That sinking feeling

Incontinence and other pelvic floor disorders are surprisingly common — but treatable.

By Devon Schuyler

ARIA RUBIO, a 46-year-old mother from Carmona, was surprised when she noticed a little urine after the birth of her third daughter 10 years ago. She had experienced a bit of leakage during and immediately after all three of her pregnancies. But this full year had passed and she was still crossing her legs to prevent leakage. Every time she coughed, she knew she had a problem.

Her low point occurred when she was washing dishes and suddenly stood up to reach for the kitchen floor. "After I cried, I told my husband I had to do something," she said.

She knew the experience is surprisingly common, but researchers are only now beginning to realize just how widespread it is. Problems such as incontinence and dropped pelvic organs — together called pelvic floor disorders — affect 1 in 3 women, according to a 4,000-person Kaiser Permanente study funded by the National Institutes of Health (NIH). Other research shows that at least 7.1% of women end up having surgery for a pelvic floor disorder.

The pelvic floor is a group of muscles, ligaments, and nerves that form a sling across the opening of a woman's pelvis. A strong pelvic floor holds the bladder, uterus, bowel, and rectum in place and allows them to function properly.

Muscles in the pelvic floor tend to weaken as women grow older, with pregnancy and obesity adding extra pressure. Birth itself can also stretch and weaken the muscles, especially if forceps are used or if the baby is large. Pelvic floor muscle weakness is often associated with incontinence, which refers to leakage of urine or stool, or pelvic organ prolapse, in which pelvic organs sag into the vagina. In severe cases, the uterus may even herniate between the legs.

Many women avoid seeking treatment because they're embarrassed to talk about their condition or don't think it can be fixed. Fortunately, a variety of therapies are available — many of them introduced just a few years ago.

"There have been a lot of improvements in the last few years," said Dr. Mary McLennan, director of urogynecology at St. Louis University in Missouri.

Open procedures are being replaced with minimally invasive ones, medicines are now available, and surgeons are gaining a better understanding of what causes pelvic floor problems — and how to treat them.

Urinary incontinence

The mainstay of treatment for urinary incontinence is pelvic floor exercises and bladder training. "Surgery should be at the very end of the list," said Dr. Jeanette Brown, a urogynecologist who directs the Women's Conference Center at UC San Francisco.

Pelvic floor exercises are especially helpful for stress incontinence, in which urine leaks from the urethra during coughing or lifting. Bladder training is used for urge incontinence, in which involuntary bladder contractions cause a sudden urge to urinate. In bladder training, women are taught to delay urination by controlling general relaxation and urge to urinate.

In some cases, women may be prescribed a medication to the bathroom on a specific schedule, gradually increasing the amount of time between trips.

If incontinence persists, one option is to undergo an operation. Some women may choose to undergo a new procedure that has been approved to treat stress incontinence.

Surgery for stress incontinence involves an operation to add the muscles, but the current procedure of choice — in which a surgeon places a long piece of mesh under the urethra — is a dry mouth.

Surgery for stress incontinence is one of the most common operations performed on the pelvic floor. But it also can lead to complications, including bladder and bowel dysfunction. A common side effect with this is dry mouth.

Pelvic floor prevention

One way a woman can reduce her risk of pelvic floor disorders is by keeping her weight down. Pelvic floor exercises can also reduce the risk, at least in the short-term. These exercises, also called Kegels, involve contracting the muscles of the pelvic floor (see related story).

"We should be teaching pelvic floor exercises to girls as adolescents," said Jean Wyman, a professor of urology at the University of Minnesota in Minneapolis, who served as a co-author on two National Institutes of Health statements on preventing and treating incontinence.

Although giving birth through cesarean section instead of vaginally can reduce the risk of pelvic floor damage, doctors don’t recommend this approach because it subjects women to more surgery.

And using vaginal childbirth is no guarantee of a lifetime free from pelvic floor disorders. Even women with a high rate of urinary incontinence may not get over it.

Still, as researchers get better at predicting who might develop a pelvic floor disorder, they might be able to offer women treatment options that could help prevent the disorder.

"If a person doesn't do work, surgery becomes an option," said Dr. Mary McLennan, a professor of urology and gynecology at the University of Minnesota.

"In some cases, we may need to use a mesh in order to hold the bladder in place. But this doesn't necessarily mean the operation was a failure. That person may have had a 35 years of good health," McLennan said.

Fecal incontinence

Fecal incontinence is the least understood and most difficult to treat of the pelvic floor disorders. "We are just starting to study this in the last 10 years, so we don’t always know what works," said Donna Bissell, a professor of nursing at the University of Minnesota.

The first therapies used are not surgical treatments, but instead focus on bowel retraining and biofeedback. Some may benefit from dietary changes or anticholinergic drugs to reduce the number of bowel movements. Others may benefit from dilating the bowel to reduce the resorption of stool.

Although several surgical procedures are available, we don’t have an ideal surgery therapy for fecal incontinence yet," said Dr. Howard S. Brenner, chief of colorectal and pelvic floor surgery at USC in Los Angeles. A procedure to tighten the anal sphincter has been shown to work, but it can cause infections and other complications.

Some doctors are experimenting with biofeedback therapy, which involves using biofeedback devices to help patients control their sphincter muscles.

A dramatic difference

DeLaney pointed out that women have plenty of time to weigh their options when it comes to treating pelvic floor disorders. "They’re not doing it because they don’t want to do it," he said. But he emphasized that treatment can make a dramatic difference in people’s lives.

"People who’ve gotten mesh implants to stop their incontinence after an earlier surgery fall in the worst six years out, advised women with symptoms like those of their own or those who have had several children," DeLaney said.

How to Do Kegals

Kegals exercise involves contracting the pelvic floor up and down toward the wall of the vagina for several seconds and releasing. Carolyn Simpson, a professor of nursing and incontinence researcher at the University of Minnesota, said that women may notice a difference in five to six weeks.

"The sooner the better," Simpson said. "We’ve had success with women who have had incontinence symptoms for as long as 20 years."