



DOC TALK



Live, Love and Laugh (Without Worry)

Urinary incontinence (UI) is any involuntary leakage of urine. It is a common and distressing problem, which may have a profound impact on quality of life. Urinary incontinence almost always results from an underlying treatable medical condition but is under-reported to medical practitioners.

Urinary incontinence affects over 13 million American women. Approximately 70% of women with incontinence have symptoms of stress urinary incontinence (SUI), which is the most common form of bladder control loss. While SUI is a major health problem for women, it too is often, under-reported and as a result under-treated.

Stress incontinence is characterized by urine leakage associated with increased abdominal pressure from laughing, sneezing, coughing, climbing stairs, or other physical stressors on the abdominal cavity. Urine leaks due to weakened pelvic floor muscles and tissues. Urge urinary incontinence is often referred to as overactive bladder and is involuntary leakage accompanied by or immediately preceded by urgency. You have an urgent need to go to the bathroom and may not get there in time, leaking urine.

Mixed urinary incontinence is a combination of stress and urge incontinence; it is marked by involuntary leakage associated with urgency and also with exertion, effort, sneezing or coughing.

Urinary incontinence in women is not a recent medical and social phenomenon, but the relative importance attributed to urinary incontinence as a medical problem is increasing. Women are more willing to talk openly about this disorder. Women are realizing that, in most cases, urinary incontinence is a treatable condition. Consequently, less embarrassment and fewer social stigmas are associated with the diagnosis. Patients with urinary incontinence should undergo a basic evaluation that includes a history, physical examination, and urinalysis. Additional information may be gathered from a voiding diary, a cough stress test, measurement of postvoid residual (PVR) urine volume, cystoscopy, and urodynamic studies in selected patients.

Successful treatment of urinary incontinence must be tailored to the specific type of incontinence and its cause. Available treatments include: once daily medication, changes in diet, behavioral modification, pelvic floor physiotherapy, anti-incontinence devices and new forms of minimally invasive surgery without scars.

If you have incontinence of any sort, you are not alone. While many women experience minor leakage from time to time, at any age, if it becomes more frequent or interferes with your normal routine, you should tell your doctor. There is an array of very effective treatments for urinary incontinence.



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▶ GET TO KNOW THE WRITER...

Dr. Jayson completed his undergraduate studies at Tufts University. He attended Jefferson Medical school in Philadelphia and went on to complete his residency and surgical training at Yale. He practiced in New York until relocating to South Florida seven years ago. He currently practices adult & pediatric urology in Pembroke Pines, treating men, women & children of all ages.