Quality Care®
A Quarterly Newsletter from the National Association For Continence

Function of the Bladder and the Role of Pelvic Support

Tamara Bavendam, MD
Medical Director of Clinical Research
Pfizer Global Pharmaceuticals
New York, NY
Dr. Bavendam is a full-time employee of Pfizer, Inc.

The structure and function of the bladder and the pelvic floor are closely inter-related. Together they are responsible for maintaining socially acceptable bladder behaviors, yet are totally ignored until they start causing problems.

The function of the bladder is to store urine that is continually produced by the kidneys until it is convenient to urinate. Then the urine is passed down a tube, the urethra, so the bladder can empty. The strength and support of the pelvic floor muscles ensure that urine only leaves the body at appropriate times. Lack of pelvic support can lead to leakage, or incontinence.

Treatment options for bladder problems and pelvic floor disorders are often offered without adequate information about how the bladder is supposed to work and what is not working well for an individual. The ability to make informed treatment decisions and fully commit to treatment may be compromised by the lack of understanding of the basics of bladder and pelvic floor anatomy. Better treatment outcomes may be possible when one understands this part of the body better. ❖

in this issue

This issue of *Quality Care®* brings to you a comprehensive review of our 2007 forum, **A Women's Forum: Lifelong Bladder Health & Pelvic Support**. Each piece covers a presentation that was given during the event, and they are in the same order so you can easily get a feel for how the material was introduced throughout the day.

We begin with some basic information about bladder function and the various type of incontinence and then move on to explain ways in which individuals can maintain bladder and bowel health and strategies to prevent pelvic floor disorders. You will also learn why some people may experience recurrent urinary tract infections. We close with articles listing the surgical options currently available for stress urinary incontinence and pelvic organ prolapse. We hope you enjoy this very in-depth issue of our newsletter! ❖

Types of Incontinence, Overactive Bladder and Voiding Dysfunction

Denise Howard, MD
Georgia Urogynecology
Fayetteville, GA

Dr. Howard has received an honorarium from Novasys and is on the Speaker's Bureau for Novartis.

Prevalence

Urinary incontinence (UI) is a common problem in women. The reported prevalence varies, with up to 33% of younger women and over 50% of women over 60 affected. The most common types of incontinence include stress urinary incontinence which affects 50% of women with incontinence, urge incontinence which affects 14% of women with incontinence and mixed, a combination of the former, incontinence which occurs 36% of the time. However, the most common type of incontinence varies by age, with younger and more middle-aged women more likely to have mixed UI and women over age 65 having urge UI.

Symptoms

Other symptoms associates with UI include urination frequency, urgency, and frequent nighttime voiding, called nocturia. Overactive bladder (OAB) refers to the problem of urinary urgency, with or without urge incontinence, and frequently accompanied by frequency and nocturia. Incontinence is more prevalent than common medical problems such as diabetes.

Although it occurs less frequently, women can suffer from incomplete bladder emptying that causes leakage and recurrent bladder infections. Though this condition may be asymptomatic, some cases with acute retention may be painful. Chronic interstitial cystitis (IC) can also present with symptoms of pelvic pain, frequency, and urgency. All of these problems are quite distressing and though not life threatening can have a significant impact on the quality of life. These problems can be expensive, degrading, cause social isolation, contribute to falls, and are associated with depression.

Seeking Treatment

Given the many treatment options available, no one should be allowed to suffer. The most important thing for women to do is bring their symptoms to the attention of a medical provider, and to be persistent about getting help. Treatments include dietary changes, behavioral therapy, medications, neuromodulation (nerve stimulation), and surgery. Surgery is most commonly used for stress incontinence, and these surgeries are now minimally invasive allowing for rapid recovery. The options for managing these problems have expanded in recent years providing women with reasons to be optimistic about improvement and even cure. To find the best option for any particular condition, it is important to seek care from a provider who has experience in managing these problems. Such providers include gynecologists, urologists, geriatricians, specialist nurses, and physical therapists. ❖

Relax, your secret's safe with me.

Worried about how many times you excuse yourself?

You can do something about your bladder control problem.

Ask your doctor about DETROL LA.

Have strong, sudden urges to go to the bathroom, and maybe even accidents? Go more than 8 times a day? If so, you may have a medical condition called overactive bladder. But with DETROL LA, you can help reduce the symptoms so you can worry less about your bladder.

One DETROL LA works 24 hours, all day and all night.* It helps calm the bladder muscle that causes those strong, sudden urges. Just imagine what a calmer bladder can do for you.

1 DETROL LA 24 HOURS

Detrol® LA
tolterodine tartrate
extended release capsules

Helps keep an overactive bladder quieter™

If you have certain stomach problems, glaucoma, or trouble getting urine to pass, you shouldn't take DETROL LA. The most common side effects are dry mouth, headache, constipation, and abdominal pain.

DETROL LA, like all medicines, has benefits and risks. There may be other options. Ask your doctor if DETROL LA is right for you. For more information, visit DETROLLA.com.

*Results may vary. Please see important product information on back. © 2007 Pfizer Inc. All rights reserved. October 2007 DD275001F

Uninsured? Need help paying for medicine? Pfizer has programs that can help, no matter your age or income. You may even qualify for free Pfizer medicines. Call 1-866-706-2400. Or visit www.pfizerhelpfulanswers.com.

*Does not constitute as a NAFC endorsement.

IMPORTANT FACTS

Detrol® LA tolterodine tartrate extended release capsules

(DEH-trol el-ay)

ABOUT OVERACTIVE BLADDER

Overactive bladder happens when the bladder muscle squeezes too often or it cannot be controlled. You may have wetting accidents (urge urinary incontinence). You may feel a strong need to pass urine right away (urgency). You may also feel you need to go often (frequency).

WHO IS DETROL LA (long-acting) FOR?

Who can take DETROL LA?

Adults 18 years and older with symptoms of overactive bladder.

Who should not take DETROL LA?

Do not take DETROL LA if:

- You have trouble emptying your bladder (urinary retention).
- Your stomach empties slowly (gastric retention).
- You have an eye problem called uncontrolled narrow-angle glaucoma.
- You are allergic to anything in DETROL LA.

DETROL LA did not help the symptoms of overactive bladder when studied in children.

BEFORE YOU START DETROL LA

Tell your doctor about all your medical conditions, including:

- Stomach or intestinal problems.
- Trouble emptying your bladder or if you have a weak urine stream.
- An eye problem called narrow-angle glaucoma.
- Liver or kidney problems.
- If you or any family members have a rare heart condition called QT prolongation (long QT syndrome). If you are pregnant or trying to become pregnant. We do not know if DETROL LA could harm your unborn baby.
- If you are breast-feeding. We do not know if DETROL LA passes into your milk or if it can harm your baby.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Other drugs may change how your body handles DETROL LA. Your doctor may use a lower dose of DETROL LA if you take:

- Some medicines for fungus or yeast infections such as Nizoral® (ketoconazole), Sporanox® (itraconazole), and Monistat® (miconazole).
- Some medicines for bacteria infections such as Biaxin® (clarithromycin) and erythromycin.
- Sandimmune® (cyclosporine) or Velban® (vinblastine).

POSSIBLE SIDE EFFECTS OF DETROL LA

The most common side effects are:

- dry mouth
- constipation
- headache
- stomach pain

These are not all the side effects of DETROL LA. For a complete list of side effects, ask your doctor or pharmacist.

HOW TO TAKE DETROL LA

Do:

- Take DETROL LA exactly as your doctor tells you. For some people, DETROL LA may not work right away. Check with your doctor before stopping DETROL LA.
- Take DETROL LA capsules once a day with liquid, at the same time each day.
- Take DETROL LA with or without food.
- If you miss a dose of DETROL LA, begin taking DETROL LA again the next day. Do not take 2 doses of DETROL LA in the same day.
- Store DETROL LA at room temperature and out of light.

Don't:

- Do not drive a car or work with machines until you know how DETROL LA affects you. Medicines like DETROL LA can cause blurry vision. They can make you dizzy and sleepy.
- Do not change the dose on your own. Talk with your doctor.

ABOUT DETROL LA

DETROL LA is a prescription medicine that treats the symptoms of overactive bladder.

- It reduces wetting accidents.
- It reduces the sudden, strong urge to pass urine.
- It helps you have fewer trips to the bathroom.

NEED MORE INFORMATION?

- This is only a summary of important information. Ask your doctor or pharmacist for complete product information.
- Go to www.detrolla.com.
- Call **(1-888) 4-DETROL (1-888-433-8765)**.

Distributed by:
Pharmacia & Upjohn
Division of Pfizer Inc,
NY, NY 10017

Rx Only

©2006 Pfizer Inc All rights reserved.

Printed in the USA. DEIF Rev 1 July 2006

Registered trademarks are the property of their respective owners.

DD275001F

*Does not constitute as a NAFC endorsement.

Behavioral Therapies: Kegels, Diet, and Bladder Retraining

Blair Green, PT
One-on-One Physical Therapy
Atlanta, GA

Ms. Green has disclosed that he has no financial interests related to this topic.

On The Mend

A woman dealing with urinary incontinence may feel like she is destined for a lifetime of pads, medications, and constant worry about finding nearby bathrooms. Some women assume that surgery is the only way out, and this may not be an option for others. Current trends in physical therapy treatment dispel this myth and make it possible for many of these women to live active lifestyles, without having to constantly worry about episodes of incontinence getting in the way.

The Pelvic Floor

Pelvic floor muscle dysfunction is a common source of incontinence. Instruction and guidance in the proper way to improve correctly contracting pelvic muscles and how to improve their strength and endurance can be beneficial in controlling both stress and urge incontinence. These exercises, also known as Kegels, have been shown to improve stress incontinence in up to 70% of women. Other therapies that can assist in restoring the function of the pelvic floor muscles include biofeedback, real-time ultrasound imaging, and manual therapy (or hands-on treatment).

Changes That Make a Difference

Overcoming urinary incontinence maybe helped by lifestyle changes in addition to performing pelvic floor muscle retraining. Weight loss in obese women can reduce incontinence. Adjustment of the amount and type of fluids may be helpful. Beverages containing caffeine, such as coffee, regular tea (including green tea), and soda can increase urine production. Some sugar substitutes can cause flatulence and affect fecal incontinence as well. Changes in fluid, caffeine and fiber consumption can be beneficial in regulating urination and defecation. Either in conjunction with pelvic muscle exercises (PME's) or as a final step in the treatment of urinary incontinence, bladder retraining will take place. Voiding at regular intervals is of utmost importance. Establishing a regular pattern of voiding in combination with using urge suppression techniques resets neurological pathways and helps re-establish reflex mechanisms. In any situation, evaluation by the proper medical or rehabilitation professional can help one determine the most appropriate course of urinary incontinence management. ❖

The thought of not having access to a restroom makes me very anxious and has nearly put me in a panicked state causing me to have an intense urge to urinate. Is there anything I can do to relax or prevent this from happening when I see "no restroom" signs?

First, take a deep breath and try to be calms instead of rushing to the restroom. Exhale and do a pelvic floor muscle/Kegel contraction (see figure 1). If possible sit down and do a series of Kegels until the urge subsides. Then calmly walk to the restroom. See a healthcare provider to make sure that the cause of urgency is not reversible (like a urinary tract infection) and to ensure the Kegel exercises are being done properly. Occasionally medications to help relax the bladder can also be prescribed and these meds can help increase warning time.

Figure 1: How to Do Pelvic Muscle Exercises

There are two types of exercises to lessen the symptoms of incontinence.

#1: This exercise uses a quick contraction, which works the muscles that quickly shut off the flow of urine to help prevent accidents. Quickly tighten muscles, lift them up, and then release. Rest for ten seconds between contractions.

#2: This exercise works on the holding ability of the muscles. Slowly tighten muscles, lift them up and hold to a five count. Though at first it may only be possible to hold the muscle contraction for a count of one or two, over a period of weeks you should progress to a goal of 10 second holds.

When I have finished urinating but am still seated on the toilet, I have noticed that I can excrete more urine if I lean forward and press down. What causes this? Why is my bladder not emptying fully on its own when I am in an upright position?

Most people empty about 75% of their bladder content. It is not necessary to get out all of the urine when using the bathroom. This is normal bladder physiology.

However, there are some conditions that can cause bladder outlet obstruction in both men and women: prostate enlargement and surgery to prevent stress incontinence are two of the most common. If someonel is retaining more urine than usual, a healthcare provider can check a postvoid residual volume, or the amount of urine in the bladder after urinating. By going to the bathroom and measuring the amount urinated, one can immediately check a residual by doing a scan/ultrasound of the bladder or catheterizing for the residual volume. In general, the postvoid residual volume should be less than approximately three ounces or less than 25% of the total. Other causes of outlet obstruction include urethral diverticulum (outpouching of urethral wall), pelvic organ prolapses, or other vaginal wall cysts.

What are the different types of prolapse? What causes them?

Pelvic organ prolapse (POP) is a condition where there is a weakening of the ligaments (connective tissue) of the pelvic floor, and organs start to descend out of the vagina. In essence, these are vaginal wall hernias. If the bladder drops, the condition is called a cystocele (cysto = bladder, cele = hernia). If the rectums bulges into the vagina, that is called a rectocele.

continued on next page. . .

If the uterus is dropping, that is called uterine prolapse. In some patients, particularly those who have had a hysterectomy, vaginal vault prolapse with an enterocele (entero = intestine) or small bowel hernia can be present. POP affects approximately one out of every two to three women, with most women having mild forms of prolapse. The anterior vagina or cystocele is the most common type of pelvic support defect, and is involved in approximately 80% of cases.

The most common cause of pelvic organ prolapse is childbirth, and vaginal delivery can increase your risks for getting prolapse four times over someone who has never given birth.

I have had urinary frequency since I was 26. I have a prolapsed uterus and rectum. What type of healthcare provider do you recommend that I visit: a gynecologist, urologist or gastroenterologist? Can one doctor treat both of my prolapsed organs?

You can either get a team of specialists to help you with your condition (urologist, gynecologist, gastroenterologist or colon and rectal surgery) or see a female pelvic medicine specialist/urogynecologist who is trained in treating both urinary symptoms and prolapsed organs. The American Urogynecologic Society (www.augs.org) has a listing of providers in your area. NAFC can also help you find a healthcare provider with their Continence Resource Service and by offering advice or educational printed materials. Other health care professionals such as pelvic floor physiotherapists (www.apta.org/womenshealth section) and trained continence care nurses (www.suna.org) can also be very beneficial for you. ❖

continued on next page. . .

*Does not constitute as a NAFC endorsement.

Do you leak when you laugh, cough or sneeze?

A simple 30-minute procedure can put you back in control.

Introducing the Renessa® Treatment

A new non-surgical option for stress urinary incontinence.

The Renessa treatment is a simple 30 minute procedure that can be performed in a doctor's office, under local anesthesia. In a single treatment, with minimal downtime, Renessa may reduce or eliminate the occurrences of stress urinary incontinence.

Simple, safe and non-surgical

With Renessa, there are no incisions, no catheters or bandages. The treatment is simple, safe and proven effective. And, there's little or no downtime. Most Renessa patients can resume normal activities the same or next day.

Why wait?

Call today and find out if Renessa is right for you.

For a free information kit, or to find a doctor in your area offering the Renessa treatment, call us toll free today at 1-866-784-4777, or email info@novasysmedical.com

www.novasysmedical.com

Renessa is a treatment for stress urinary incontinence and is not designed to treat other causes of incontinence. Women who are pregnant or who have certain medical conditions may not be eligible for the Renessa treatment. Adverse events are mild and typically resolve within a few days after treatment. For a complete list of adverse events, please see your physician. Available by prescription only.
© 2007 Novasys Medical, Inc.

*Does not constitute as a NAFC endorsement.

Bowel Health: How to Know and Love Your Bowel

Lea Crestodina, MSN, RN, GNP, CWOCN, CDE
Emory Continence Center
Atlanta, GA

Ms. Crestodina has disclosed that he has no financial interests related to this topic.

Constipation

Chronic constipation is an extremely common problem in our society. It is an often overlooked condition, as more attention is given to conditions deemed more "serious." However, it can have a profoundly negative impact on quality of life.

There are various types of constipation and the treatment for each is slightly different. Constipation is often a predominant symptom of irritable bowel syndrome (IBS). However, the distinguishing factor in IBS constipation is abdominal pain, and most patients with constipation do not have IBS.

Understanding Each Type

Treatment will depend on the type of constipation. For normal transit constipation, in which stool moves through the colon at the normal rate but is hard and may be difficult to pass, the initial treatment consists of lifestyle changes. These would include adequate fluid, good fiber intake, and increased physical activity. Sometimes fiber supplements are necessary, and there are a number of these supplements on the market in forms ranging from tasteless, odorless powder that can be sprinkled on food to crackers that can be munched.

Slow transit constipation, in which part of the problem is abnormally slow movement of stool through the colon, does not respond well to fluids and fiber. Therefore, laxatives are often needed on an ongoing, regular basis. The involvement of a medical professional is essential in the management of this type of constipation.

Constipation caused by obstructive disorders, in which physical problems block the exit of stool from the rectum, may require surgical intervention, or if the problem is the inability to relax the pelvic floor muscles, then biofeedback, a mechanism that provides information about the body, may be helpful.

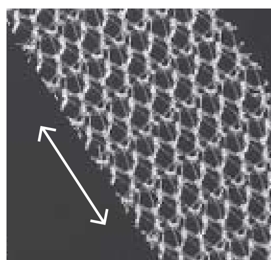
Help for Fecal Incontinence

Another condition related to the bowel is fecal incontinence (FI). It is a condition that is frequently under-addressed due to embarrassment. It can lead to profound quality of life issues and may even lead to social isolation for fear of an accident. FIshould be brought to the attention of a healthcare professional, who can be instrumental in assessing the cause and individualizing a treatment plan. ❖

From research to design from learning to doing from hand to instrument from introducer to sling from implant to anatomy from doctor to patient from help me to thank you.

Align: Make the connection.

Better thinking. Better instrumentation. Better mesh.



Dimensionally stable knit

Designed for easy insertion and needle tip exteriorization

Ergonomic handles with strong, low profile needles

For more information about the Align™ System and other Bard products, including our new interactive **POP-Q** and Incontinence tool for **patient education**, please contact your Bard sales representative, or call 888.367.2273.

Align™

URETHRAL SUPPORT SYSTEM

Learn. Restore. Renew. www.bardurological.com

Bard is a registered trademark of C. R. Bard, Inc. or an affiliate. Align is a trademark of C. R. Bard, Inc. or an affiliate.
Please consult product labels and inserts for any hazards, warnings, cautions and directions for use.
©2007 C. R. Bard, Inc. All Rights Reserved. 0610-04 R03/07 ICO P03/07

*Does not constitute as a NAFC endorsement.

Recurrent Urinary Tract Infections

Jenelle Foote, MD
Midtown Urology
Atlanta, GA
Dr. Foote has disclosed that he has no financial interests related to this topic.

Who Is Affected?

Thirty to fifty percent of women will have at least one urinary tract infection (UTI) in her lifetime. Twenty five percent of such women will experience recurrence of urinary tract infection (27% of these will occur in the first twelve months).

The term "bacteriuria" means bacteria in the urine. The presence of bacteria in the urine does not itself mean that there is an infection. Approximately 25% of women over age 65 have bacteria in their urine without any symptoms. This "asymptomatic bateriuria" does not pose any danger and does not need treatment. Over-treatment of this condition with antibiotics can lead to bacteria becoming more resistant to commonly used antibiotics. Recurrent UTI's are defined as having more than two per year.

How Does It Happen?

The most common influencing factor for recurrent UTI's in premenopausal women is sexual intercourse, but many times the cause is not known. It is felt that these infections are caused by the mechanical effect of intercourse and that the risk is increased by the presence of new partners. In addition, certain contraceptives may increase the risk of UTI. These include both condoms and spermicides, which may change the ecosystem of the vagina. Diaphragms have also been associated with recurrent UTI's. Antibiotic use disrupts the normal flora of the vagina, and so promotes vaginal colonization with E. coli, bacteria commonly found in the lower intestine. In fact, it is the most common organism associated with UTI. As a note, the antibiotic TMP/SMX, commonly known as Bactrim® or Septra®, is less disruptive to the normal vaginal flora than other medications.

Does This Change with Age?

Naturally occurring estrogen helps maintain the normal flora (bacteria) in the vagina and its normal pH (acid balance); keeps the surface of the vagina and urethra moist and smooth; and maintains the soft tissues that surround the urethra that help it keep a tight seal. All of these effects protect against "bad" bacteria from getting through the urethra and into the bladder. When estrogen levels fall after the menopause (or less commonly, with some medications used for breast cancer), these protective mechanisms are lost and the risk of UTI increases. Use of vaginal creams containing estrogen can help reduce recurrent UTIs in postmenopausal women. Oral estrogen is generally not used because of its side effects.

continued on next page. . .

Women residing in long-term care institutions, particularly if they have urinary catheter, have a risk of recurring UTI. Catheters, which are sometimes placed because of concerns regarding incontinence and incomplete bladder emptying, are associated with colonization of bacteria in the bladder and increased risks of clinical infection.

Factors that can predispose women to UTI's include urinary and fecal incontinence and pelvic organ prolapse. Other medical risk factors for recurrent UTI's include: diabetes, pregnancy, renal transplant, and immunosuppression associated with medications for autoimmune diseases, such as lupus. There are also many urologic risk factors. Always talk to your healthcare provider if you are experiencing changes in the body or recurrent UTI's.

What Are the Symptoms?

UTI's include symptoms of dysuria (painful urination), frequency, urgency, suprapubic discomfort, and possible hematuria (blood in the urine), pain, and fever. Frail, elderly individuals, especially those with dementia, may exhibit none of these symptoms early in the course of a UTI, but may exhibit confusion and feelings of general discomfort. However, these symptoms are very non-specific and should not be attributed to a UTI without an evaluation.

How Is Someone Diagnosed?

A urinalysis is usually the first test completed to diagnose a urinary tract infection. In addition to the "dip" test, microscopic examination is helpful to rule out contamination. Other studies include: urine culture and sensitivity (which help to identify the type of bacteria and as well as the type of antibiotics most effective to treat the infection), X-rays, and cystoscopy (looking into the bladder with a telescope).

There have been no studies that have scientifically determined that certain "myths" are responsible for urinary tract infections. These "myths" include pre- and post-coital voiding patterns, bubble bath, body mass index, and type of clothing. While the use of prophylactic antibiotics can be helpful, UTI's sometimes recur after these medications are discontinued. These antibiotics can be administered in a post-coital manner, or initiated by patients to treat infections once they occur.

Can I Prevent A UTI?

Cranberry products maybe helpful to prevent UTI's, as they may acidify the urine and reduce bacterial adhesion and bactiuria. In addition, other future strategies to manage UTI's include vaccines, hyaluronic acid, and the use of probiotics. Probiotics describes the use of "healthy bacteria" that have been used in Europe. The goal of use is to restore normal vaginal flora and so prevent the adherence of pathogenic bacteria to the vaginal wall cells. There are a variety of existing measures to take to help remedy this condition and more on the horizon to improve quality of life. ❖

Surgery for Pelvic Organ Prolapse and Stress Urinary Incontinence

Rony Adam, MD
Emory Urogynecology Center
Atlanta, GA

Dr. Adam has disclosed that he has no financial interests related to this topic.

Treating Pelvic Organ Prolapse

A variety of techniques are available for the surgical correction of pelvic organ prolapse, each addressing the different defects thought to contribute to the condition.

One newer procedure, known as defect-directed repair, aims to identify distinct tears in the fascia, or vaginal tissue supports, and repair them. Some improvements have been noted in success rates as well as the likelihood of resulting dyspareunia (pain with sexual intercourse) over traditional methods. The addition of biological graft materials, or mesh, has shown promise in some studies. However, the use of mesh should be balanced with the potential for additional risks, such as the mesh eroding out of the tissues.

The newest developments in the surgical management of pelvic organ prolapse are special kits that use devices, called trocars, with large pieces of mesh that are placed vaginally

continued on next page. . .

NAFC
National Association For Continence

WOMEN'S CONSUMER FORUM:
LIFELONG BLADDER HEALTH & PELVIC SUPPORT

was made possible by:

Coloplast

and are used to cover up the underlying pelvic floor defects to essentially replace the entire fascia. Studies with long-term outcomes have not been published regarding the safety or effectiveness of these new systems. Appropriate patient selection for these surgeries is currently being debated: it is unclear whether to reserve these surgeries for patients who have current prolapse after previous surgery or as initial procedures.

Many approaches are available for the surgical treatment of SUI. Long-term data are available for a variety of surgeries that use an abdominal incision (called retropubic repairs, such as the Burch procedure, sometimes known as “tacking up the bladder”). These achieve continence by stabilizing the area of the bladder neck to prevent its descent during periods of increased pressure. Multiple techniques have been described to place a sling under the urethra, which acts as a backboard to stabilize it. Original techniques placed the sling at the level of the bladder neck and calls for attachment of the sling ends to tissue, which tends to make the surgery somewhat more invasive, often requiring an incision in the vagina and on the lower abdomen. These techniques are still used today for patients with a very weak urethra. The sling itself can be made out of a variety of tissues or other, man-made material.

Newer procedures to treat stress incontinence are being utilized where a tape made out of artificial mesh is placed in the mid-urethra (rather than at the bladder neck). The physical characteristic of the mesh material is such that the ends of the sling (tape) do not need to be anchored to the patient. This allows less for less disruption during surgery, hence a more minimally invasive procedure. The most well-researched of these mid-urethral slings (tapes) is the tension-free vaginal tape (TVT), with proven success rates that are at least as good as the Burch repair, with less complications in the short term. Other “equivalent” mid-urethral tapes have not been so thoroughly evaluated.

Another type of mid-urethral tape differs in the path the tape takes. This transobturator tape (TOT) exits at the junction of the thigh with the labia, whereas the previously mentioned TVT is placed upward and exits the lower abdomen through two tiny skin incisions. These newer tapes do not have as extensive an experience as the TVT, but early success is similar to the TVT’s early successes, with some advantages regarding potential complications.

Another minimally invasive treatment for stress incontinence is transurethral bulking, which is done by injecting a substance within the urethra to help narrow the urethra. Several materials are available for injection; though the most widely used is derived from collagen, the naturally occurring protein acting as the glue that holds connective tissue together. Success rates are lower than the other methods above, and the procedure may need to be repeated after several months, but the ease of surgery and lack of serious complications make this option desirable in certain patients. Most surgeons use this method when the urethra is fixed, as occurs after a failed sling. ❖

Attends®
HEALTHCARE PRODUCTS

Attends Healthcare Products is a proud supporter of the NAFC.

Attends Healthcare Products® is a trusted provider for adult incontinence products in nursing homes, hospitals, and homes worldwide. Our Attends® briefs, protective underwear, pads, undergarments, underpads, and washcloths provide superior dryness, healthier skin, odor control, and comfort.

Only Attends brand briefs and pads contain the unique Perma-Dry® technology that actually lowers the pH of urine to that consistent with skin's natural pH, creating the healthiest, driest, and most odor-free skin environment.

We manufacture and market products to manage every type and degree of adult incontinence, and through this broad range of products, we are able to meet the individual needs of each incontinent person.

Ask for the Best. Ask for **Attends**™

Attends® HEALTHCARE PRODUCTS

©2007 Attends Healthcare Products, Inc. All Rights Reserved.

For more information about our products, call 1-800-4-Attends or visit www.attends.com.

*Does not constitute as a NAFC endorsement.

ETHICON
Women's Health & Urology

proudly supports

A Women's Forum:

Lifelong Bladder Health & Pelvic Support

a co-hosted event presented by

National Association For Continence

and Emory Healthcare