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Simpler surgeries help control incontinence

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Diana Keough
Plain Dealer Reporter

Every time Lisa Lizotte coughed, sneezed or laughed, she had to cross her legs.

After her daughter was born nine years ago, her involuntary urination worsened. When Lizotte mentioned the problem to her gynecologist, he defined the problem as "stress incontinence" and told her to go home and do Kegels - exercises that consist of consistently clenching and unclenching pelvic muscles.

"But I have a life, and sometimes I forgot to do them," said Lizotte. The problem did not go away, but she thought she could do nothing more.

Lizotte decided to seek a better solution after she fell into a fit of giggles with girlfriends at a party and soiled her friend's couch. Her friends told her it was no big deal, but no one wanted to sit beside her anymore.

"I was too young to be going through so much embarrassment all the time," the 39-year-old medical secretary from Brunswick said.

"Involuntary urination is common, but it is definitely not normal," said Dr. Kevin Stepp, a urogynecologist and reconstructive pelvic surgeon at MetroHealth Medical Center.

Incontinence is often the result of childbirth, age or genetics, which weaken muscles and ligaments and cause pelvic organs to drop.

Experts estimate that more than 33 million women have either stress incontinence or an over-active bladder, characterized by a hard-to-control urge to urinate.

Most women experience a mild form of incontinence at some time. Severe cases are less common, affecting about one in 10 women, according to the American College of Obstetrics and Gynecology.

Most incontinence problems can be fixed by one of two minimally invasive surgeries. Both are done as outpatient surgery and take about an hour.

One uses tension-free vaginal tape, a pinkie finger-wide, nylon-mesh tape that creates a U-shaped hammock around and under the urethra. The tape is secured in place after scar tissue develops around and through the mesh. For 90 percent to 95 percent of women who have the surgery, incontinence problems disappear, Stepp said.

The other procedure uses transobturator tape, which similarly supports the urethra with the same nylon mesh-like material but avoids placement near the pelvic bone and internal organs. A small risk of bleeding and bladder perforation exists with tension-free tape.

A recent study of more than 400 women published late last year in the American Journal of OB/GYN found transobturator tape safer than tension-free, with fewer complications.

Dr. Mark Walters, director of urogynecology at the Cleveland Clinic, is the study's senior author. Research

is under way to determine if transobturator tape solves incontinence as effectively as tension-free tape.

Until the minimally invasive surgeries were developed, the gold standard for treating urinary incontinence was to open the abdomen and sew the neck of the bladder and the urethra to the pelvic bone, Walters said. Women remained in the hospital for three to four days and went home well-stocked with pain medications.

After Lizotte's tension-free vaginal tape surgery, she was sent home with a catheter and three-day supply of pain pills. When the catheter was removed three days later, she noticed an immediate difference.

"I wish I would've done it years ago," Lizotte said.

Stepp said he is amazed women will tolerate incontinence at all.

"For me, as a guy, if every time someone told a funny joke I couldn't laugh without fear of leaving a few drops, I'd be in to see the doctor, like, tomorrow," he said.

To reach this Plain Dealer reporter:

dkeough@plaind.com, 1-800-767-2821

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