
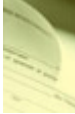

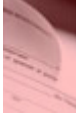


## Female Incontinence

- Sarah K. Girardi, M.D., F.A.C.S.
- Karen B. Hiller, RN, MSN, ANP

 <a href="#">Incontinence Survey</a>	 <a href="#">Urodynamics FAQ</a>	 <a href="#">Urodynamics Instructions</a>	 <a href="#">Post Urodynamics Questionnaire</a>
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**"In the past five years there have been major advances in the treatment of urinary incontinence. No woman should satisfy herself that poor urinary control is simply an accepted part of aging."**

### [Sarah K. Girardi, M.D., F.A.C.S.](#)

*Chief, Division of Infertility and Female Urology, North Shore University Hospital.  
Clinical Associate Professor of Urology & Clinical Associate Professor of Reproductive Medicine,  
Cornell Medical Center.*

### **Factors**

The U.S. Department of Health and Human Services once reported that approximately 13 million people in the United States suffer from urinary incontinence. The condition is far more prevalent in women than men. The urethra, bladder, skeletal muscle, voluntary inhibition, and the autonomic nervous system are all important components in urinary control.

Urinary Incontinence is commonly caused by these factors:

- Birth defects
- Bladder muscle weakness
- Blocked urethra (due to benign prostate hyperplasia, tumor, etc.)
- Brain or spinal cord injury
- Nerve disorders
- Pelvic floor muscle weakness (Kegel Exercises are commonly recommended to strengthen these muscles)

**Identification:** is an important step in the treatment of urinary incontinence.

Types include:

- **Stress**—urine loss during physical activity that increases abdominal pressure (e.g., coughing, sneezing, laughing)
- **Urge**—urine loss with urgent need to void and involuntary bladder contraction (also called detrusor instability)
- **Mixed**—both stress and urge incontinence
- **Overflow**—constant dribbling of urine; bladder never completely empties

## Treatment Options

### Stress Incontinence

One of the most exciting advancements in female incontinence, over the past decade, is the pubovaginal sling for the treatment of stress urinary incontinence. The sling has been available for more than 25 years, but in its newest form, the sling can be performed on an ambulatory basis in less than an hour.

### Urge Incontinence

Exciting advances have occurred in the treatment of urge incontinence. Among them are a variety of medications and exercises including Kegel exercises, which strengthen the muscles of the pelvic floor and lead to more control, preventing leakage.



**"Over 13 million people suffer with bladder control, and they are just the ones we know about! Unfortunately, only 1 in 15 sufferers ever consult a doctor. Until recently, it has been a condition shrouded in secrecy, shame, and silence. New treatments are now available to help you."**

**[Karen B. Hiller, RN, MSN., ANP](#)**

### **Urodynamic Studies - Karen Hiller, RN, MSN, ANP**

Urodynamic studies investigate your bladder, urethra, and sphincter to assess their efficiency. They consist of studies to assess how your bladder fills, stores, and empties. This helps to understand the problem and decide the best method of treatment. The urodynamic test consists of uroflowmetry (uroflow), cystometrogram, and electromyogram (EMG).

#### **Uroflowmetry (uroflow)**

This phase of the test involves urinating into a special toilet that measures how quickly your bladder empties. The steadiness of your urinary stream is measured. You will be asked to have a full bladder for this test.

**Cystometrogram**

This phase of the test measures how well your bladder muscles work. A very small catheter (rubber tube) is placed into the bladder. Your bladder is filled with sterile water to see how much the bladder can hold, when you feel the need to empty, and how well you can control those sensations and urges.

**Electromyogram**

This phase of the test studies certain neurological conditions or problems with urination. Small patches are applied to measure the activity of the pelvic floor and sphincters. The electrode patches are placed on the pelvic floor muscle, which controls the flow of urine.

Urodynamic studies are performed by our nurse practitioner, Karen Hiller. She performs the studies and reviews the results with your doctor. Karen is a registered nurse and has served as a nurse practitioner for over two decades. Karen began to specialize in the care of incontinent patients in 1997 (she joined Urology Associates in 2000).

If you are concerned about female incontinence, please take a moment to fill out our [Female Incontinence Survey](#)

If you have questions about our Urodynamics procedures, please read our [Urodynamics FAQ](#).

For more information, please call Ms. Hiller at **516.627.6188 ext 186**