

Most women wait years to get help with plumbing problems.

Stopping “The Drip”

Millions of mothers battle incontinence. If you're one of them, your leaky days are about to dry up. BY MICHELLE CROUCH

I was at dinner with a bunch of moms, all of us laughing uproariously, when one woman, still giggling, shrieked, “I just peed my pants!” Nobody batted an eye. We all just crossed our legs and laughed even louder.

Call it a badge of motherhood. Or call it, as a friend of mine does, “The Drip.” If you sometimes leak when you laugh, sneeze, or exercise (I confess I do), then you've got urinary incontinence. That's the medical profession's way of saying that you're losing control of the very bodily function that you may have just helped your 2-year-old master.

Nearly 30 percent of American women ages 25 to 44 leak urine at least once a week, according to a report from HealthyWomen, a nonprofit organization that produces women's health information. A large percentage of the women who deal with incontinence are mothers who damaged their pelvic floor—the sling-shaped set of muscles that support the bladder and urethra—during childbirth.

Elyse Klein, a mother of three, had her first “accident” a week after the birth of her first baby, when she walked four blocks to meet a friend at a park near her Chicago home. “By the time I got there, I had peed all over myself,” she says.

Her ob-gyn told her that such leaking was typical and that she needed to be patient and heal from delivery. A few months later, when nothing had improved for Klein, her doctor said that she might just have to learn to live with the leaking. So she tried to. "Incontinence pads were the most mortifying thing I've ever had to put on a supermarket conveyor belt," Klein recalls.

Over the next few years, as she had her second and then her third baby, the problem got worse. Eventually, it was so bad that Klein was afraid to exercise and had to watch herself when she laughed or even stood up too fast at work. Though her husband knew about her problem, it made things awkward with him as well. "It's hard to feel sexy when you're leaking and wearing a pad," she says.

"If you're doing your Kegels three times a day for six weeks and not improving, you need to come in," says one doctor.

Klein had stress incontinence, in which leaks are caused by sudden actions that put pressure on the bladder. The other common type, called urge incontinence, makes you feel a need to urinate so strong that you're afraid you won't reach the bathroom in time. Urge incontinence is more common in women over age 60, but some younger women also have the condition.

Doctors say that as many as 80 percent of all incontinent women can be helped or cured. But surveys show that many of us are too embarrassed to

talk about the problem; other women don't even realize that it's treatable.

"We'll hear women say, 'I'm not incontinent. I just leak when I play tennis or when I go for a long jog,'" says Nancy Muller, executive director of the National Association For Continence, an advocacy group in Charleston, South Carolina. "Well, that's like being a little bit pregnant."

The Childbirth Factor

Any woman who's been pregnant knows what it means to lose a few drops of urine. Studies show that as many as 70 percent of us leak at some point during those nine months. By the third trimester, your pelvic-floor muscles are under considerable strain, supporting the weight of your uterus, plus coping with changes caused by pregnancy hormones. So when you laugh, cough, jump, or pick up a heavy object, the floodgates often open.

Then you go into labor and you spend hours straining to push a large object through a very small opening in your pelvis, putting pressure on the same muscles that hold up your bladder and urethra. Those muscles can get torn, connective tissue becomes stretched, and nerves often end up damaged, leaving you with a sagging bladder and a urethra more prone to leak. If your doctor uses forceps, the likelihood of injury is even higher. Given all that, is it really surprising that so many new mothers end up with stress incontinence?

For some women, the leaking stops on its own when the muscles heal. But if you're still losing urine three months after delivery, the problem is probably not going to fix itself, says Ingrid Nygaard, M.D., who researches incontinence at the University of Utah, in Salt Lake City. At that point, if you want to live leak-free, you'll have to work for it. Turn the page for some solutions.

What Your Doctor Can Do

If you have urge incontinence, your doctor may recommend behavioral measures such as caffeine restriction or bladder retraining, or prescription medications. But there are no approved medicines to treat stress incontinence, because it's more of a mechanical problem. These are the best treatments.

THERAPY WHAT'S INVOLVED

A pessary

A device inserted into the vagina that puts pressure on the urethra, much the same way a tampon would. A pessary can be worn constantly or only during activities expected to be stressful, like exercising. The most common pessaries look like a ring with a knob on it.

Surgery

In this common procedure, called tension-free vaginal tape surgery, doctors use mesh tape as a kind of hammock to lift your sagging bladder and urethra into their normal position. The tape supports the urethra so that when you jump, cough, or move suddenly, it remains closed and you won't leak. Sixty to 80 percent of women who have this surgery are cured or see significant improvement. It's not a good bet if you want more children, however, because pregnancy and childbirth can reverse it.

Collagen injections

These are typically done when options like surgery are not completely successful. In an outpatient procedure, your doctor injects collagen or another "bulking agent" into the tissue around your bladder to narrow the urethral opening. About half of women who have the injections say their leakage improves or stops. But because your body absorbs the collagen, widening the urethral opening again, you need to repeat the process every six to 18 months.

Why Kegels Are King

The very first time you leak is when you should start doing Kegels, if you haven't been doing them already. These pelvic-floor exercises are the easiest and most effective way to cure stress incontinence, and they can help with urge incontinence too.

Though most women have heard about Kegels, many actually do them incorrectly. "Women often push out their abdominal muscles instead of squeezing the muscles they use to stop their urine," says Ginger Cathey, M.D., a urogynecologist in Houston.

Many physicians now recommend Kegels even for women who don't leak. (This is especially important if you dribbled during your pregnancy or immediately after childbirth, because studies show the problem will likely return.) In a growing number of cities, you can take pelvic-floor exercise classes or sign up for one-on-one sessions at a walk-in medical clinic.

For Mary Maloney, of Chicago, taking a class was easier than talking to someone—even a doctor—about her incontinence, which she discovered when she bent over to pick up her 1-week-old daughter. "I had been avoiding light-colored clothing and all running and jumping, but I didn't tell anyone," she says.

Maloney researched the problem online and found a Total Control class, part of a nationwide program (totalcontrolprogram.com) to teach women how to strengthen their pelvic core. When she ended the 11-week course, she no longer needed pads and could lift her baby without fear. Maloney was so grateful that she eventually became an instructor herself. "Every new mom should know about this," she says. "We have to stop being embarrassed."

You don't have to sign up for a class to learn to do perfect Kegels, however. This is what you need to know.

✦ **Check your squeeze.** To identify the right muscles to contract, stop your urinary flow midstream. But don't continue doing the exercises right then because interrupting your flow frequently can cause other bladder problems. Instead, try it when you're lying on your bed or sitting in a chair. If you're still not sure you're doing them correctly, try one with a doctor or a nurse during a pelvic exam; he or she will insert a finger and ask you to squeeze. Yes, it's slightly embarrassing—but come on, they've seen it all. And you need results!

✦ **Do three sets of ten.** Experts recommend doing ten Kegels at a time, three to five times a day, at least four days a week. One easy way to remember to do them: Complete a set before or after each meal. Try to hold each squeeze for ten seconds. If your muscles are weak, start off with a three-second hold and increase that time by one second each week.



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*** Don't expect change right away.**

Doctors say it takes at least six weeks of consistent, regular exercise to notice an improvement in your incontinence. Many women stop before giving Kegels enough of a chance.

*** Go high-tech.** If you're still not seeing results, ask your doctor to refer you to a physical therapist with expertise in pelvic-floor-muscle rehabilitation. She can hook you up to a biofeedback machine that will create a computerized graph to show you how hard you're squeezing and for how long. The system can also deliver a painless electrical stimulus to make your pelvic muscles contract. That exercises the muscles and also helps you understand the correct sensation.

More Simple Solutions

In addition to doing Kegels, consider this advice from incontinence experts.

*** Try a tampon—or two.** If you leak when you exercise, wear a tampon

during workouts. Place it a little lower than you would for your period but not so low that you feel it. "It doesn't absorb the urine but compresses the urethra to help keep urine in the bladder," says Joseph Montella, M.D., director of urogynecology at Jefferson Medical College, in Philadelphia. "If you're still leaking, and it's not uncomfortable, you can put two tampons in, side by side." If you prefer pads, the ones for incontinence are better at wicking urine away from the surface and neutralizing odor.

*** Get "The Knack."** If you know you're about to sneeze, cough, or lift something heavy, first squeeze your pelvic-floor muscles fast and hard. Known in the medical world as "the Knack maneuver," this closes your urethra at the moment of potential urine loss. Studies show that women who consciously do it before a stressful activity lose significantly less urine.

*** Watch how much you drink.** A full bladder is more likely to leak. To get

a rough idea of your ideal fluid intake, divide your weight in two and then convert it to ounces. For example, a 140-pound woman should get about 70 ounces a day. "I see a fair number of women consuming about twice as much liquid as they need," says Dr. Nygaard. "There is no science behind the eight-glasses-of-water-a-day recommendation. You should drink when you're thirsty."

Elyse Klein decided to have tension-free vaginal tape surgery (see "What Your Doctor Can Do," page 84) just over three years ago, a year and a half after her third child was born. She recalls the moment the anesthesia wore off: "For the first time, I could stand up without leaking. I told my doctor, 'I feel so good, I'm going to run a marathon.'"

The doctor laughed. But two years later, the woman who once couldn't walk four blocks without leaking ran 26 miles without losing a drop. □

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