What’s P.T. Got to Do With It?

The Role of Physical Therapy in Treatment of Incontinence
Behavioral Type of Treatment

- **STRESS**
  - Involuntary loss of urine with cough, sneeze, movement...
  - Often due to weak pelvic floor muscles.

- **URGE**
  - Leak occurs with strong urge.
  - Bladder contracts without control.

- **MIXED**
  - Combination of both types.
Also helpful for treatment of

- **URGENCY**
  - Strong desire to urinate, even when bladder isn’t full.

- **FREQUENCY**
  - Toileting more than 6-8 times a day, or more than every two hours.

- **NOCTURIA**
  - Waking more than 2–3 times a night because of strong urge to urinate.
Treatment Includes

- Evaluation & development of an individualized treatment plan.
- Education about the bladder and pelvic floor muscles.
- Recommendations regarding diet, lifestyle changes.
- Bladder retraining to decrease urge, increase toileting interval.
Pelvic Muscle Rehabilitation

- Identify & strengthen pelvic floor muscles.

- Relaxation training often necessary with frequency and urge incontinence.

- Exercise can be done in conjunction with EMG/Biofeedback, electrical stimulation.
Endopelvic Musculature – Front View

- Bladder
- Pelvic Diaphragm
- Obturator Internus
- Inferior Pubic Ramus
- External Urinary Sphincter
- Urogenital Diaphragm
Endopelvic Musculature

- Symphysis Pubis
- Urethral Opening
- Pubococcygeus
- Puborectalis
- Vagina
- Rectum
- Sacrum
- Iliococcygeus
How to Strengthen Pelvic Floor

- Learn to contract pelvic muscles
- Quick Contractions
- Holding Contractions

Don’t fatigue muscles!
Typical Exercise Program

Three times a day:

10 Quick Contractions
10 Holding Contractions
10 Quick Contractions

- Relax between contractions

Progress to Advanced Exercises
Urge Suppression Technique

1. Relax – Stay put

2. Take a few deep breaths

3. Do a few “Quick” contractions
Urge Suppression Technique, continued

4. Use Visualization or Distraction

5. Go to the bathroom after urge has subsided - when appropriate time has elapsed since last visit.
Contributory Factors

- Surgery
- Disease
- Bladder infection
- Obesity
- Alcohol
- Pregnancy & Childbirth
- Hormonal Changes & Menopause
- Caffeine
Contributory Factors ~ Continued

- Diet
- Smoking
- Stress
- Chronic Illness/Cough
- Medications
- Constipation
- Improper lifting
- Weak pelvic floor muscles
- Prolapsed Uterus
- Cystocele, Rectocele
Getting Help

- See your Doctor
- Get appropriate tests and diagnosis
Three Major Types of Treatment

- Pharmacological
- Surgical
- Behavioral
  - Includes Physical Therapy
  - P.T. can be used in conjunction with other types of treatment or alone.
You Can Overcome

- Estimated that over 25 million Americans experience some form of incontinence.

- 80% affected by urinary incontinence can be helped.
- Only about one in twelve with this problem seek treatment.

- Regular pelvic floor exercise can often prevent incontinence from developing.
Keep Fit ~ Fit in your “Kegel’s”
Thank you!

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Acknowledgments

American Physical Therapy Association
National Association for Continence
(nafc.org)
National Kidney and Urologic Diseases Information Clearing House

Diagrams: Phoenix, Inc. 1997
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Women’s Pelvic Floor Specialist

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Incontinence:
The Male Perspective
Incontinence: Definition

"the complaint of any involuntary loss of urine".

“Urology department. Can you hold?”
Total estimated number of people with urinary incontinence: 17.5 million

- Urge: 6.9 million
- Stress: 5.1 million
- Mixed: 5.5 million

YOU ARE NOT ALONE!!!!
Types of Incontinence

• **Stress incontinence:** Loss of urine with exertion or sneezing or coughing.

• **Urge incontinence:** Leakage accompanied by or immediately preceded by urinary urgency.

• **Mixed incontinence:** Loss of urine associated with urgency and also with exertion, effort, sneezing, or coughing.

• **Overflow incontinence:** Leakage of urine associated with urinary retention.

• **Total incontinence:** Is the complaint of a continuous leakage.
Types of Incontinence

Overflow
- Urethral blockage
- Bladder unable to empty properly

Stress
- Relaxed pelvic floor
- Increased abdominal pressure

Urge
- Bladder oversensitivity from infection
- Neurologic disorders
Overactive Bladder (OAB)

• A symptom complex of urgency, with or without urge incontinence, usually with frequency and nocturia
OAB definitions

• **Frequency:** voiding too often
• **Urgency:** sudden compelling desire to pass urine which is difficult to defer
• **Urge incontinence:** involuntary loss of urine associated with or immediately preceded by urgency
• **Nocturia:** waking one or more times per night to void
Risk factors

- Increasing age – though it’s not a normal part of aging
- Diabetes
- Use of narcotics, laxatives, or diuretics
- Treatments for prostate cancer
  – Prostatectomy or pelvic radiation
- Recurrent urinary tract infections
- Stroke
- Spinal cord injury
- Parkinson’s
- Multiple sclerosis
Common Medications that can cause incontinence

- Decongestants - Sudafed
- Diuretics – Lasix (furosemide), HCTZ
- Antidepressants – Zoloft, Paxil, Prozac
- Narcotics – Norco, percocet, codeine
- Anticholinergics – ditropan, detrol
Incontinence in the Elderly

- D – delirium (impaired cognition)
- I – infection (UTI)
- A – atrophic vaginitis/urethritis
- P – psychological
- P – pharmacologic (diuretics, narcotics, etc.)
- E – endocrine (DM)/excessive urinary output
- R – restricted mobility
- S – stool impaction
Initial Evaluation

• Detailed medical history
• Physical exam
  – including DRE and neurologic exam
• Urinalysis
• PSA
• Symptom assessment (AUA-SS)

• Additional testing as needed
  – Cystoscopy
  – Urodynamics
Prostate Exam – Digital Rectal Exam

Honesty, if there was a virtual prostate exam, don't you think I'd want to be the first to know?
Treatments

The urologist's favourite keyboard short cut
Diet Modification

• Avoid food/beverages irritating to the bladder (coffee, caffeine, spicy, citrus)
• Manage fluid intake
• Stop evening fluids
• Avoid constipation
Bladder Training

• Modify bladder function
• Methods
  – bladder diary
  – gradually increase void interval
  – teach coping strategies
• Strengthen pelvic floor muscles and improving bladder stability
Stress Urinary Incontinence

• “Loss of urine with exertion or sneezing or coughing”
  – Spinal cord injury
  – Radical prostatectomy
Stress Urinary Incontinence

- Kegels
- Periurethral injection of bulking agent
Stress Urinary Incontinence

- Male sling
- Artificial Urinary Spincter
Urge Incontinence

- BPH – enlarged prostate
- UTI
- Bladder cancer
- Bladder stone
- MS, Parkinson’s, stroke
- Spinal cord injury
- Idiopathic
Urge Incontinence and OAB

• **Anticholinergics**
  – Side Effects
    • Dry mouth, blurred vision, flushing of face, tachycardia, constipation, confusion in elderly
  – Be careful in patients with glaucoma!!
  – Oxybutynin, Tolterodine, Enablex, Toviaz, Sanctura, Vesicaré

• **M2 Blockers**
  – Myrbetriq
  – Much safer with less side effects
  – Main side effect – slight rise in blood pressure

• **Combination of both medications**
Refractory OAB

- >3 failed medical treatments

Botox injection into bladder

PTNS – Percutaneous tibial nerve stimulation

Interstim – “Bladder pacemaker”
Overflow Incontinence

• Due to obstruction of urinary flow

• Urethral Stricture

• Spinal Cord Injury

• **BPH – enlarged prostate**
Urethral stricture

- DVIU
- Direct Vision Internal Urethrotomy
- Inject incision site with steroid or Clarix Flo to prevent recurrence
- Clarix Flo – harvested from human amniotic membrane and umbilical cord
What is the Prostate?

- Walnut sized gland at base of male bladder
  - Surrounds the urethra
- Produces fluid that transports sperm during ejaculation
- Prostate grows to its normal adult size in a man’s early 20s; it begins to grow again during the mid-40s
Normal vs. Enlarged Prostate

• As the prostate enlarges, pressure can be put on the urethra causing urinary problems (LUTS)
• Prostate size does not correlate with degree of obstruction or severity of symptoms.
What are the Symptoms of BPH?

• Frequent urination during the day and/or night
  • Sudden urge to urinate
  • Burning, painful urination
    • Weak urine flow
  • Sensation the bladder is not empty after urination
    • Inability to urinate
  • Trouble stopping and starting of urine flow
How Does BPH Affect Quality of Life?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage of Men Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit Fluid Before Bedtime</td>
<td>34.7%</td>
</tr>
<tr>
<td>Avoid Places Without Toilets</td>
<td>32.4%</td>
</tr>
<tr>
<td>Limit Fluid Before Travel</td>
<td>29.9%</td>
</tr>
<tr>
<td>Not Getting Enough Sleep</td>
<td>27.1%</td>
</tr>
<tr>
<td>Cannot Drive for 2 Hours</td>
<td>21.0%</td>
</tr>
<tr>
<td>Avoid Theatre, Movie, Church, etc.</td>
<td>15.1%</td>
</tr>
<tr>
<td>Avoid Outdoor Sports</td>
<td>12.8%</td>
</tr>
</tbody>
</table>
Who Can Get BPH?

- BPH affects 50% of men over 50
- Affects 80%+ men over age 80
- Obesity, higher body mass index (BMI) and lack of exercise may increase the risk of BPH
Complementary and Alternative Medicines

American Urological Association (AUA) Recommendation

• No dietary supplement, combination phytotherapeutic agent, or other nonconventional therapy is recommended for the management of LUTS secondary to BPH. This includes saw palmetto and urtica dioica.

NOT RECOMMENDED
Treatment Options Overview

**WATCHFUL WAITING/ MEDICAL THERAPIES**
- Alpha Blockers
- 5 Alpha-Reductase Inhibitors

**MINIMALLY INVASIVE SURGERY**
- Microwave Therapy (TUMT)
- REZUM
- Urolift
- Greenlight Laser - PVP
- TURP (Monopolar, Bipolar, Button)

**INVASIVE SURGERY**
- Robotic SIMPLE Prostatectomy
Treatment Options

Watchful Waiting/Medical Therapies

• Characteristics
  – Best for men with mild symptoms
  – Consists of yearly exams and no active intervention
  – No surgery
  – No drugs
  – May involve lifestyle modification such as adjusting diet, evening fluid intake, medication use and exercise patterns

• Side Effects
  – Symptoms may worsen or remain unchanged without lifestyle modification
Treatment Options

Medication

Alpha-Blockers

Characteristics

• Intended for men with mild to severe symptoms
• Provides relief of BPH symptoms
• Works almost immediately
• Proactive form of treatment

Side Effects

• May experience drop in blood pressure
• Dizziness and/or fainting
• Fatigue
• Nasal Congestion
• Abnormal ejaculation - retrograde
• Can have drug interactions with other medications
Treatment Options

Medication
5-Alpha Reductase Inhibitors

Characteristics
• Intended for men with demonstrable prostatic enlargement
• Reduces the risk of the need for surgery or complications of BPH
• Relives the symptoms of BPH

Side Effects
• Erectile dysfunction
• Lowered sexual drive/libido
• Breast tenderness
• Ejaculation disorders
• Lowers PSA levels up to 50%
When medications fail...

Men Who:

- Are frustrated by side-effects or daily hassle of medication
- Have modest symptomatic relief from medications
- Previously declined surgery
- Want to preserve their sexual function
Spanner Stent

Temporary stent to keep prostate open
Way to predict likely success of prostate procedures or surgery
Placed and removed in office
Treatment Options

LESS INVASIVE

Behavior Modification
- Fluid & Diet Changes
- Watchful Waiting
- Kegel & Bladder Retraining

First Line Therapies
- BPH Medications

Second Line Therapies
- Microwave Conductive Radiofrequency
- Implants

Surgical Procedures
- Lasers
- TURP

MORE INVASIVE
Using only a few drops of water, Rezūm water vapor therapy is a safe and effective treatment option for BPH.
What to Expect

- About 1-2 hours total time
- ~5 min procedure made up of 9 second treatments
- May have a catheter for a few days
- Rapid return to normal activities
- Oral meds 1 hour before procedure or local anesthetic at time of procedure
Rezūm
REZUM
Clinically Significant Tissue Volume Reduction

Pre-Treatment

6-Month
Rezūm provides the following benefits:

– Potential alternative to BPH medications
– Provides noticeable symptom improvement within two weeks
– Simple in-office/out-patient therapy
– Does not require general anesthesia
– Preserves sexual and urinary functions
– Allows patients to return to regular activities within a few days
– Ability to treat a median lobe of prostate – which medications, Urolift or TUMT does not treat
– Ability to treat all prostate gland sizes
– Durable results
Treatment Options

Minimally Invasive Therapy

Transurethral Microwave Therapy (TUMT)

Involves the use of a microwave antennae mounted on a urethral catheter to heat the prostate.

Characteristics

- Intended for men with moderate to severe symptoms
- Non surgical procedure
- In office
- Lack of sexual side-effects
- No foley catheter
- Performed with local anesthetic
- 50-60% efficacy in well chosen patients

Side Effects

- Urinary retention and incontinence
- Urinary Tract Infections
- May require retreatment
- Slow improvement of symptoms
TUMT (Microwave) Cooled ThermoTherapy™

- 30 minute treatment time in office
- Microwave energy to the prostate to heat and destroy BPH
- Cooling mechanism to protect urethra, minimizing side effects
Compress encroaching lateral lobe
Deliver UroLift® implant to hold in place
Typically ~4 implants delivered
Urolift
Urolift Summary

• Earlier treatment option for more BPH patients

• **Rapid Relief**
  – By 2 weeks, significant improvement in LUTS, AE typically resolved

• **Sexual Function Preserved**
  – Both erectile and ejaculatory function

• **Durability Established to 5 Years**

• **Consistent Performance**
  – Across studies – 62+% improvement in symptoms
  – In my daily practice
Minimally Invasive Surgery

**TURP – Transurethral Resection of Prostate**

*Uses electricity to superheat a thin metal band that cuts the prostate tissue into small chunks.*

**Characteristics**
- Intended for men with moderate to severe symptoms
- Performed under general or spinal anesthesia
- Can be performed outpatient
- In urinary retention
- Bladder stones or chronic infections
- Renal failure
- 95-98% effective

**Side Effects**
- Infection
- Urethral strictures
- Prolonged catheterization
- Bladder neck contracture
- Retrograde ejaculation
- Incontinence – rare <0.1%
- ED – rare <0.1%
- Bleeding requiring transfusion – rare <0.1%
Clinical Procedures

Transurethral Resection of the Prostate--TURP

Fig. 9-13. Transurethral resection of the prostate (TURP). A, The resectoscope contains a light, valves for controlling irrigating fluid, and an electrical loop that cuts tissue and seals blood vessels. B, The urologist uses a wire loop through the resectoscope to remove obstructing tissue one piece at a time. The pieces are carried by the fluid into the bladder and flushed out at the end of the operation.

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Bipolar TURP
Treatment Options

Minimally Invasive Surgery

Laser Therapy

*Uses a laser to vaporize away the prostate tissue.*

**Characteristics**

- Typically done in an outpatient setting
- Provides sustainable symptom relief
- Rapid urine flow improvement after the procedure
- **Minimal blood loss – can be done on blood thinners**

**Side Effects**

- Retrograde ejaculation
- Urgency/frequency
- Dysuria; Hematuria/blood in the urine
- Less effective than bipolar TURP
Laser - PVP
before TURP

after 3 months later
Treatment Options

Open or Robotic Simple Prostatectomy
*Involves surgical removal of the inner portion of the prostate*

**Characteristics**
- Typically is performed on patients with larger prostate volumes (> 100 mL)
- >99% effective
- Effective for men with:
  - Very enlarged prostate glands
  - Bladder diverticula (pockets)
  - Stones

**Side Effects**
- Overnight hospitalization
- Risk of blood loss, transfusion significantly greater than with transurethral procedures
Robotic Simple Prostatectomy
Thank you

Patient...seems...reluctant...to get his...prostate...checked...
URINARY INCONTINENCE

ADVANCED OB/GYN ASSOCIATES
RICARDO HUETE M.D.
“At first, I only noticed that I leaked urine when I was lifting something very heavy or when I coughed or sneezed. Over time, it got worse. Now I wear maxipads during the day and diapers at night. It’s embarrassing and frustrating to be so hopelessly out of control…”
Urinary Incontinence
You Don’t Have to Live With It.

Physician  Ricardo Huete
Date  01/17/2018
Location  TMMMC

AMS
Solutions for Life
Urinary Incontinence

*Loss of voluntary bladder control resulting in urinary leakage.*
Who is Affected by Urinary Incontinence?

- Over 13 million Americans suffer from urinary incontinence with 85% or 11 million whom are women.
- Urinary incontinence plagues 10-35% of adults.
- Urinary incontinence affects all ages, both sexes and all lifestyles.
- Half of all women experience incontinence at some point in their lives.

All data from (AHCPR-USDHHS, 1996)
STATISTICS

• 10-50 % of women report UI
• - 10-30 % of women 15-64
• - 15-40 % of women > 60 in community
• - > 50 % of women in nursing homes
• 50 % of women that have had children develop prolapse
• Only 10-20 % seek medical care
STATISTICS

• Aging population is growing
• 13 % of population in 1990
• Expected to reach 22% by 2040
• Largest growing segment in the 2000 census was the >85 group

* UI Prevalence Increases with Age*
COSTS

- 1994 – Direct Costs
  - $11.2 billion in the community
  - $5.2 billion in nursing facilities
  - 60% increase from 1990 estimates

CURRENT ESTIMATES > 20 BILLION.
COSTS

• Adult diaper sales exceeded $1.5 billion in 1996

• Typical UI sufferer spends $1000-$3000 annually on absorvent products

• 1995 – Total Societal Costs:
  - Individuals > 65 - $26.3 billion/year

Wagner, Urology, 1998:51(3)355-361
Effects of Urinary Incontinence
Decrease Quality of Life

- Avoidance of activities
- Impact on relationships
- Embarrassment
- Discomfort and skin irritation
- Number one reason women are admitted to nursing homes
- Most women live with their UI symptoms 7 years before reporting them to their doctor
What are Some Myths Surrounding Urinary Incontinence?

- “I’m just getting old”
- “Nothing can be done to treat urinary incontinence anyway”
- “The only effective treatment for urinary incontinence is surgery”
- “All I need to do is use some diapers or pads, etc.”
Normal Urinary Control
Urinary Control Anatomy

- Bladder stores the urine
- Sphincter muscle holds the urine in the bladder
- Urethra is the tube in which urine is passed out of the body
More Information About Your Lower Urinary Tract:

- Pelvic floor muscles must hold the bladder and urethra in place
- Sphincter muscles must open and close the urethra
- Nerves must control the bladder muscle

When these muscles become too weak or too active then incontinence may occur
More Information About Your Lower Urinary Tract:

For good bladder control, all parts of your urinary tract system must be working together.
Urinary Problems

- Inability to Store Urine
- Bladder Cannot Stretch, or
- Urethra is Unable to Close
Different Types of Incontinence
Different Types of Incontinence

- Urge
- Stress
- Mixed
Urge Incontinence/Overactive Bladder

The Bladder contracts unexpectedly and you may feel sudden urges to go to the bathroom

Leakage may occur when you:

- Wash dishes or clothes
- Place hands in warm water
- Insert keys into keyhole
Urge Incontinence

• *The Urgent Need to Urinate and the Inability to Get to a Toilet in Time*

• Occurs when nerve passages from the bladder to the brain are damaged, causing a sudden bladder contraction
Stress Incontinence

The Pelvic Floor Muscles become weak. This causes the bladder to drop out of position when abdominal stress is created.

Leakage may occur when you:

- Cough
- Laugh
- Sneeze
- Exercise
Mixed Stress and Urge Incontinence

This is a Condition where there is a Mixture of both Stress and Urge Incontinence
### Which Types of Incontinence are Most Common?

<table>
<thead>
<tr>
<th>Types of female Incontinence</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress Incontinence</td>
<td>50-70%</td>
</tr>
<tr>
<td>Urge Incontinence</td>
<td>10-30%</td>
</tr>
<tr>
<td>Mixed Incontinence</td>
<td>10-30%</td>
</tr>
<tr>
<td>Other (Overflow)</td>
<td>10%</td>
</tr>
</tbody>
</table>
What Other Factors/Causes Contribute to Incontinence?

- Pregnancy
- Loss of estrogen hormone
- Certain medications
- Obesity
- Smoking
- Other medical conditions
Many Simple Cures for Incontinence Exist
Steps to a Solution
Patient Evaluation

- History
- Physical examination
- Laboratory testing
Patient Evaluation - Physical Exam

- Physical exam
  - Skin
  - Pelvis
  - Rectum
Patient Evaluation - Laboratory

- **Urine culture**
- **Additional tests**
  - Rule out cancer
  - Assess kidney function
  - Look inside the bladder to assess abnormalities
  - Assess bladder function through a series of urodynamic tests
What Tests Will be Run?

**Testing for a diagnosis of urinary incontinence is tailored to the patient’s condition**

Some common tests that can be run to assess your condition include:

- **Patient history** - a review of your condition
- **Voiding diary** - a 24 hour log of your intake and voiding habits
- **Pelvic exam** - a physical assessment of your pelvis
- **Urodynamics** - a test run with catheters to assess bladder function
What is Urodynamics

Urodynamics is a method of testing using catheters that:

- Fully analyzes your urinary flow
- Helps to identify the type and cause of urinary incontinence
- Takes about 30 minutes total time with minimal discomfort
Types of Treatment

- Behavioral changes
- Biofeedback
- Electrical stimulation
- Medication
- Surgery
Does Treatment Work?

- Treatment usually works although there are different success rates dependent upon your condition.

- Most women greatly improve their bladder control with the right diagnosis.
Urge Incontinence Treatments

• Treatments aimed at improving bladder instability
  – *Lifestyle changes*
  – *Behavior modifications*
  – *Medications*
  – *Neural stimulation*
Stress Incontinence Solutions

- Pelvic floor exercises
- Medication
- Surgical procedures
Stress Incontinence Solutions

• Pelvic Floor Exercises
  – *Kegels exercises to strengthen pelvic floor*
  – *Easy to teach*
  – *Effective, but must be done daily*
Stress Incontinence Solutions

• Medication
  – No FDA-approved medicine available today to treat stress incontinence
    • Many urge medications in the market
  – Some doctors may recommend you try:
    • A medication that helps your urethra close better
    • Estrogen cream may help but only if you are estrogen deficient
Stress Incontinence Solutions

- There are different types of surgical sling procedures that are
  - Less invasive
  - An outpatient procedure
  - Less recovery time
Slings for Stress Incontinence

- Considered minimally invasive surgery
- First developed in mid 1990’s
- A *sling or hammock* shape material is placed below the urethra
- Incisions are very small
- Long term data shows success of over 80%*

Stress Incontinence Solutions

• Key advantages of a Sling or Hammock
  – Can be outpatient surgery
  – Minimally invasive
  – Usually catheter-free at hospital discharge
  – Little postoperative pain
  – Quick return to work and normal activities
Patient Success Story

“This surgery was a piece of cake. After the first night I wasn’t sore in the least. Now, when we’re driving, I don’t have to tell my husband to stop for a bathroom. I feel healthier, cleaner, confident. My friends are very happy for me, and no pun intended, it’s just been an uplift. And how about the smile on my face, that’s an uplift too.”

-- Mary, after receiving a Sling, following two previously failed incontinence surgeries
"Since having the sling procedure, I am free of absorbent pads, free of worrying about leaking, free to drink all the liquids I want and free to have fun again."

*These comments are based on the types of experiences relayed in monitored chat rooms where patients have shared their results. They are not reflective of individual patients, and may not be typical for all users.
Bladder neck sling & Normal PU Ligament
US Clinical Data

- Hamilton Boyles, et al. ICS 2005
  - Complications associated with the transobturator sling procedures were determined as reported to a national database (FDA Maude) January 2004-July 2005
  - TVT-O >40,000 procedures had 2 vaginal and 2 urethral erosion. Monarc with more than 70,000 procedures worldwide showed 4 vaginal and 1 urethral erosion, Mentor with >36,000 procedures worldwide showed 99 vaginal and 22 urethral erosions (as presented at ICS)
  - TVT-O was the only device associated with neuropathy (3) and urethral injuries (3)

- Sand, et al. IUGA 2005
  - Subjective and objective cure rates of transobturator Monarc are similar to those for TVT. In addition, TOT offers clinical advantage of significantly less post-op retention (29%-14%)

- Moore, et al. US Monarc Study Group, 2005
  - 120 patients prospectively being studied
  - Initial 12 month results on 47 pts
  - 85.7% cure rate, no injuries

- Noller, et al. Kimborough 2005
  - 154 Monarc patients, 350 TVT patients
  - Fewer major obstructive complications with Monarc (7.8% - 0 urethrolysis) than with TVT (16.6% - 8 urethrolysis)
  - Transobturator and TVT have similar efficacy rates

- Davila, et al., AUGS 2004
  - 169 pts, F/U 6m
  - 95% cure rate, no Injuries, urge decreased from 65% to 10%

- Johnson, Uro Soc America, 2004
  - 94 patients
  - 90% cure rate, no injuries
European Clinical Data

• Dietz, et al., IUGA 2005
  – TVT and Monarc are similarly effective in curing SUI, but the Monarc has less effect on voiding than the TVT and there may be less urge incontinence and post-op voiding dysfunction

• DeRidder, et al., EAU 2005
  – 148 patients, 12 month follow-up
  – 81.4% continence rate
  – 28.4% of patients who had urge pre-op were relieved from urgency symptoms
  – No bladder, bowel or vascular perforations

• Mellier, et al., Monarc vs TVT, Int J Urogyn 2004
  – 193 patients (94 Monarc, 99 TVT)
  – 12.8 and 29.5 m f/u, no difference in cure
  – 10% bladder perf. TVT vs none w/ transobturator

• Jaquetin, et al., IUGA/ICS 2004
  – 146 patients, 6 m f/u, 91.7% cure
  – No injuries, no urethral erosions

• Debodinance, IUGA/ICS 2004
  – 40 Monarc, 40 ObTape
  – 6m cure rates: 92.5% cured, 7.5% improved for Monarc vs 80% cured, 15% improved and 5% failure in Ob-Tape patients
If You Suffer From Incontinence, What Can You Do?

1. *Talk with your gynecologist about your problem*
2. *Discuss medical history and urinary habits with your gynecologist*
3. *If still unsure, you can request educational material from your gynecologist or research urinary incontinence on the Internet*
If You Suffer From Incontinence, What Can Your Gynecologist Do?

1. Answer your questions about urinary incontinence

2. Diagnose your condition with testing

3. Discuss treatment options with you
Once the Test is Completed, Your Gynecologist Will…

• Evaluate the results of each test

• Make a diagnosis based on the results

• Discuss treatment options with you
Just Remember…

• *Urinary incontinence does NOT have to control your life*

• *With help from your gynecologist, you can regain control*
In Addition to Stress Incontinence, You May Also Have Symptoms or Signs of Pelvic Organ Prolapse
Pelvic Organ Prolapse

A Weakening of the Supporting Tissues or Muscles of the Pelvic Floor.
## Causes of Prolapse

<table>
<thead>
<tr>
<th>Common Risk Factors:</th>
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<tbody>
<tr>
<td>• Menopause</td>
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<tr>
<td>• Pregnancy and Parity</td>
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<tr>
<td>• Surgery</td>
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<tr>
<td>Hysterectomy</td>
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<tr>
<td>Neurologic and Congenital Conditions</td>
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<tr>
<td>Constipation</td>
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</tbody>
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<table>
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<th>Suspect Risk Factors:</th>
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<tbody>
<tr>
<td>Aging</td>
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<tr>
<td>• Episiotomy</td>
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<tr>
<td>• Obesity</td>
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<tr>
<td>• Exercise and Heavy Lifting</td>
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<tr>
<td>• Chronic Respiratory Disease</td>
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</table>
Weakening of Tissue and Muscles of the Pelvic Floor Results in One of the Following Conditions:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Cystocele</strong></td>
<td>Bladder falls into the vagina</td>
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<tr>
<td><strong>Enterocele</strong></td>
<td>Small bowel falls into the vagina</td>
</tr>
<tr>
<td><strong>Rectocele</strong></td>
<td>Rectum falls into the vagina</td>
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<tr>
<td><strong>Uterine Prolapse (Procidentia)</strong></td>
<td>Uterus falls into the vagina</td>
</tr>
<tr>
<td><strong>Vaginal Vault Prolapse</strong></td>
<td>Vaginal vault after a hysterectomy can fall causing vagina turn inside out</td>
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</tbody>
</table>
Prolapse Symptoms

• A bulge in the vagina that ranges in size from quite small to very large

• Discomfort or pressure in the pelvis or vagina

• Difficulty having a bowel movement – constipation

• Trouble emptying the bladder – urinary retention
Symptoms

• Pain with intercourse – dyspareunia

• Lower back pain

• Increased discomfort with long periods of standing

• Improved discomfort with lying down
People effected by Prolapse

- Most broadly referenced risk factors include: parity, age, obesity, vaginal delivery

- Around 11% of women will have prolapse or incontinence surgery in their lifetime\(^1\)

- Prolapse risk doubles with each decade of life; affects up to half of women over age 50\(^2\)

- Almost 2.9M adult women in the U.S. have significant prolapse (stage 3 or 4)\(^3\)
Pelvic Organ Prolapse
Management and Solutions

• Conservative Therapies
  – Strengthening the pelvic floor
    • Kegel Exercises
    • Vaginal Cone Weights
  – Supporting the pelvic floor
    • Pessaries
When to Consider Surgical Repair of Prolapse?

- Impact on Quality of Life
- Impact on Health
- Conservative Measures Fail
Today is the Day!

• You do not have to suffer from incontinence or prolapse

• Many treatments are available

• New advancements offer a minimally invasive procedure

• You can be cured and quickly get back your normal life

• Schedule a One-on-One and visit www.AMSTodayistheDay.com
THANK YOU

“...just remember, you’re not alone...”