

## **Surgery for Incontinence Is Sometimes Best Option**

**By Mark McClure, MD**

Although he has been a urological surgeon for over 18 years, Dr. Mark McClure of Landmark Urology and Complementary Medicine employs his surgical skills on behalf of his patients as a last resort, when other healing avenues have been thoroughly exhausted.

"A chief reason that I introduced alternative and complementary healing approaches into my practice several years ago," he notes, "was to create as many legitimate options for my patients as possible, especially options that rely on natural products and explore natural therapies in the pursuit of wellness and good health."

As a urologist, many of Dr. McClure's patients are men, but he sees women, children, and senior citizens of both genders in his office on a regular basis. "Some of the happiest patients I have are women who were dealing with the very difficult problem of incontinence, and are now busily engaged in leading full and normal lives," he says.

"While men have the problem of incontinence, as well, it is more common among women, due to many factors, such as childbirth, and chronic coughing from smoking or from chronic bronchitis. Obesity is a factor also linked to incontinence.

"I work with my incontinent patients to do a very complete history and physical exam, so we have a good understanding of the patterns of the problem. Some women experience what is known as urgency incontinence, which simply means that they have a very sudden and strong urge to urinate that is difficult to control. Many times, there's an involuntary loss of urine, and they may lose most of what is in their bladder before they can get to a bathroom. That is, of course, very disconcerting.

"Urinary stress incontinence is similar to but different from the urgency problem. Typically, we assign the stress condition to one of three categories or classes, in terms of its severity. The stress relates to the pressure that is put on the urinary system as the result of coughing, laughing, and often, lifting.

"Once my patient and I have a good understanding of the nature of their problem, we discuss its impact on their lives, and management techniques that may be helpful to them. We have a good 'risk-benefit'

talk, as well. It is my view that the benefits need to far outweigh the risks before proceeding, for example, with corrective surgery."

And it is often true, says Dr. McClure, that after being plagued with the problem of incontinence for some years, "women very often will gladly assume the relatively minor risks of surgery to obtain the 95 percent chance of real improvement in their condition. For some women, the problem has become so intrusive in their lives that they are no longer able to run, to play with their children, to schedule normal social events, or pursue hobbies that they love, because of the fear of loss of urinary control and embarrassment."

#### The Sling Procedure

While there are a number of surgical options for treating urinary incontinence, Dr. McClure has achieved the most consistent success with a procedure called the pubovaginal sling.

"This technique involves a number of steps. First, two incisions are made—one in the vagina lying beneath the urethra and another in the skin overlying the pubic bones. Next, a thin piece of fibrous connective tissue (called fascia) is positioned beneath the urethra. The piece of fascia measures about one inch by two inches.

"When this is done, a non-absorbable (permanent) suture is woven into each end of the fascial graft material. Utilizing a specially designed needle, each suture is then transferred from the lower incision to the upper incision. Finally, a tiny bone anchor is used to secure each suture into the public bone. (Although this last step sounds like it would hurt, it doesn't.)

Once in place, the sling acts like a springboard. When the urethra, in response to laughing or coughing or other stress, begins to descend, it finds a nice cushion that halts the descent, so continence is maintained. Studies show that on average, the procedure—which is effective for more than 9 out of 10 women—preserves bladder control for 10 years or more."

Dr. McClure notes that some of the possible complications of pubovaginal sling procedures are accidental bladder injury, wound infections, and prolonged urinary retention.

The procedure is done in the hospital, and requires an overnight stay, but it is, for insurance purposes, still considered an outpatient procedure. "What I most want women to understand is that there is help available, and I'm proud to say that I've been held to render that

help to scores of women who are dealing with the problem of incontinence."

As always, Dr. McClure places great emphasis on preventing illness, rather than simply treating problems after the fact. "Wellness is an ever-increasing part of my practice, and for women, I have many recommendations to prevent such problems as osteoporosis, breast cancer, urinary tract infections, and fibromyalgia, among other problems. If women are now under treatment for breast cancer, there's much they can do to decrease the side effects of that treatment. I urge them to look for creative and natural approaches to good health-to regain it, and to retain it, as well."

#### Tips on Improving Bladder Control

Dr. McClure offers these tips for improving bladder control. Among his suggestions:

Keep a bladder diary. Record your patterns of urination and wetness daily, to monitor your progress.

Control fluid intake. Drink at least 6 cups of fluid every day-preferably, one cup of fluid for every 20 pounds of weight-to prevent urine from becoming too strong and an irritant to the bladder. Avoid caffeine in all its forms. If you urinate more than 1 or 2 times a night, limit fluid intake after 7 p.m. but not during the day.

Urinate on schedule every 1, 2, or 3 hours, to help regain bladder control. When possible, avoid urinating when you feel strong bladder urges, and stick to your schedule as closely as you can.

Do pelvic muscle exercise to help control leaks of urine when coughing, sneezing, laughing, and lifting.

Limit certain foods, such as citrus juice and fruits, milk and milk products, chocolate, tomatoes, and spicy foods.

Bowel regularity is important; constipation makes incontinence worse. Drink fluids, get daily exercise, add fiber and bran to your diet. Avoid laxatives, except a good natural laxative such as aloe vera.

Check medications. Both prescriptions and over-the-counter medicines can have side effects on the bladder. Check with your doctor.

Think positive. Much can be done to treat and manage incontinence with the help of your health care professional.