

# URINARY INCONTINENCE

- SEUNG NAM KIM, MD, FACOG. FACS.
- PRACTISED OB GYN @SAMC & FCHS since 1978



Da Vinci Hysterectomy



No financial interest

in any contents in this presentation including stocks



# URINARY INCONTINENCE

- Leaking urine involuntarily
- Medical help if enough to affect the quality of life or daily routines
- More common (1/3) than diabetes or BP combined
- Causes
  - Child birth - stretching and injury of pelvic support
  - Older - weaker tissue
  - Familial trend - hernia or varicose vein

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- 2 major types of urinary incontinence
  - **Stress** type (50%)
    - Typically leaks urine by coughing, laughing, sneezing, lifting, exercising, jumping, sex.
    - Bladder drops & lose control
  - **Urge** type (25%) (overactive=irritable=neurogenic)
    - Leaks urine on way to bathroom before reaching toilet
    - Thinking of urination or Running water
    - Bladder squeezes against brain control
  - **Mixed** (25%)
    - Both or Obstruction
  - **Urodynamic test**
    - Helps to find the types of the incontinence

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## Treatments

- Important to know the types of incontinence
- Urge type
  - No surgery - worse
  - Medication - bladder tranquilizers
- Stress type
  - No medication works
  - Surgery - dramatic relief
- Mixed type
  - Medication and/or surgery
  - Surgery -relief only stress type



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## Treatments of Urge type

- Surgery - does not work
- Medication
  - Basic principle is to calm the bladder down
  - Many different types of medication to try
  - Many different doses to try
  - Pills by mouth or patches
  - Most of time it does not work 100%
- Side reaction
  - Dry mouth is the most common
  - Constipation
  - Do not use if you have narrow angle glaucoma
  - Do not use if you have heart condition



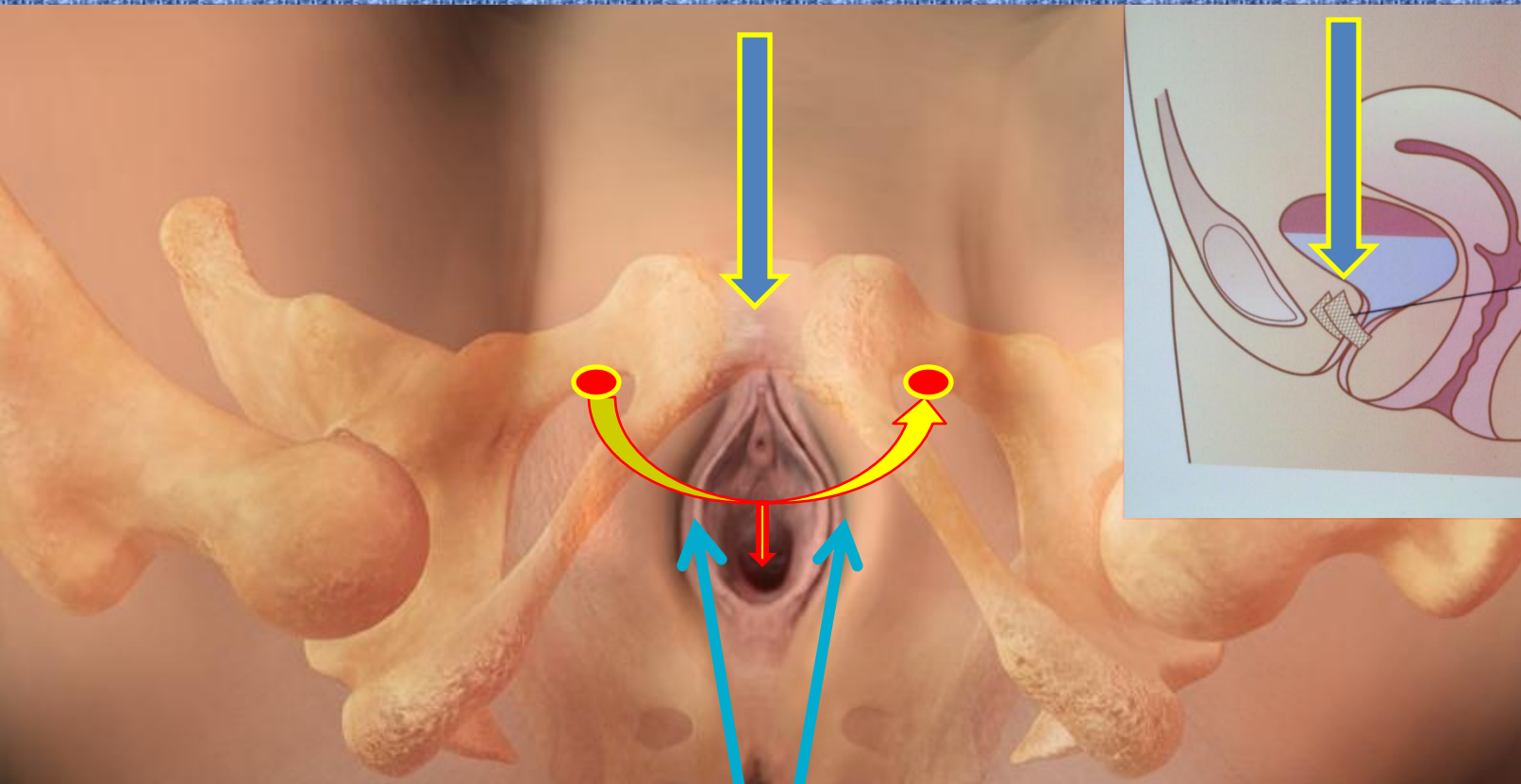
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## Treatments of Stress type

- Medication - does not work
- Many different types of surgeries
- Vaginal repair
  - Does not work well & recurring problem
  - Long recovery with discomfort
- Lifting bladder to bone by suture
  - Does work OK & recurring problem
  - Long recovery with discomfort due to abdominal incision
- Mesh
  - Simple same day outpatient surgery
  - Recover quicker with less discomfort
  - Less recurring

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MONARC TOT=Transobturator subfascial Hammock



MESH will prevent pushing the bladder down by pressure from tummy due to mesh (Hammock mechanism), preventing leaking urine

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## Surgical treatments by Mesh

- A small one inch incision at upper vagina
- One small puncture on both groin
- Thread mesh tape under the urethra
- Procedure takes 15-20 min
- You will be going home in a couple of hours
- You need to void twice before going home
- Rarely need pain pills
- Back to work next day
- Stop leaking from the day of surgery
- Recurrence unlikely due to permanent material
- No sex for 4 weeks to allow vaginal incision to heal
- No heavy lifting for at least 2 months



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## POP REPAIR WITH MESH - COMPLICATION

- Mesh erosion
  - Mesh exposed to vagina or bladder in 2-5%
  - Spontaneous resolution is a rule in most of erosion by
    - Excision of exposed mesh in the office
    - Estrogen cream
    - Antibiotics and
  - Treat in OR if mesh exposure is large and requires reapproximation of mucosa or total removal
- Dyspareunia – male dyspareunia if eroded into vagina
- Perforation of the urethra or bladder – very rare
- Bleeding – normally for the first 24 hours, you may bleed a little from the vagina and puncture from groin
- Infection– very rare



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## Preparation

- Make your own decision on surgery in conjunction with Dr. Kim's medical information
- Give Dr. Kim a permission for surgery by signing consent
- Go to hospital for preoperative tests, such as blood test, EKG, Chest X-ray
- No NSAID such as Aspirin, Motrin, Ibuprofen, Advil, Aleve for a week
- Nothing by mouth after midnight of surgery date
- Be at hospital on the designated time, usually 2 hours before surgery time
- Bring a simple comfortable clothing



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Thank you

