

## **SAMPLE**

### ***Incontinence – Common, Embarrassing, and Treatable***

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*Dr. Elizabeth Frankman is a urogynecologist at XXX. She is fellowship-trained and board-certified. Following residency in Obstetrics and Gynecology, Dr. Frankman completed a fellowship in Urogynecology and Reconstructive Pelvic Surgery. Urogynecologists take care of women with pelvic floor disorders, such as incontinence and pelvic organ prolapse.*

Suffice it to say that people generally do not want to talk about incontinence. Women may joke with each other about it, but for most, incontinence is no laughing matter. As a matter of fact, “laughing” can even be a trigger for leaking.

While people may not talk openly about it, we know incontinence is a common medical problem. Studies estimate that up to 1/3 of women will experience urinary incontinence (it’s more common than diabetes and heart disease).

As a urogynecologist, I am often asked, “What causes this to happen?” Many different factors may contribute to incontinence. Pelvic floor muscle weakness resulting from pregnancy or delivery, multiple deliveries, chronic straining, aging, menopause, and family history are the biggest risk factors for urinary incontinence. During and after menopause, estrogen levels drop, and urethral tissue tends to weaken, increasing the risk of incontinence.

Just as there are different factors that cause incontinence, there are also different types of incontinence. *Urge incontinence is more common in older adults. In fact, age is the biggest risk factor for this type of incontinence.* Leakage results from a sudden, strong urge to go, and this type of urine leakage is sometimes called “overactive bladder.” The leakage may even occur when you don’t expect it, such as during sleep or when you see or hear running water.

*Stress incontinence is most common in younger women.* Leakage occurs with coughing, sneezing, exercising, laughing, lifting heavy things, and other movements that increase pressure on the bladder and pelvic floor.

Many women have both types of incontinence – stress and urge. This is called *mixed incontinence*.

Whatever the cause, incontinence is often embarrassing and usually hard to talk about. But remember, incontinence is a common medical problem that millions of other women experience, too. As urogynecologists, we deal with these issues every day, and we do

our best to help our patients feel comfortable. And the good news is that treatments are available that can improve your symptoms and quality of life.

What kind of treatments? Recommended treatment will depend on the underlying cause of your incontinence. We partner with our patients to look at different options. In many cases, there are both non-surgical and surgical treatment possibilities.

Non-surgical recommendations can include medication, physical therapy, lifestyle changes, or the use of pelvic support devices like pessaries. If surgery is recommended, we utilize minimally invasive surgical techniques. Procedures are often performed as same-day surgery and have high success rates.

Incontinence or any pelvic floor disorder does not have to stop you from enjoying normal daily life. Getting the right diagnosis and treatment can be life-changing. If you or someone you know is experiencing incontinence or concerned about a pelvic floor issue, see a urogynecologist.

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