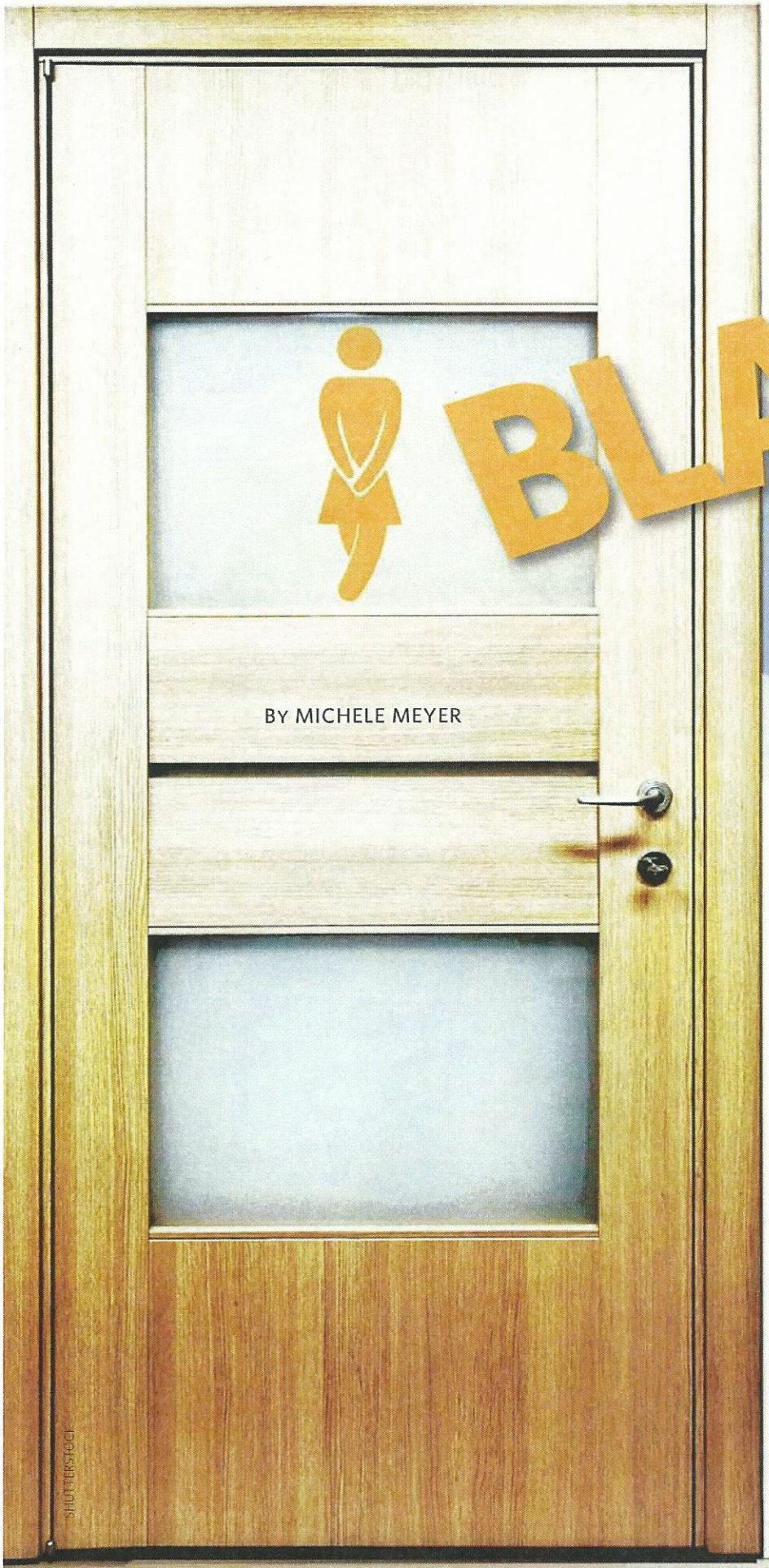

BLADDE

BY MICHELE MEYER

My name is Michele Meyer, and I've peed in my pants.

I'm not proud of it, but neither am I ashamed—well, now that I've changed clothes.

But for a few hours as my plane was idling on a tarmac, I was hostage to a vicious urinary tract infection—and, like sadistic prison wardens, the flight attendants refused to let me use the bathroom. Urgency preceded searing pain, and then I was soaked. I fretted. I leaked. I feared I reeked and repulsed others. I longed for invisibility and a strong room freshener.

SHUTTERSTOCK

ER MATTERS

My experience gave me a glimpse into urinary incontinence (UI)—involuntary leakage of urine—a condition affecting 13 million Americans, 85 percent of them women, according to the National Association for Continence.

Although it's fairly common, tales of urinary incontinence are a rarity in our tell-all culture: a medical condition we don't discuss, though it consumes our lives. Robert Dole may reveal his impotence, Sally Field her brittle bones, Cheryl Ladd her hot flashes, Lorraine Bracco her depression, and the late Farrah Fawcett her anal cancer, but who shares soaking the pew in church?

Why do so many of us suffer in silence when it comes to our health? My own 'bladder incident' made me realize it was a great opportunity to help educate other women about a more serious bladder problem that many of us are personally familiar with—yet we can't seem to open our mouths about it to our doctors. Read on to see what causes UI and what you can do about it.

More Common Than You Think

"It's one of the dirty little secrets people don't want to talk about. I'd venture one of three women in their 40s has some incontinence. That skyrockets to 80 percent of women in their 80s," says Cheryl B. Iglesia, MD, director of female pelvic medicine and reconstructive surgery at Washington Hospital Center and associate professor of obstetrics and urology at Georgetown University in Washington, DC. "It's not a pretty thing to admit."

Only 45 percent of women with UI seek medical help—and those who do wait an average of five to seven years to "fess up," reports a study in the February 2007 *Journal of Urology*.

In some women, the condition sparks social anxiety disorder: We so fear an episode that we isolate ourselves, not going further than the mailbox. Wearing pads or pull-ups makes us feel infantile–or elderly. Thus, 30 percent of menstrual pads are sold to postmenopausal women. "They'd rather not buy 'adult diapers,'" says Jill M. Rabin, MD, head of urogynecology at Long Island Jewish Medical Center in New York, and co-author with Gail Stein of *Mind Over Bladder* (iUniverse, Inc, 2008). "An 'absorbing product' is less demeaning."

The good news: about 80 percent of UI can be cured or improved. "You don't have to live with incontinence," Rabin says.

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Why it Happens

Blame muscles and nerves that rule the pelvic floor (the "hammock" that supports the bladder, vagina, and rectum). At its best, the bladder stores urine, while surrounding muscles and ligaments contract and expand to control urine flow. If muscles are weak or nerves inefficient, leakage occurs.

If urine seeps out when you laugh, cough, sneeze, or lift heavy objects, you suffer *stress* incontinence. Chronic pressure—from obesity, pregnancy, childbirth, and extreme exercise—stretches or weakens muscles, making the bladder like a partially-filled balloon and the knot at the bottom (the urethra's sphincter) loose. Stress incontinence can occur at any age. One study showed that jumping, running, and high-impact landings also cause urine loss in 28 percent of college athletes. The risk of stress incontinence is 12-fold higher in women who've delivered vaginally than women who've never given birth.

Urge incontinence—that "got-to-go-now!" sense—becomes more common as we age. The

need to urinate is continuous as nerves misfire, disabling the brain from sending signals fast enough to stop the bladder before it flushes itself, explains Rabin. Urge incontinence worsens post-menopause because "your bladder and pelvic floor become less elastic, just like your skin and heart. Everything sags," Rabin says.

Between 200 and 300 prescription drugs can spur urine loss by relaxing the urethra, the thin tube that runs from the bladder to your body's outside. Many of these drugs, including medications for controlling high-blood pressure, are more likely to be prescribed to women as they age.

Getting to the Root of the Problem

If you need a break from the bathroom, see your gynecologist, urologist, or urogynecologist. To pinpoint the problem, your doctor must perform a thorough workup, starting with a physical exam and a medical history, says Rabin. Before your appointment, note how much fluid you drink daily, what foods or actions cause urinary urges, and whether you feel a burning sensation while urinating.

Your doctor may suggest the following methods to diagnose the type of incontinence affecting you:

- **Bladder Diary.** For two to seven days, record what you drink, when and how much you urinate, and what precedes an urge.
- **Urinalysis** and **culture** screens may reveal infection, blood, or abnormal cells in your urine.
- **Cystourethroscopy** employs a thin tube with a mini-camera that is inserted through the urethra to the bladder to find physical defects or inflammation. With uroflometry, a catheter through your urethra can measure the rate at which you urinate and what remains in your bladder.
- **Stress Test**. Your doctor will have you cough, stand, bear down, or perform other actions to see what pressures make you lose urine when you have a full bladder.
- **Pad Weights** require you to come to your doctor's office with an empty bladder. They'll provide you with an absorbent pad, then have you drink, walk, and do exercises before weighing the pad to see how much urine you've lost. Generally, those with urge incontinence soak pads more than those with stress incontinence.
- **Urodynamic Tests** explore the structure of the urethra, the pressure on the bladder, the elasticity of the bladder, flow rate, and whether the bladder fully empties. Small catheters placed in the bladder and the vagina measure the pressure on the bladder and the urethra as your bladder is filled with sterile water.

Stemming the Flow

Once you know what ails you, your doctor can suggest lifestyle changes and other treatment options to help. "We may pick up patterns that are easy to reverse with no further intervention," says Elizabeth J. Geller, MD, assistant professor of urogynecology and female pelvic medicine at the University of North Carolina in Chapel Hill. "We may identify dietary fixes. Learning what triggers your bladder can empower you."

Lifestyle Changes

- **Act quickly to purge the urge**. If you sit on a chair or bend over as if tying your shoe, then squeeze your pelvic muscles to stem the flow, you may buy time to reach the restroom, Rabin says.
- **Change your diet**. "Everyone thinks you have to have eight 8-ounce cups of water a day, but it isn't so," says Iglesia. "You're better off drinking just enough to quench your thirst."

  Stop drinking liquids two hours before bedtime to avoid getting up frequently overnight. "Elevate your feet if possible for those two hours, because body fluids pool in your legs and feet," Geller says. "This way you can send fluids back to your heart, kidneys, and circulatory system so you urinate more before bedtime and less during the night."

  If you have frequency, urgency, and leakage associated with urge incontinence, limit your intake of acidic foods such as tomatoes, apples, and oranges; spicy foods; chocolate; alcohol; and/or caffeinated drinks as they can trigger your symptoms. An antacid may neutralize the acidity of some of these foods that irritate the bladder, Geller adds.
- **Stop smoking**. It irritates your bladder and can cause ischemia, a decreased blood supply to muscles and other tissues, making them less functional. "Smoker's cough" also contributes to stress incontinence.
- **Schedule restroom stops**. Urinating every two to three

URINARY TRACT INFECTIONS

Urinary tract infections (UTIs) are even more common than urinary incontinence, and unfortunately we don't outgrow them as we age. Menopause, in fact, puts us at increased risk for them. Declining estrogen levels can cause tissue changes around the urethra that can lead to UTIs.

UTI symptoms come on quickly beginning with an intense urge to urinate followed by pain and burning while you pee. If you've had a UTI before, you'll know the symptoms! Your urine may have a strong odor, be cloudy, or have a bit of blood in it. Some women are more likely to get them, especially if they've had one before, have diabetes, or are obese. Frequent sex, a new sexual partner, and spermicides and diaphragms increase the risk of recurrent infections.

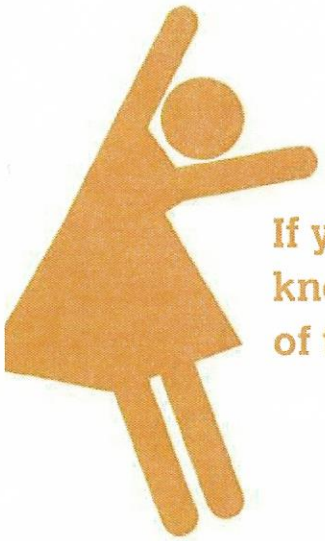
These bacterial infections can be painful, but prescription antibiotics quickly clear up the symptoms in a matter of a day or two. UTIs very rarely go away on their own and they cannot be cured by over-the-counter (OTC) products. At most, these OTC 'remedies' may reduce your symptoms but the infection remains untouched. Call your doctor's office at the first sign of infection to prevent a more serious kidney infection from developing.

There are a few things you can do to help keep UTIs at bay. Drink plenty of fluids to flush bacteria out of your bladder and urethra, avoid douching, and empty your bladder before and after sex. Drinking unsweetened cranberry juice or taking cranberry pills may also help prevent UTIs. If you're prone to recurrent infections, you may need to take a single-dose antibiotic after each time you have sexual intercourse.

hours—about seven times daily—is normal. If you need to go more frequently, stretch the time between bathroom breaks by 15 minutes each week until you're up to two to three hours, Iglesia says.

- **Lose weight**. Extra weight presses on the bladder and can damage nerves and muscles. A National Institutes of Health study of obese and overweight women found that those who lost eight percent of their body weight in six months slashed the frequency and severity of leakages by 47 percent.
- **Switch from high- to low-impact exercise.** High-impact activities like jumping and running can cause urine loss. A low-impact elliptical trainer is less likely than high-impact running to cause leakage.
- **Use absorbing products**, such as pads, as part of your treatment plan.
- **Practice Kegels.** As with any muscle: use it or lose it. Learn how to do pelvic muscle contractions, known as Kegels, to strengthen pelvic floor muscles. "Twenty percent of patients who do Kegels on a regular basis have complete

VECTORSTOCK



If you've been suffering with incontinence and didn't know what to do, now you do: Talk to your doctor. Let go of the embarrassment and take control of your health.

resolution of symptoms," Rabin says. "And up to 85 percent of patients have significant improvement of symptoms within six weeks."

A specific muscle group is used for Kegels. One way to find the right muscle group is to practice stopping the flow while you are urinating. Another way to get the move right is to place a tampon in your vagina and then try to pull it out at the same time that you tighten your muscles to keep it in. Once you identify these muscles, you're ready to practice without the tampon. Hold these muscles for a count of five, then relax for a count of 10. Repeat five times in a row, at least ten times a day. It takes some motivation and about six weeks to see results.

If you need help in correctly identifying these muscles, try biofeedback therapy (often administered by a nurse or physical therapist). Biofeedback, using sensors placed in the vagina, gives moment-to-moment visual or auditory signals that show you how well you are contracting these muscles.

Treatment Options

Devices and Drugs

- **Cones** are smooth, graduated weights that are placed in the vagina. Over time, cones help strengthen the muscles that help control your bladder. Walk around a total of a half-hour daily with the inserted cone. Each month, graduate to the next higher weight until you are able to retain the heaviest weight cone for a period of 30 minutes each day for one month. For maintenance, you will need to continue this several times a week.
- **Pessaries** are support devices (usually made of silicone) placed in the vagina to support your bladder, uterus, and bowel, and help reduce urine leakage. They come in many types and sizes and must be fitted to each woman by her physician.

  Pessaries, sometimes used to relieve pelvic support problems such as uterine prolapse (the uterus drops down in the vagina), can actually uncover hidden urinary incontinence. This is because the pessary "unkinks" the urethra when it straightens the bladder. However, there are special pessaries to treat both prolapse and incontinence.
- **Anticholinergic drugs**—such as Detrol®, Ditropan®, Gelnique®, Oxytrol®, Sanctura®, Toviaz®, and VESIcare®—block the impulses of nerves controlling the bladder, thus delaying spasms. Some common side effects of these medications include dry mouth, dry eyes, nausea, and constipation. Women with glaucoma need to speak with their doctors before taking any of these medications.
- **Collagen injections** and other types of injectable substances are used to compress the urethral sphincter for those with stress incontinence. Newer treatments may last longer and may not need to be repeated. (Though not FDA-approved for this purpose, Botox® is being studied for urge incontinence to help relax the bladder, decrease bladder contractions, and help prevent urine leakage.)

Surgery

The latest form of pelvic floor repair for stress incontinence is a surgical procedure called a pubovaginal sling. It's a fine-tuned outpatient surgery with tiny incisions that uses a tape-like synthetic mesh to support the bladder neck.

"The sling procedure has revolutionized the way we do incontinence work," Iglesia says. "It's one of the top 10 inventions for female surgery in the last decade." The cure rate is 85 percent—but it's essential to go to a physician who's trained in the surgery.

Speak Up, Get Help

If you've been suffering with incontinence and didn't know what to do, now you do: Talk to your doctor. Let go of the embarrassment and take control of your health. It could transform your life physically and emotionally.

As for me, weeks have gone by since my UTI. I'm back to wearing white and taking hour-long hikes—and the urge to relieve myself no longer rules my life.