

INCONTINENCE

Urinary Incontinence

Stress Incontinence

involuntary loss of urine that occurs during physical activity, such as coughing, sneezing, laughing, or exercise; bladder storage problem in which the strength of the urethral sphincter is diminished, and the sphincter is not able to prevent urine flow when there is increased pressure from the abdomen

Treatments

Artificial Urinary Sphincter: the artificial sphincter is a mechanical device composed of a cuff placed around the urethra, a pump placed in the scrotum and a reservoir that is positioned in the abdomen. This surgical procedure requires general or spinal anesthesia and an overnight hospital stay. After 4 to 6 weeks of healing the devices are activated

Collagen Injections: minor surgical procedure performed in an outpatient setting, with a local or spinal anesthesia. May need to be repeated after a few months to achieve bladder control. Helps control the urine leakage by bulking up the area around the urethra, thus compressing the sphincter.

Male urethral sling: Surgical procedure requiring overnight hospital stay. Tissue is placed under the urethra to act as a buttress or hammock. The tissue is anchored to either the abdominal wall or pubic bone.

Behavioral changes: Change amount of fluid intake, urinate frequently, weight loss, change activity level

Pelvic Floor Muscle Therapy: Pelvic muscle training or Kegel exercises can strengthen the muscles at the pelvic floor thereby improving the urinary sphincter function to control leakage

Electric Stimulation Therapy: using low-voltage electric current to stimulate and contract the correct group of muscles.

Penile Clamp: a clamp worn on the penis used to compress the urethra to prevent urinary leakage

Side Effects/Risks

Possible complications of this surgery include wound infection, migration of the device to another site resulting in device removal, mechanical malfunction,

infection, retention, temporary erectile dysfunction, dysuria, urgency

Urge Incontinence

sudden uncontrollable urge to urinate and frequent urination. It is often necessary to use a bathroom as frequently as every 2 hours, and bed-wetting is common. With urge incontinence, the bladder contracts and squeezes out urine involuntarily. Sometimes a large amount of urine is released.

Treatments

Bladder Augmentation (Augmentation cystoplasty): procedure increases the capacity of a small, hyperactive, or nonresilient bladder by adding bowel (intestine) segments or by reducing the muscle-squeezing ability of the bladder leakage, continued incontinence, and kidney problems. Long-term risks include bladder stones, bladder cancer

Medications: aimed at relaxing involuntary contraction of the bladder and improving bladder function

- Anticholinergic agents (proprantheline)
- Antispasmodic medications (oxybutynin, tolterodine, flavoxate)
- Tricyclic antidepressants (imipramine, doxepin)
- Calcium channel blockers (tolterodine)
- Beta agonist (terbutaline) 0

Biofeedback Electrical Stimulation: Help to identify the correct muscle group to work. Biofeedback is a method of positive reinforcement in which electrodes are placed in the abdomen and the anal area.

Electric Stimulation: using low voltage electric current to stimulate the correct group of muscles. Treatment session usually last 20 minutes and may be preformed every 1-4 days

Side Effects/Risks

Bowel obstruction
Blood clots
Urinary fistula
Increased risk for developing tumors
Pneumonia
Infection

Dry mouth
Dizziness
Drowsiness
Blurred vision
Nausea
insomnia

Bowel Incontinence

the loss of bowel control, resulting in involuntary passage of feces. This can range from an occasional leakage of stool with the passage of gas to a complete loss of control of bowel movements.

Treatments

Rectal Sphincter Repair: procedure consisting of re-attaching the rectal muscles to tighten the sphincter and increase the capacity of the anus

Gracilis Muscle Transplant: with loss of nerve function within the rectal sphincter, gracilis muscle transplants have been performed to restore bowel continence (control). The gracilis muscle is taken from the inner thigh and is used to encircle the sphincter, thus providing sphincter muscle tone.

Artificial Bowel Sphincter: consists of three parts: a cuff that fits around the anal canal, a pressure regulating balloon, and a pump that inflates the cuff. It is surgically implanted around the rectal sphincter. The cuff remains inflated to maintain continence. A bowel movement is achieved by deflating the cuff. The cuff will automatically re-inflate in 10 minutes.

Fecal Diversion: a fecal diversion is performed for people who are not amenable to other therapies. A **colostomy** is created and the stool is diverted out through an abdominal wall stoma. The person will need to continuously wear an ostomy appliance to contain the stool.

Diet: Caffeine and alcohol should be eliminated from diet as they may cause diarrhea. In crease the amount of fiber you intake

Bowel Retraining: behavior modification in order to train the body to have regular bowel movements. The main goal of bowel retraining is to produce regular bowel movements and reduce the need for medication and surgery. A consistent pattern is the key to success of a bowel retraining program.

Fecal Collection Devices: external collection devices are available for management of chronic diarrhea and/or fecal incontinence. These devices consist of a drainable pouch that is attached to an adhesive wafer. This wafer has a hole cut through the center that fits over the anal opening known as the rectum.

Side Effects/Risks

muscles may take several weeks or months to recover from the surgery

infection, erosion, incontinence, pump migration, constipation, equipment failure, and outlet obstruction.

Excessive bleeding
Surgical wound infection
Thrombophlebitis (inflammation and blood clot to veins in the legs)
Pneumonia
Pulmonary embolism (blood clot or air bubble in the lungs' blood supply).