

Continence Confusion



Alex Hockings

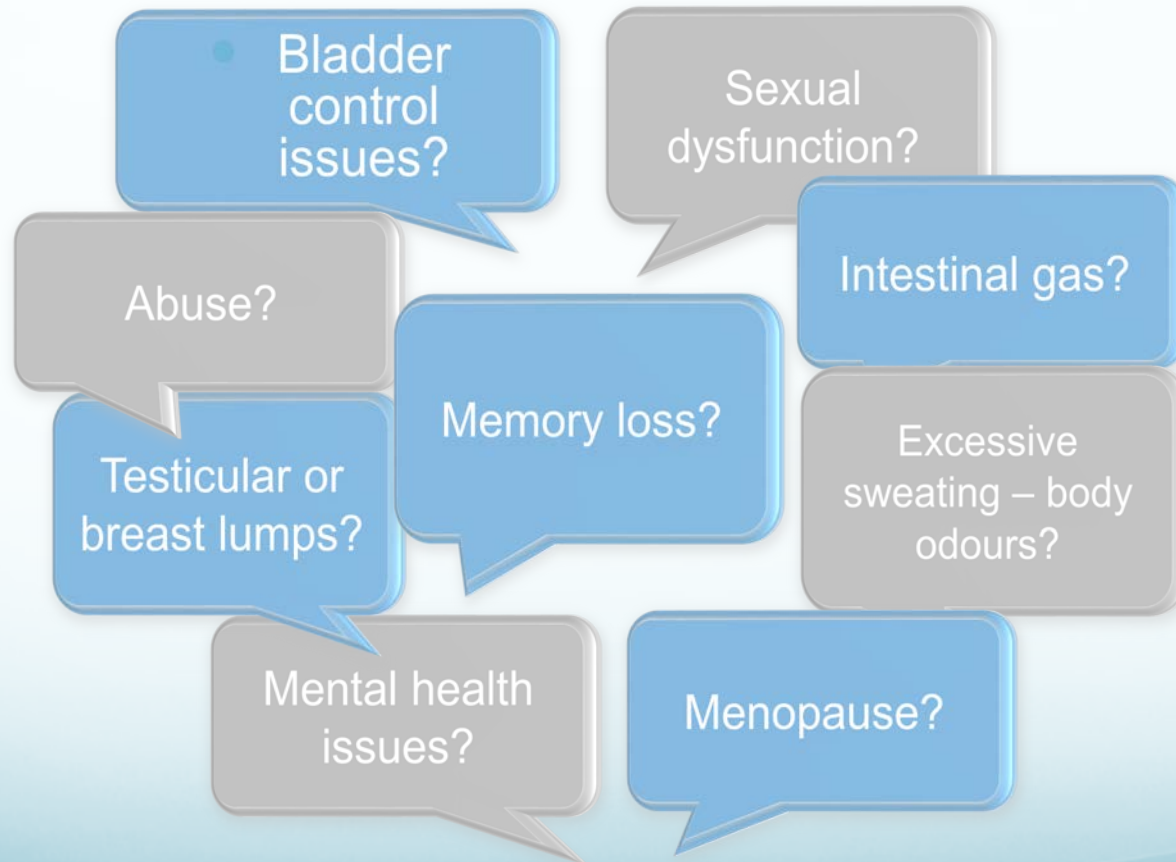
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CONTINENCE

Embarrassing problems

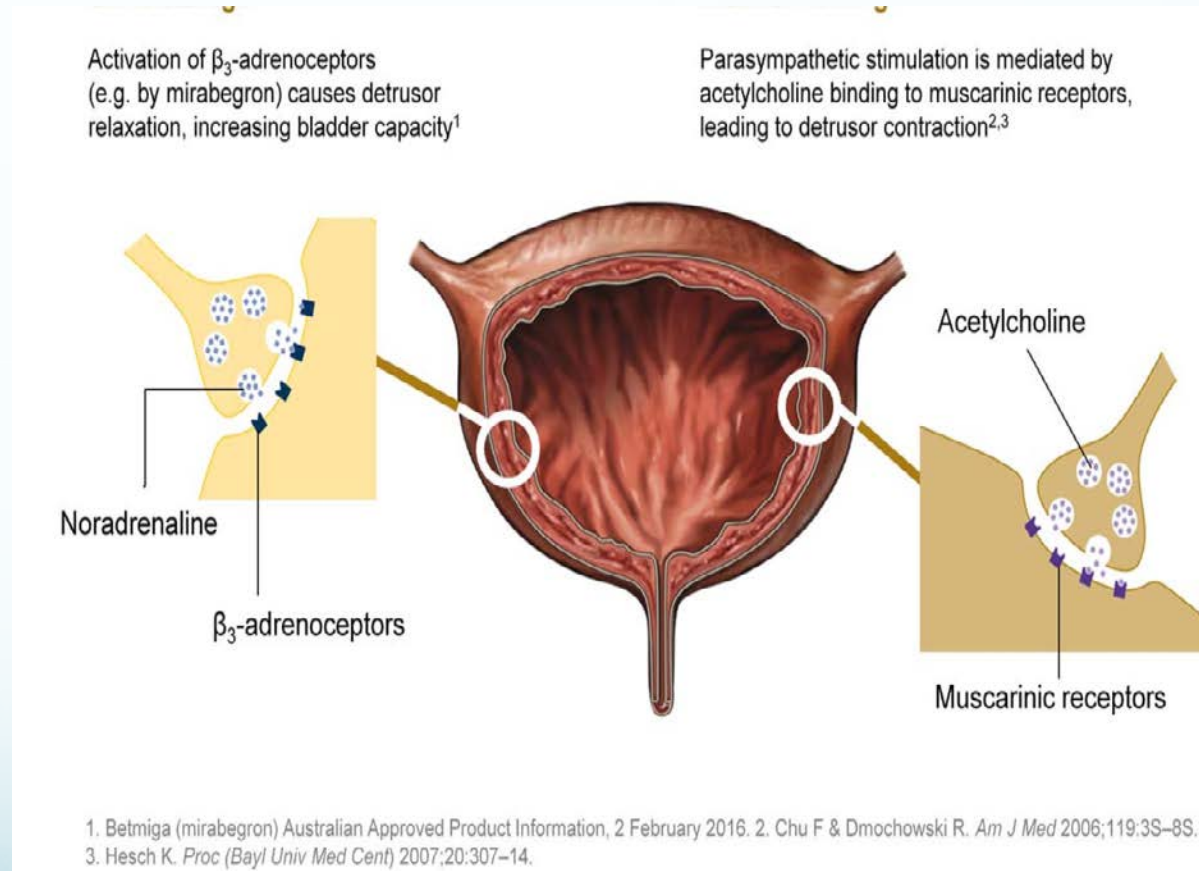


Case History

- 32yo female
- Fed up with leaking with any exercise or lifting Wearing pads day and night
- Daytime worse than nighttime
- Dominates her life- wont go out without knowing where toilets are
- Returns home and keys in door means sudden onset urgency, has to run

Why Discuss Continence

- Emotional
- Occupational
- Social
- Sexual
- Financial
- Physical
- 40% don't seek help, then only about 25% who are diagnosed receive treatment



Overactive bladder (OAB)

- 4.2 million Australians have urinary incontinence¹
- 80% of people with urinary incontinence are women¹
- 16% of the population >40 years experience OAB²

Only 40% of patients mention symptoms to their HCP³

Characterised by urinary urgency with/without urinary incontinence, urinary frequency & nocturia²

Reasons patients don't discuss symptoms with their HCP:²

- Embarrassment
- Belief it is normal part of aging

1. Deloitte Access Economics (2011). The economic impact of incontinence in Australia. Available from http://www.continence.org.au/data/files/Access_economics_report/dae_incontinence_report__19_april_2011.pdf Accessed September 2015. 2. Raj MD and Wang A. *Medicine Today* 2011;12(7):51–6. 3. Lackner T and Reed K. *Pharmacy Today* 2009;15(5):54–9.

What else do you want to know

- History
 - Number of children and type of delivery
 - Neurological Symptoms
 - Bowel habits
 - UTIs
 - Medications
 - Antidepressant
 - Duration of symptoms and changes

- Fluid balance/ Bladder diary
- Pain or leaking with intercourse?
- Smoker/ Toxin exposures

- Bladder diary
- Men often present with nocturia, women urgency

Physical and Examination

- Evidence of prolapse
- If she were older ?atrophic genitalia
 - Effects of estrogen with age
- Skin changes/ irritation

Investigations

- MSU
- Ultrasound and post void residual
- Cystoscopy
- Urodynamics

Urge Incontinence

- Choice of medications
 - Mechanism of action
- Which to start with?
- When to combine
- When to progress beyond medications
 - What then?
 - SNM
 - Botox

Fact or Fiction?

Q. Overactive bladder is a normal part of ageing

MYTH

Q. The prevalence of overactive bladder is similar between men and women

FACT

Q. The key defining symptom of overactive bladder is 'urgency'

FACT

Q. Patients with overactive bladder should restrict their water intake

MYTH

Q. Patients with overactive bladder should always be referred to a specialist for evaluation prior to treatment

MYTH

Current treatment paradigm^{1,2}

First line

NON-PHARMACOLOGICAL

Bladder training, behavioural modifications (i.e. pelvic floor exercises) and lifestyle interventions (Alter fluid intake)

Second line

PHARMACOLOGICAL

Oral, topical or transdermal (Antimuscarinics and β -adrenergic agonists)

Third line

BOTOX[®] intradetrusor injections

NEUROMODULATION (Sacral nerve stimulation or peripheral tibial nerve stimulation)

Fourth line

AUGMENTATION CYTOPLASTY (Bladder reconstructive surgery)

1. Arnold J, et al. *Aust Fam Phys*. 2012;41(11):878–883. 2. AUA Treatment algorithm. Available from <https://www.auanet.org/common/pdf/education/clinical-guidance/Overactive-Bladder-Algorithm.pdf>. Accessed September 2015.

Side Effects

Anticholinergics

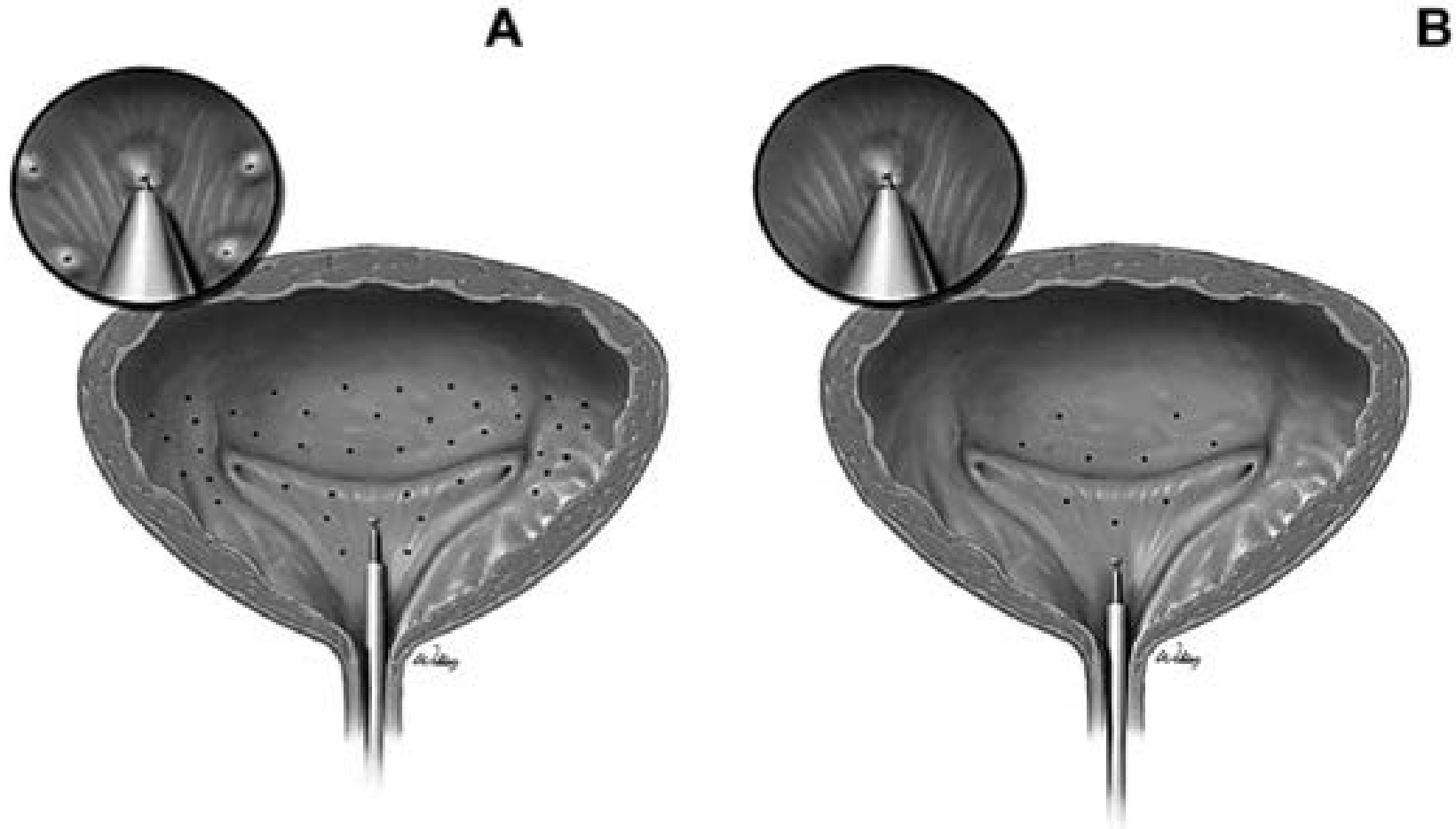
- Oxybutinin (Ditropan)
- Tolteridine (Detrusitol)
- Solifenacin (Vesicare)

Beta3-adrenoceptor agonists

- Betmiga

Botox

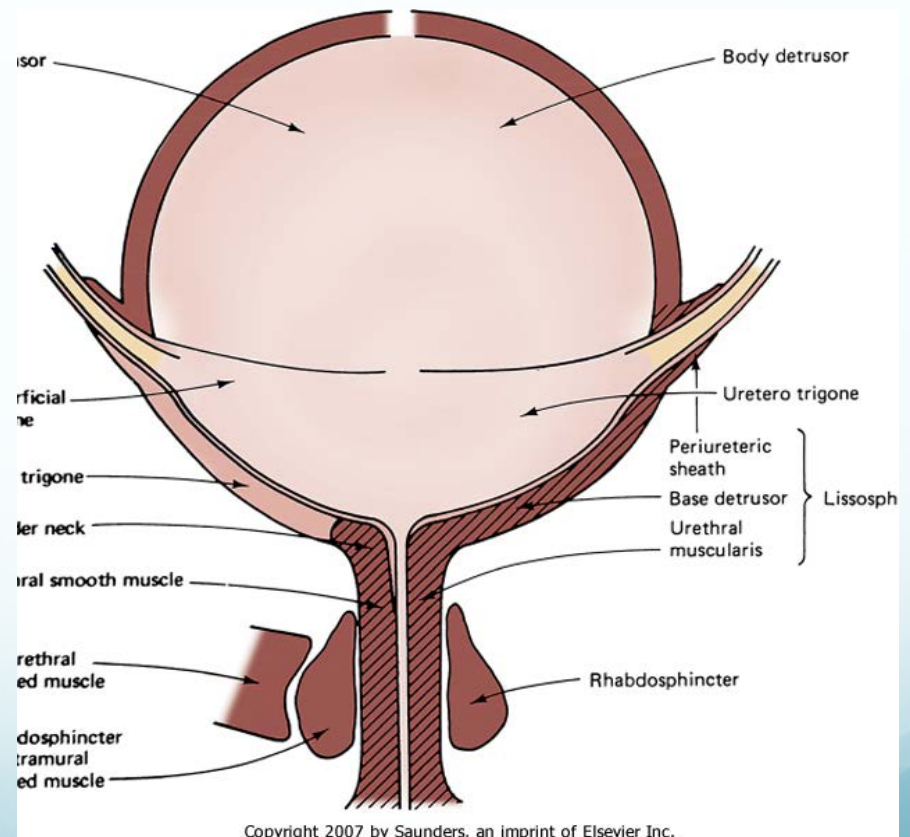
Surgical Management- Botox



1 – Smith et al., botulinum toxin injection protocol. A) Neurogenic detrusor overactivity protocol. B) Non-neurogenic detrusor overactivity (Reprinted with permission from Elsevier Inc, Urology, Smith CP et al., ref. 16).

How to proceed?

- Stress or Urge incontinence worse?
- Planning more children
- Pelvic floor exercises and compliance

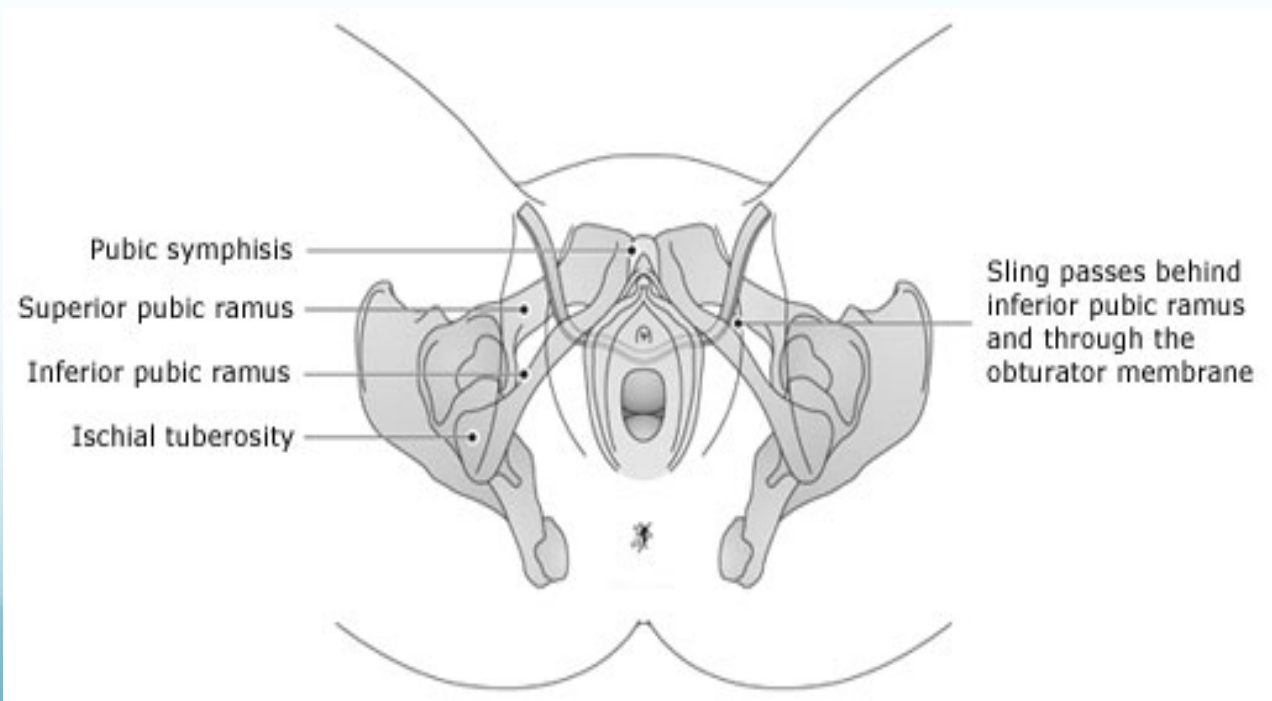


Stress Urinary Incontinence

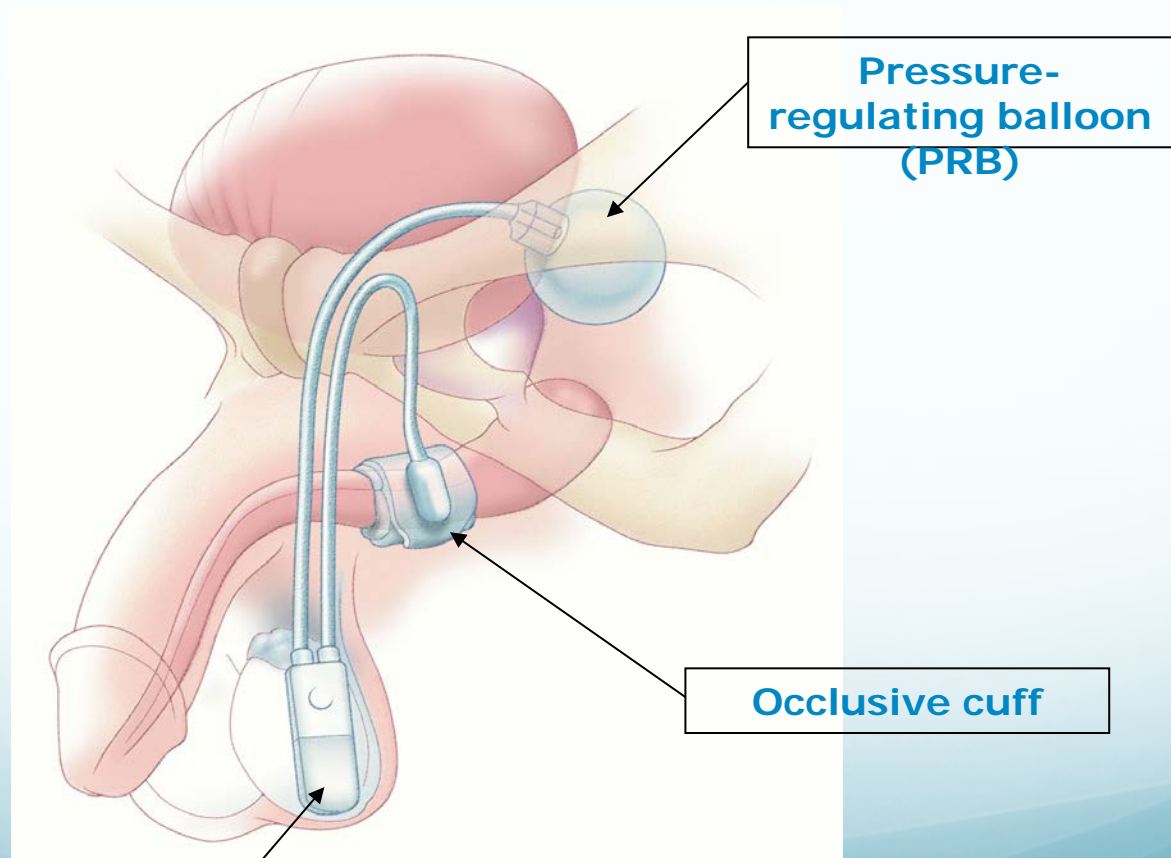
- Do Sx warrant surgery?
- Mesh Controversy
 - Alternatives

Stress Urinary Incontinence

- Synthetic slings – different approaches
 - TVT - retropubic
 - TVTO – via obturator fossa



AMS 800™ Today



Pressure-regulating balloon (PRB)

Occlusive cuff

Control pump

Conclusions

Behaviour Modification

- Education
- fluid & dietary mx (weight loss, salt, caffeine, acidic, smoking)
- timed voiding/prompted voiding/bladder training
- voiding log or diary

SUI: Few conservative options beyond PFE and Estrogens

- pelvic floor muscle training/Kegel

UUI: Many medical options

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