenopausal women, high blood pressure, diabetes, arthritis, heart disease and weight loss are among topics often discussed with their Primary Care physician. Some of the more common conditions that rarely get discussed involve pelvic floor disorders. These include urinary and bowel incontinence, pelvic pain and prolapse.

The "C" List

COMMON BLADDER IRRITANTS

- Coffee and tea *(sometimes even decaffeinated)*
- Caffeine
- Cold remedies
- Chocolate
- Carbonated beverages
- Coke and other colas
- Citrus *(whether juice or fresh fruit)*
- Cranberry juice or pills
- C Vitamin
- Chardonnay or Corona *(or other alcoholic beverages)*
- Crystal Light
- Candy and other sugars
- Chili and other tomato-based products
- Chinese food *(spicy or containing MSG)*
- Cigarette smoking
- Corn syrup
- Other foods such as honey and artificial sweeteners that contain Aspartame *(NutraSweet, Equal)*

Not all of the above substances will cause bladder irritation in every person. Avoid the offenders on the list for a few days or up to one week. Then, slowly add back some favorites and see what your response is. Caffeinated drinks and alcohol seem to be the worst offenders.

Note: You must increase your fluid intake to four to six glasses of water a day. Avoid drinking large volumes; instead sip two to three ounces every 20-30 minutes. Avoid reducing fluids, which may result in an increase in the concentration of the urine. This can further irritate the bladder and increase symptoms of urgency and frequency.

Caffeinated drinks and alcohol may further dehydrate your body.

Prelief tablets, also known as calcium glycerophosphate, remove acid and neutralize foods and beverages. It should be taken with the offending food or drink. A tablespoon of baking soda in a glass of water may also reduce acidity.

Suggested Substitutes

- Grape or cherry juice
- Apple juice
- Herbal teas
- Postum
- White chocolate
- Other fruits such as apricots, melons, home-grown tomatoes, bananas, prunes and plums

Bladder Goals

- Void seven times per day
- Each void should last for a count of eight "Mississippi's" *(roughly eight ounces)*
- Drink evenly throughout the day, but limit two to three hours before bed time
- NO more than one to two cups of caffeine per day
- DRINK WATER!

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Statistics show that 60 percent of postmenopausal women experience urinary incontinence and 15 percent experience bowel incontinence. According to Gregory Bailey, M.D., a Board Certified Gynecologist who has practiced in Gainesville since 1990, over ten percent of women will undergo surgery to address prolapse or incontinence.

"When patients visit their Primary Care physicians, there are many health issues that need to be addressed. Incontinence and prolapse complaints often fall near the bottom of their list. If it's number nine or ten, it may get little or no focus. Sadly, these are often their most life-altering conditions," says Dr. Bailey.

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> *—Gregory Bailey, M.D.*

"There are many treatment options that can dramatically improve the symptoms that come from pelvic floor disorders," he continues. "These include dietary changes, pelvic rehabilitation, medical therapy, simple office procedures, surgical options and even bladder pacemakers." According to Dr. Bailey, there are a number of non-surgical treatments, some of which can be done in an office setting and others that the patient can do at home. "As a surgeon, I won't rule out a surgical option, but with so many other options available, we like to explore those first and leave surgery as our final option." More than 80 percent of patients report improvement using non-surgical treatments.

The Cause?

There are a number of factors that can lead to female incontinence or prolapse. These include pregnancy (single or multiple), genetics, race, hysterectomies, obesity, pelvic muscle weakness and aging. Having delivered more than 4,000 babies, Dr. Bailey has seen incontinence issues in younger women following their deliveries, but these become more common as women grow older. He points out that the United States' population of women over the age of 65 will double in the next ten years. He also mentions that 70 percent of women in nursing homes have urinary incontinence and 40 percent have fecal incontinence, which is often the reason they are placed there.

In addition, bladder control issues can lead to isolation, embarrassment and a lessened quality of life. "I've had patients tell me that they're reluctant to go to the mall or take a long car ride out of fear that they'll have leakage or that they might smell bad," says Carole Kalivoda, ARNP.

Incontinence leads to increased expenses for the patient including sanitary supplies and medical costs associated with bladder and skin infections, even falls. "If a woman has to continually wake up at night to go to the bathroom, she could become sleep-deprived and fall," explains Kalivoda. "Then her bladder problem becomes just one of the issues that she will need to address."

Types of Incontinence and Prolapse Issues

There are several types of urinary incontinence. Stress incontinence is leakage when a woman laughs or coughs; urge incontinence is leakage when the urge hits, frequently when walking to the bathroom; an overactive bladder causes frequency and urgency, often requiring hourly voiding; nocturia is getting up more than once at night to void and enuresis is waking up wet.

Interstitial Cystitis is a condition involving the lining of the bladder. Symptoms include the urgent need to void, chronic pelvic pain, painful intercourse and recurrent symptoms of urinary tract infections with negative bacterial cultures.

Prolapse is a hernia in the vaginal walls that can involve a dropped uterus, bladder or bowel. It's often described as a bulge coming from the vagina. This can lead to symptoms of pelvic pain, bladder and bowel control problems, incontinence, incomplete bladder emptying, constipation and fecal incontinence.

Treatment Options

A multitude of treatment options are available; most are covered by Medicare or private insurance. Simple dietary changes can decrease production of bladder irritants. Topical vaginal estrogen can help treat atrophic vaginitis, a postmenopausal condition that causes vaginal dryness, thinning of the vaginal walls and urinary frequency. Weakening pelvic muscles respond to focused exercises, some of which employ biofeedback.

Medications can be added to improve success rates. For example, "bladder cocktails"—specially concocted lavages with a mixture of Elmiron, Heparin and Lidocaine for interstitial cystitis patients—is like a bismuth concoction that can be flushed into the bladder to coat the lining and improve symptoms. Prolapse can also be treated with vaginal pessaries or surgery. New surgical techniques using vaginal mesh and slings have dramatically improved outcomes.

Interstim Neuromodulators, which are described as "bladder pacemakers," have an 80 percent cure rate for overactive bladder symptoms. "These are easily placed under the skin in less than 30 minutes, without having to undergo general anesthesia," noted Dr. Greg Bailey, who is the only local physician to have successfully done so.

Amy Kirby, PA-C recalls one of her patients who suffered from urge incontinence and nocturia. "She used to get up five or six times a night to void and leaked every time she headed toward the bathroom. The first night with the 'bladder pacemaker' she slept the entire night and made it to the bathroom without leaking for the first time in ten years."

The options available today for treating women's urogenital issues are diverse: from dietary changes, to special exercises, to over-the-counter remedies, to new surgical procedures, to emerging biotechnologies and more. As time goes on, women can look forward to even more medical advances and treatments in this specialty.