

INCONTINENCE: CURE OR MANAGEMENT

What Is Urinary Incontinence?

Urinary incontinence can be improved in 8 out of 10 cases; fewer than half of those with bladder problems ever discuss the condition with their health care professional. The condition often goes untreated. Urinary incontinence (UI), or the unintentional loss of urine, is a problem for more than 13 million Americans—85 percent of them women. Although about half of the elderly have episodes of incontinence, bladder problems are not a natural consequence of aging, and they are not exclusively a problem of the elderly.

Incontinence has many causes. Women are most likely to develop incontinence either during pregnancy and childbirth, or after the hormonal changes of menopause, because of weakened pelvic muscles. Older men can become incontinent as the result of prostate surgery. There are several neurological disorders that can cause UI. Pelvic trauma, pelvic floor surgery, Miles resection, and spinal cord damage; even caffeine or medications including cold or diet tablets can cause incontinence.

Urinary incontinence is NOT a normal part of aging. It's actually a symptom of another underlying problem, which can usually be corrected. Our Bladder Dysfunction Clinic staff can help you solve the problem and enjoy a more active lifestyle.

Facts About Incontinence *From the US Dept of Health & Human Services*

- 13 million Americans are incontinent; 11 million are women
- 1 in 4 women ages 30-59 have experienced an episode of UI
- 50% or more of the elderly persons living at home or in long-term care facilities are incontinent
- \$16.4 billion is spent every year on incontinence-related care: \$11.2 billion for community-based programs and at home, and \$5.2 billion in long-term care facilities
- \$1.1 billion is spent every year on disposable products for adults

Types and Causes of UI

There are four common types of incontinence:

1. **Stress incontinence** happens when the bladder can't handle the increased compression during exercise, coughing, or sneezing. This kind of incontinence happens mostly to women under 60 and in men who have had prostate surgery.
2. **Urge incontinence** is caused by a sudden, involuntary bladder contraction. It is more common in older adults.
3. **Mixed incontinence** is a combination of both stress and urge incontinence.
4. **Overflow incontinence**, in which the bladder becomes too full because it can't be fully emptied, is rarer and is the result of bladder obstruction or injury. In men, it can be the result of an enlarged prostate.
5. **Other factors** can cause incontinence such as certain neurological disorders, decreased mobility, cognitive impairment or medications.

Diagnosis, Treatment & Education

An appropriate diagnosis is crucial. Treatment and education for UI depends on the type of incontinence, its causes, and your capabilities.

BLADDER DYSFUNCTION SERVICES

Bladder Dysfunction Clinic: (781) 348-4011

Physical Therapy for Urinary Incontinence: (781) 348-4017

Treatment and education for UI depends on the type of incontinence, its causes, and your capabilities. An appropriate diagnosis is crucial. The Bladder Dysfunction Clinic located at Braintree Rehabilitation Hospital is staffed by urologist; Dr. Robert Schlesinger who can help you determine what treatment would be most beneficial. You may also be referred to our Physical Therapy Department for treatment by a therapist who specializes in Incontinence Management.

RISK ASSESSMENT

If you answer yes to any of the following (especially yes to 2 or more) you may be a good candidate for assessment in our Bladder Dysfunction Clinic or for specialized Physical Therapy services.

- Do you experience loss of urine with coughing, laughing, or sneezing?
- Do you not drink fluids for fear of incontinence?
- Do you experience loss of urine when lifting objects or with exercise?
- Does loss (or fear of loss) of urine alter your lifestyle or activity level?
- Do you wear a sanitary pad daily in case of urine loss? How many pads do you use?

BLADDER DYSFUNCTION CLINIC

Dr. Schlesinger will take a complete history and perform a physical exam. A urinalysis, urine culture, stress test and possibly a PVR (Post Void Residual) will be completed. Prior to your appointment it may help to keep a bladder diary for several days. Recording how much you drink, when you urinate, the amount of urine you produce, whether you had an urge to urinate and the number of incontinence episodes. If pads are used, note how many you use in a normal day and how saturated they are. **You may call the clinic for an appointment. If a referral is required by your insurance carrier we will work with your primary care physician to obtain it.**

PHYSICAL THERAPY

Our physical therapist specializes in the treatment of pelvic floor muscle dysfunction. Treatment focuses on retraining the pelvic floor muscles (muscles that support the bladder, uterus and intestines in females and the bladder and intestines in males) and improving bladder relaxation. Good pelvic muscle strength and a relaxed bladder improve urine control. Our re-education program, which will be adapted to your specific needs, provide you with a wide range of options, including instruction about the condition and preventative advice, biofeedback, electrical stimulation, specialized exercise instruction and manual therapy. You are generally seen for an evaluation and 6-8 treatment sessions. **The Prescription from your primary care, urologist or OBGYN should read: Physical Therapy to evaluate and treat urinary incontinence.**

COMMUNICATION: Your referring physician will receive:

- Evaluation report indicating treatment plan
- On-going communication (verbal & written) during treatment
- Update available at referring physician recheck
- Discharge summary of status

INSURANCE COVERAGE: We accept all insurance plans including Mass Health & Medicare