

## CarleCast #3

### **Female Incontinence. Don't be ashamed. You're not alone.**

*Dr. Graham* I'm Dr. David Graham of the Carle Clinic in Urbana, Illinois welcoming you back if you've been listening to our previous shows and if this is the first show you happen to come across, welcome – we're glad to have you with us. Our topic for today as I mentioned at the start of things is Female Incontinence. Again, not the nicest thing to think of. It can be a little embarrassing. It can be really touchy for women to admit they've got something like this. I hope with our information we give you today we can help you feel that, in fact, you are not alone. This isn't all that uncommon. There is something we can really do help you out with this. The person helping us with the information today in my interview subject is Dr. Jon Weisbaum, Board Certified Obstetrician and Gynecologist at the Carle clinic in Urbana, Illinois and really an all around nice guy to talk to. So without further ado, let's get to Dr. Jon Weisbaum.

I'm here today with Dr. Jon Weisbaum, a Board Certified Obstetrician/Gynecologist and we're here today to talk about a subject that may not be the most comfortable for many people to talk about, but I think it is an important thing for us to get more information about and that is the whole idea of female incontinence. Now certainly this is probably a lot more prevalent, Jon, than many women think.

*Dr. Weisbaum:* Well, you're right in your introduction that this is a touchy topic and in terms of incidence, the statistics are probably are an under-estimation of the incidence of this problem because I think there are a lot of women who don't bring this up with their physician for a variety of reasons. And that is why the statistical incidence of urinary incontinence and other forms of female pelvic floor dysfunction have such a broad range which you could say is reliably 30% - 40% of women have some form of trouble with incontinence in their life time or some other pelvic floor disorder. This can be urinary incontinence or incontinence of stools or, unfortunately, many times of both and, as you say, these are touchy topics that are embarrassing and many patients do hesitate to bring this up to their physician and sometimes even their gynecologist.

*Dr. Graham:* But not all incontinence or leakage is the same. Are there some different things that a woman can look at and try to get an idea of maybe this is one versus the other?

*Dr. Weisbaum:* There are a variety of types of incontinence. Some much more common than others and it is as much as anything age related. Your younger age group women, say between the ages of 20 – 45, have a much more typical type of urinary incontinence where the leakage episodes occur with various forms of abdominal strainings that would be associated with exercise, laughing, coughing, sneezing, heavy physical activity, using trampolines, etc. There is another type of urinary incontinence that is much more common in the older crowd which we term urge incontinence which is the urinary leakage that occurs on the way to the bathroom or with any other urge and this can be a very disabling type of incontinence because it usually

results in a much larger volume of urine loss and creates a situation where there is much less ability to control the leakage itself.

*Dr. Graham:* So that is more along the lines of not to quote any particular TV commercial, but “you’ve gotta go and you gotta go now.”

*Dr. Weisbaum:* That is the exact scenario and that is a very disabling form of incontinence and it can happen at any age, but it is much more common in the older group. Remember that urinary incontinence is the number one diagnosis that places people in institutional living situations such as nursing homes, the number one admitting diagnosis for nursing home.

*Dr. Graham:* So, if we can help women keep that from coming a problem, we can keep them home independent for a much longer period of time?

*Dr. Weisbaum:* I would say that is very true.

*Dr. Graham:* So now are there particular things that a woman should look at and think about and say “wow, this is the kind of thing that makes me say I should really go in and get this looked at?”

*Dr. Weisbaum:* I would say that having a urinary leakage pattern or urinary and stool leakage patterns that is interfering with your life and even in minor ways would be a reason to bring it up with your doctor. There are very few patients who can’t be helped with these problems and a large percentage of those can actually be cured. That is not generally appreciated I think that we have so many new technologies and therapies, but there are very few patients who we can’t make a difference with in terms of therapeutic intervention and it doesn’t necessarily require surgery.

*Dr. Graham:* So a woman shouldn’t just simply think I’m older I need to expect this, there is nothing we can do about it.

*Dr. Weisbaum:* She shouldn’t think that herself and she shouldn’t accept that as an explanation that might be offered by someone else.

*Dr. Graham:* So when a woman comes to see you to get evaluated for this, what are the kinds of things that she could expect to have and what are the kinds of things that she should expect to have when she goes to see someone else?

*Dr. Weisbaum:* You mean for evaluation in terms of the evaluation in the office?

*Dr. Graham:* Yes

*Dr. Weisbaum:* Well the first thing we do is make some assessment of lifestyle issues. It is very unfortunate, but not uncommon circumstance where people, particularly older women, may have debilitating physical conditions that just frankly don’t allow them to get to the bathroom on time. It is very difficult for a patient who may be confined to a wheelchair to be able to get up and get out of bed in the middle of the night to make it to the bathroom on time in her wheelchair and so

lifestyle issues become probably one of the first things that would be assessed in those types of visits. Included in that would be habit. Some women and men as a matter of fact have much higher than normal and much higher than necessary fluid intakes during the day. There is a fairly aggressive market campaign from many companies who sell and market bottled water if drinking an enormous amount of water during the day is somehow healthy and can somehow help you to lose weight and somehow remove toxins from your body, etc., and it has resulted in a sub-culture of people who are frankly addicted to large volumes of water and merely reducing that intake can dramatically reduce some urinary leakage syndromes. So, the first issue has to do with lifestyle patterns that can be assessed. Things as simple as urinary tract infection can certainly cause urinary leakage syndrome and not any other symptoms that one might associate with bladder infections and then a careful assessment of patient's neurologic status and the remainder of the physical findings on an adequate physical exam.

*Dr. Graham:* So if the urine test is normal and shows no infection and the exam isn't particularly revealing, are there other tests that might be done to look at the activity of the bladder or is the bladder spasming or is something wrong just in terms of how the bladder functions?

*Dr. Weisbaum:* Most of the details of the patient's particular type of incontinence can be determined with history and physical examination. There are groups of patients that require further testing and these usually are done in the form of neuron-physiologic testing where the patients are brought to the laboratory, their bladders are emptied and then re-filled while pressure monitoring devices are placed in the bladder. This is generally a harmless procedure and painless procedure that lasts about 10 minutes and we can glean some very important information, but most patients can be diagnosed and treatment plan set forth based on history and physical alone.

*Dr. Graham:* So let's talk about treatment plans. I know this can have a broad scope, everything has simple as clenching a muscle every so often to getting much more invasive. What sort of line to go for some of the different types of incontinence in terms of treating them?

*Dr. Weisbaum:* Depends mostly on the type of urinary incontinence that the patient has and, as we've said before most commonly we are dealing with either stress incontinence, for example exercise induced incontinence, or urgency incontinence with a large category of patients who suffer from both, but depending on the type of urinary incontinence they have, just as an example, urge incontinence is not typically a surgical problem and, in fact, that would be a poor recommendation for someone who suffers from urge incontinence. That is a lifestyle issue. Lifestyle changes can help, medication can help, pelvic floor exercise can help and a combination of all three of those. So, that would be a type of treatment regimen set up for a patient with pure urge incontinence. Patients with pure stress incontinence, depending on their physical exam, would be most adequately served by talking about surgical options. There are anatomic findings that would indicate this. There are actual tissue plains that are broken and it doesn't matter how much pelvic floor exercise and rehabilitation you attempt, if the tissue plains themselves are broken, they need to be repaired surgically to affect a cure.

*Dr. Graham:* Okay. Now medicines more the fun things about us being involved in medicine that we are finding lots of new things in terms of causes and treatments and items along those lines. Is there anything new coming on the horizon as it comes to female incontinence?

*Dr. Weisbaum:* Well, I think the most dramatic change has been the expected success rate of incontinence surgery now days. We actually have a variety of procedures that we do now that we can quote very reliable cure rates well about 90%. The other dramatic difference in this is that these are long term cure rates. We've had generations of women undergo procedures that had some fairly dismal cure rates for the treatment of incontinence and pelvic floor problems, but that is improving dramatically. I can't tell you that there are any new medications on the horizon. Certainly we have improved physical therapy modalities for patients with various forms of pelvic floor disorders and incontinence that we have improved upon over the years and there are some very interesting and exciting research activities going on from the perspective of possible prevention of these types of pelvic floor disorders and incontinence.

*Dr. Graham:* So do you think it is fair for me to say that if a woman is having some difficulty with incontinence, you're not alone? Don't be embarrassed. Ask your doctor about it and we've got a real good chance of treating it and curing it for many many years to come?

*Dr. Weisbaum:* I think that is the most important thing to realize. It is extremely common. I don't think I've ever had a patient who hasn't explained a number of her friends have the same problem. They didn't know that anything could be done. That is a very common circumstance and the treatments are getting better all the time, so I think that is a very important part of this message.

*Dr. Graham:* Any other messages you would like to get out today?

*Dr. Weisbaum:* I would hope that in the future and maybe the not too far future, in the next decade or two, or three we will be able to begin to understand the actual causes of female urinary incontinence and pelvic floor disorders. There certainly is an association between these problems and child bearing and in the future we may, during prenatal care, determine the status of patients in terms of the support structures in their pelvis. We may be able to determine which women need particular type of assistance with their deliveries. Which sub-group of women need to not go into labor. All in an effort to hopefully prevent these life long problems that begin to occur down the road and have significant impact on women's daily lives.

*Dr. Graham:* Well that would be fantastic. Dr. Weisbaum, I really want to thank you for your time this afternoon and hopefully we'll get a chance to talk with you in the future.

*Dr. Weisbaum:* You're welcome. Thank you.

*Dr. Graham:* I hope that gives you some good information to think about and now we'll go for our side story, shall we. As we keep mentioning, side stories are going to things that may not be quite be ready for some time and just kind of fun stories to hear about.

Our story for the show comes from the British Medical Journal. Researchers at Britain's University of Leicester took 30 people in the United States and Canada who have mild or moderate depression. These were people who may have been taken anti-depressant drugs and who may have been on psychotherapy and what they did is they took the whole lot of them down to Honduras. Half of them in Honduras got to play, snorkel, and take care of dolphins while the other half just got to be in Honduras. Interesting enough after a couple of weeks, using pretty standard measures of depression, things called Beck scales and Hamilton scales that we use on a pretty common basis, they found interesting things. In that group of people who got to play and take care of and feed the dolphins, snorkel, their depression by anxiety and other scales fell twice as much as those who didn't get to play with the dolphins or just got to be in Honduras. Now, admittedly, both groups had their depression improved to some extent. So I guess if you took me down to Honduras for a couple of weeks and your depression might get a little bit better. If nothing else we can always blame the sunshine for that but you really can't use that to explain the benefits seen in the group who got to interact with the dolphins. This was a randomized study. It was a controlled study. It is what is called animal facilitated therapy and it is one of the first studies of this kind every reported. Why this works we don't know. Is it emotions they raise with our interaction with the dolphins? Just the esthetic value of being with the dolphins. Who knows. I think it has got to be more than just being in Honduras, although that may be a good start itself. So I guess if I'm feeling a little down someday and I've got a chance to go play with the dolphins, I'm probably going to take advantage of that and I may start feeling better.

Well, that is going to wrap up our 3<sup>rd</sup> CarleCast. Once again I really want to thank Dr. Jon Weisbaum, a Board Certified Obstetrician and Gynecologist at Carle Clinic who gave us lots of great information today and we will find another reason to talk with Dr. Weisbaum on a different topic. I would also once again like to thank Derek Miller whose music from the Penmachine Sessions provides out intro, outro, and bumper music for the day. Once again, if any questions arise, you can contact us through [email.carlecast.com](mailto:email.carlecast.com). If you happen to come across these shows through different means and you want to start, you can subscribe through iTunes Music Store or using any of the typical podcatcher software. Tune to [www.carlecast.com](http://www.carlecast.com) and you'll find the site to do that there.

This is Dr. David Graham once again. Stay Healthy.