

Bladder Control Problems: Urinary Incontinence, Overactive Bladder

Bowel Control Problems: Emptying Problems, Constipation, Incontinence

Millions of women suffer from bladder and/or bowel control problems bringing devastating and embarrassing consequences. These problems often limit freedom, as a woman has to plan her entire life around her bathroom issues. For the bladder, the most common problems we see are stress urinary incontinence and overactive bladder. The most common bowel problems we find are difficulty emptying, and soiling from incontinence. While bladder and bowel control problems tend to be more common with age, these ailments should **not** be considered a normal part of aging, and they can be healed so life may return to normal.

- Stress Urinary Incontinence is caused by a weakening of the pelvic muscles and nerves involved in bladder control. Sufferers commonly have urine leakage when they laugh, cough, sneeze, or engage in exercise and sports activities.
- Overactive Bladder, or Urge Incontinence is characterized by unexpected contractions of the bladder muscle leading to leaking (urge incontinence). One may feel a strong urge to go to the bathroom but cannot get there in time, lose urine when hearing running water or putting a key in the door when arriving home. In addition to incontinence, sufferers often have urinary frequency during the day or night. It is not uncommon to have both stress incontinence and overactive bladder.
- Bowel Control Problems like fecal incontinence or chronic constipation can be associated with changes in the pelvic muscles that control defecation (the pelvic floor muscles). In fact, it's estimated that 50% of cases of constipation are due not to dietary issues, but pelvic floor dysfunction, when the sphincter muscles that control defecation stay tightly closed instead of relaxing to allow emptying. In cases of fecal incontinence, the rectal sphincter relaxes at the wrong time, allowing escape of feces without sensation, causing fecal soiling. The name for this is pelvic floor dyssynergia. The rectal sphincter does not coordinate with the bowel's motility as it should, but is relaxing and contracting at improper times.

Non-invasive Treatment for Bladder and Bowel Control Problems

Pelvic Floor Therapy. This is a first line treatment choice for stress or urge urinary incontinence, or for bowel emptying issues associated with pelvic floor dyssynergia. Pelvic floor therapy re-trains weak pelvic floor and/or bladder muscles. Using sophisticated computerized monitoring techniques, a pelvic therapy technician will evaluate pelvic muscle strength and instruct the patient on how to properly isolate and exercise pelvic floor muscles. A computerized measurement of pelvic floor contractions helps the therapist guide the patient and make progress during each session. Pelvic floor therapy consists of regular weekly sessions, then exercises are continued at home if indicated.

Medication for Bladder. Medications for stress incontinence or overactive bladder are often not chosen as the first line of therapy, since most experience side effects (dry mouth, constipation, dizziness, blurred vision). Medications must be continued to remain effective, thus the expense continues for life (and side effects may increase with age). Still, medication can be prescribed for appropriate candidates if other therapies fail to produce desired results.

Medication for Bowel. There are no ideal medications to correct all of the pelvic floor issues that lead to bowel control problems. However, it is important to keep the bowel contents moving along. Miralax is easy to use and effective for this purpose. For someone with a long-standing problem, it may require a twice daily dosing, and long term use. Pelvic Floor Therapy is the treatment of choice for correcting the primary problem in cases of pelvic floor dyssynergia.