Urinary Incontinence



Non-surgical treatments:

Lifestyle tips

Our physicians and advanced practice providers know a wide variety of tips and tricks women can use at home to prevent urinary leakage and other bladder problems, and these tips are also well-known to our nurses and medical assistants in the clinic. Our physical therapists also serve as experts in these tricks when women want to have a more in-depth conversation about how to prevent leakage of urine using their habits at home.

Medications

There are a wide variety of medicines that can be used for therapy for incontinence, usually for incontinence that happens with a strong urge to urinate or leakage "at random" without a cough, laugh, or sneeze. Medications include anticholinergics, and our experts choose brain-safe medications in this class not associated with dementia or brain problems, and beta-agonists such as mirabegron or vibegron. Read more about medications for this at:

voicesforpfd.org/bladder-control/oab-treatment/

Physical therapy

Our physical therapy team consists of 6 dedicated physical therapists who specialize in not only pelvic muscle strengthening to prevent or lessen incontinence, but also balance of the pelvic muscles to relieve stress, strain, and pain from pelvic floor disorders. Learn more about physical therapy at:

voicesforpfd.org/about/physical-therapy/

Pessary Care

Our team of expert midwives, nurse practitioners, and physician assistants fit and care for a variety of pessaries in all our clinics. We have the largest pessary practice in the state and have performed ground-breaking research in pessary use and care. Read about pessaries for urinary incontinence at: voicesforpfd.org/about/pessaries/

Posterior tibial nerve stimulation (PTNS)

This office procedure for bladder control is a small acupuncture needle placed just above your ankle in the office by a specialist nurse, who uses the needle to stimulate nerves in the legs and pelvis gently with a current. This procedure is comfortable and takes about 20 min; it is done weekly in the clinic for 12 weeks and then as needed after that once every 1-3 months. Learn more at: voicesforpfd.org/about/surgery-and-procedures/

BOTOX® injection

This clinic procedure is offered to patients with leakage from the sudden urge to go to the bathroom or "random" leakage that happens without warning. Read more about this simple office procedure at:

voicesforpfd.org/assets/2/6/Botox.pdf

Surgical treatments:

Periurethral bulking

This is offered to patients with leakage from coughing, laughing, or sneezing, sometimes called "stress incontinence". There are no incisions or permanent mesh, and these surgeries are often used by women who want something safe and quick. Read more about this small surgery at: voicesforpfd.org/assets/2/6/Urethral_Bulking.pdf

Sacral neuromodulation (InterStim® Therapy)

This is offered to patients with leakage from the sudden urge to go to the bathroom or "random" leakage that happens without warning. Sacral neuromodulation is outpatient surgery 1-2 weeks apart, where the first surgery places a small wire in the buttock to stimulate nerves in the tailbone, and the patient wears the wires for 1-2 weeks at home to "test drive" how it works for urine leakage. The second surgery places a small coin-like battery under the skin of the buttock if the patient likes the improvement with the stimulation. Read more about this at: voicesforpfd.org/about/surgery-and-procedures/

Mid-urethral mesh sling placement

This is offered to patients with leakage from coughing, laughing, or sneezing, sometimes called "stress incontinence". This surgery is the most effective surgery for this type of leakage that exists but is still very quick and safe. Read more about this 20-minute outpatient surgery at: voicesforpfd.org/assets/2/6/Mid-urethral_Sling.pdf

Fascial slings or Burch procedures

This is offered to patients with leakage from coughing, laughing, or sneezing, sometimes called "stress incontinence". These surgeries work very well, but due to it needing additional incisions in the belly it is usually reserved for women who have failed other treatments or cannot get mesh implants or slings for treatment. Read more about these types of surgeries at:

https://www.yourpelvicfloor.org/conditions/fascial-slings/

https://www.voicesforpfd.org/bladder-control/sui-treatment/

Research Studies in Urinary Incontinence:

SNAK Trial: We are recruiting women to participate in a study to find out if women who are given information on good sites and resources on social media (such as Facebook, Instagram, and YouTube) have better knowledge and control of their bladder leakage than women who do not know this information. Contact the research team at (505) 967-8428 to learn more.

INTENSE Trial: We are recruiting women with "gotta go" or urge-related leakage to be randomly assigned to either doing nerve stimulation once a week in the office for 12 weeks (posterior nerve stimulation) or doing nerve stimulation with a TENS unit at home once a day. Contact the research team at (505) 967-8428 to learn more.

BEST Trial: We are recruiting women with "gotta go" or urge-related leakage to be randomly assigned to either doing Botox injections once in the clinic or taking 3 or more months of daily medication, to see which women like better for treatment. Contact the research team at (505) 967-8428 to learn more.

PCORI Bulking versus Sling at Time of Prolapse Surgery: We hope to soon serve as a site for a national study investigating how women like two different types of surgery for leakage with cough/laugh/sneeze. mesh implants. Read more about these types of incontinence surgery at: https://www.voicesforpfd.org/bladder-control/sui-treatment/