Urinary incontinence is a common problem in both the female and male populations.

Recent advances in treatment, and improvements in the services available, have enabled an increasing number of patients to be helped overcome this embarrassing condition.

This month Idai Makaya discusses the causes of female incontinence with particular focus on a new nerve stimulation technique which helps treat incontinence in women - called PTNS (percutaneous tibial nerve stimulation).

Incontinence refers to the involuntary loss or leakage of urine from a person's bladder.

There are two major types of incontinence - stress incontinence (leakage with coughing, sneezing and exercise) and urge incontinence, which

Embarrassing, but treatable

is most often caused by an overactive bladder.

When the bladder is irritable or overactive patients often have to pass urine frequently both during the day and at night. In addition they sometimes develop a sudden, overwhelming desire to pass urine (also known as urgency) which can lead on to incontinence if they are not near a toilet.

Incontinence has become a highly topical issue in recent years as sufferers become increasingly aware that it is not necessarily a normal part of getting older. and more treatments become available.

Many patients of all ages with stress incontinence can now be cured with simple day-case surgical techniques if they fail to improve with pelvic floor exercises.

A number of tablets have been developed to help women who suffer from urgency and for those who don't improve with medication, Botox injections into the bladder or a new acupuncture like technique - PTNS (Posterior Tibial Nerve Stimulation) - can significantly reduce symptoms.

For this reason, it's worth explaining the causes of incontinence and the range of treatments available. To aid in this discussion I called on the expertise of Mr Andrew Hextall, a gynaecologist based at the Spire Harpenden Private Hospital in Hertfordshire, who specialises in the treatment of female urinary and gynaecological conditions.

Stress incontinence is most commonly caused by damage to the pelvic floor and supports of the bladder as a result of pregnancy or childbirth. It becomes more common around the menopause but can affect women of all ages. Patients who regularly enjoy high impact exercises may be more aware of stress incontinence but some women can leak with a small cough or simply walking downhill.

It is unclear why some women develop an overactive bladder which is the main cause of urge incontinence. The bladder squeezes when it shouldn't do. often at the most inconvenient times. Sometimes the urge to pass water can be so strong that urine starts to leak when patients are on the way to the toilet - a condition known as urge incontinence. This problem is particularly common in the elderly but can also affect younger women including teenage girls who may leak urine when they laugh ('giggle incontinence').

Some women can have symptoms of both stress leakage and urgency at the same time - a condition known as mixed

What are the most common signs

The most common symptoms of stress incontinence are leakage of urine upon coughing, sneezing, laughing or



Peace of mind: there are a range of treatments available to suffer from incontinence, and it's no longer something endured as 'a normal part of growing old'.

help those who that has to be

get used to only holding a small amount of urine in the bladder before they want to go to the toilet. Bladder retraining aims to improve the capacity of the bladder and allow patients to decide when they want to go to the toilet - rather than waiting for a

pattern where they go to the toilet

extremely frequently, which means they

sudden signal from the bladder. There are a number of tablets available to treat patients with an overactive bladder. They do not usually cure the problem but are a way of helping to control symptoms. Unfortunately, although the majority of patients get some improvement they do

not benefit everyone and some patients

have troublesome side effects, such as

a dry mouth.

In recent years it has been possible to use Botox injections into the bladder wall to stop the muscle contracting when it shouldn't. This works well for 70 to 80 per cent of patients but the effect usually wears off over six to nine months and re-treatment may then be necessary. Temporary problems, such as difficulty emptying, are common.

A new acupuncture-type treatment has recently been approved by The National Institute for Clinical Excellence (NICE) for women with symptoms of an overactive bladder.

This is called PTNS (Percutaneous/ Posterior Tibial Nerve Stimulation) and involves placing a fine needle near a nerve, just above the ankle, along with an electrode on the foot.

A mild electric current is passed through the needle to relax the nerves that control bladder function in the lower back.

Treatment usually consists of 12 outpatient sessions of 30 minutes each, once a week. Although the long term benefits remain uncertain, about 70 per cent of women with an overactive bladder are delighted with the initial results.

The content of this article is provided for general information only and should not be treated as a substitute for the professional medical advice of your doctor or other health care professional. The views expressed are those of the columnist or guest contributor and do not represent any particular organisation or clinical body. Andrew Hextall is a consultant gynaecologist based at Spire Harpenden Hospital, where he can be contacted on www. spirehealthcare.com/harpenden or 01582 714 420.

What causes urinary incontinence in women?

incontinence.

of incontinence?

patients are not drinking too much fluid as this puts an extra strain on the

Going to the toilet fairly frequently.

but not too often, can also help. Avoiding high impact exercises and trying other gentler exercise may be acceptable for some patients. Stopping smoking (to reduce coughing) and losing some weight can also be beneficial - although it is important to remember that even very slim women can develop incontinence.

Most women will see some

surgery can be avoided.

techniques.

to make a full recovery.

improvement within a few weeks but

it may take up to three months before

the true benefit is realised. Fortunately.

there are no side effects and if successful

For those women who need further

help there are now simple day-case

surgical procedures to treat stress

operation, called a TVT procedure,

incontinence, with at least an 80 to 90

per cent cure rate. The most common

involves placing a tape or sling under the

bladder using minimally invasive key hole

Most patients are back to normal

activities, such as driving, within a few

days although it may take a little longer

● How do you treat urge

incontinence in your patients?

A combination of treatments is

This of course may vary, depending Pelvic floor exercises are the first-line how much a patient is drinking, with treatment option for all women with some patients finding their symptoms stress incontinence and can reduce are worse if they have a lot of tea, coffee urinary leakage in about 60 to 70 per or fizzy drinks. cent of patients.

How is stress incontinence diagnosed?

physical exertion - particularly high

Women with an overactive bladder

day (usually more than eight times) and

often pass urine frequently during the

may have to get up more than once at

impact exercises.

night to go to the toilet.

Most consultants diagnose stress incontinence based on a patient's symptoms, and examination findings of weakness of the pelvic floor - including the area under the bladder.

Simple treatments including pelvic floor exercises, perhaps using the help of a specialist women's health physiotherapist, can then be started without the need for further investigations.

If these don't work some tests - including a bladder function study called 'urodynamics' - may be necessary to help plan further treatment.

How do you treat stress incontinence in your patients?

Some women find that some simple changes to their lifestyle can make a big difference.

It is important to make sure that often necessary for the best results. Sometimes it is necessary retrain the bladder to try and restore good bladder

Often patients have developed a

Spire

Harpenden Hospital

Spire Harpenden Hospital now offers

a paediatric surgery service for 3-16

year olds, providing a wide range

of treatments in the comfort of a

We deliver an array of medical and

grommet insertion to hernia repair

surgical treatments for children -

ranging from tonsillectomy and

and orthopaedic surgery.

private hospital environment.

Children's services at Spire Harpenden Hospital

We are open to both privately insured and

From the first out-patient appointment,

through to discharge, our experienced

reassured and comfortable

01582 714 420

www.spireharpenden.com

please call

paediatric team is committed to ensuring

that our young patients and their families feel

To make an appointment, or for a guide price,

Looking after you.

or email info@spireharpenden.com

self funding patients and a GP referral is not