



# Medical Professionals

## Understanding Urinary Incontinence



going out in the cold or something as simple as the sight of the garage door or trying to unlock the door when returning home may bring on the urge to urinate. Mixed incontinence is a bit of both stress and urge incontinence. This is most common type of urinary incontinence in women.

The severity of incontinence (frequency and amount) increases with age.

One-third of women aged 54 to 79 who reported urine leakage once monthly, progressed to at least once a week over the two year follow up. Daily incontinence has been reported in 12 percent of women between the ages of 60 and 64.

Pregnancy deserves special mention here. Urinary incontinence is common during pregnancy. Pregnancy causes changes in hormones and in the bladder position. This combined with the enlarging pregnant belly and gravity causes increased involuntary loss of urine. Incontinence affects 30 to 60 percent of pregnant women. In the post partum period, about 6 to 35 percent of women complain of incontinence. Leakage is usually mild (drops). The good news is that postpartum incontinence resolves in 70 percent of those affected.

Most prominent risk factors for incontinence in women are pregnancy, childbearing, obesity and advancing age. Other risk factors

include diabetes, stroke, depression and postmenopausal state.

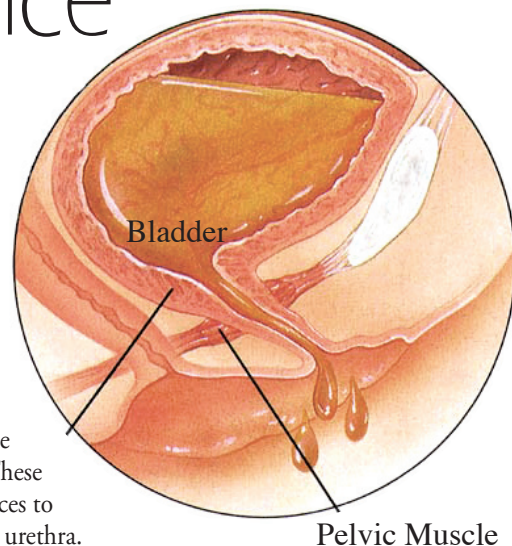
What is concerning to me is negative impact urinary incontinence has on a woman's quality of life. Incontinence may influence a number of areas that are important to quality of life. These include areas such as physical activities, social functions and mental health. In many women, the impact is found in the embarrassment of incontinence and that is what interferes with life's activities.

Women should review bladder history with their Gynecologist. Don't be embarrassed to discuss this issue. Take note of the type of urine leak and activities during the leak. The more information you have about your incontinence will help your doctor. Maintain appropriate body weight and avoid excessive weight gain. Kegel exercises are using pelvic muscles to squeeze down in bladder area. This can be done during urination. Starting and stopping urination is one way to do this. The exercise is designed to strengthen the bladder and pelvic muscles. This is especially important during pregnancy. A detailed history should be obtained. Accompanying physical exam will determine anatomic abnormalities. A urine analysis should be done in all patients with a urine culture if

infection is suspected.

Treatment should be based on the cause. Pelvic floor exercises and biofeedback may help to improve muscle tone in and around the bladder. Estrogen cream is used if there is evidence for vaginal atrophy. Other options may include the use of a latex pessary. These are various shaped devices to elevate the bladder and urethra. Surgery may be indicated to correct urinary incontinence. Much advancement has been made in the surgical treatment of urinary incontinence. Complementary and alternative medicines may also help with this problem.

*Women should not be embarrassed to discuss this with a doctor. Help is available for you. One does not have to live life with urinary incontinence. Please be proactive in your own healthcare. Educational materials on this topic can be found on web sites such as Web MD. Patient advocacy groups can also supply additional information about incontinence and its management.*



### SOME USEFUL RESOURCES ARE:

- National Association for Continence [www.NAFC.org](http://www.NAFC.org); 1-800-BLADDER (252-3337)
- SIMON Foundation for Continence: [www.simonfoundation.org](http://www.simonfoundation.org); 1-800-23simon (237-4666)

In my practice, all patients are screened for urinary incontinence concerns. This is done most commonly at the annual GYN exam or if patients have complaints associated with urinary incontinence.

Please confide in your health care provider if you have any possible concerns for incontinence. It will probably change your life for the better. Please feel free to contact my office with any questions.

? Do you ever leak urine when you don't want to?

? Do you ever leak urine or water when you cough, laugh or exercise?

? Do you ever leak urine on your way to the bathroom?

? Do you use pads, tissue or cloth in your underwear to catch urine?

Female urinary incontinence is the complaint of involuntary loss of urine. In short, this is losing urine at times other than on the toilet. Many women feel socially embarrassed by this occurrence. This leaves those women affected with incontinence with unresolved physical, emotional and diminished quality of life, both at work and at home. This is a wide spread problem. Weekly urine leakage has been reported in 10 percent of women aged 30 to 79. It often remains undetected and undertreated by health care providers. People spend millions of dollars each year for incontinence products such as pads and adult diapers. The prevalence and severity (frequency and amount of urine lost) of incontinence increases with age.

Incontinence comes in several varieties. Stress incontinence is the complaint of involuntary leakage with exertion, sneezing or coughing. Urge incontinence is involuntary leakage accompanied by the urge to go. The amount of the leak can be from a few drops to a soaking. Associated activities, such as hand washing, sound of running water,

*Salvatore A. Carfagno, Jr., DO received his medical training, internship and residency at The Philadelphia College of Osteopathic Medicine. He is currently Board Certified by the American College of Osteopathic in Obstetrics and Gynecology. He is presently on staff at Atlanticare Regional Medical Center and Shore Memorial Hospital and averages 300 deliveries per year, this in addition to an extensive gynecological surgical caseload.*

*Dr. Carfagno practices obstetrics and gynecology at The Courtyard Suite D-4, 707 White Horse Pike, Absecon, NJ 08201. For an appointment, call 609-272-0506.*



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