

Title: Weight loss as an effective alternative treatment for stress urinary incontinence

Author: Adebisi Alimi

Date: March 2/2010

Key words: Stress Urinary incontinence
Overweight or obese
Weight loss

Abstract: A patient education tool describing type's urinary incontinence in women. Obesity is one of the modifiable risk factor of Stress incontinence. There are many treatment options available for obese or overweight women with SUI. The gold standard of SUI management is surgical . However weight loss is an ideal first line option for obese and overweight women with stress incontinence. Additional benefits of weight loss include better risks and cost benefits outcomes over surgical option and improvement of other co morbidities in obese or overweight patients include hypertension, type 2 DM and hyperlipidemia.

This document was created by a medical student enrolled in the Primary Care Clerkship at the University of Minnesota Medical School as part of the course project. The aim of the project is to present information on a medical topic in the format of a patient education handout. It does not necessarily reflect the views of the University of Minnesota Medical School physicians and faculty. These materials are provided for informational purposes only and are in no way intended to take the place of the advice and recommendations of your personal health care provider. The information provided may no longer be up to date since it has not been reviewed since the date of creation. The information provided should not be used to diagnose a health problem or disease, or as a means of determining treatment. In the event of a medical emergency, immediately contact a doctor or call 911.

Urinary incontinence:

Urinary Incontinence (UI) is loss of bladder control resulting in involuntary urine leakage. It affects men and woman but it occurs more frequently in women. Only 1 in 4 symptomatic women seek help. It affects all women regardless of race or socio-economic background.

Women are reluctant to discuss these problems with their physician because of embarrassment, assuming it is a normal process of aging, fear of surgery, or self management.

Reluctance to seek treatment results in drastic lifestyle changes, avoiding social or work events and sometimes depression.

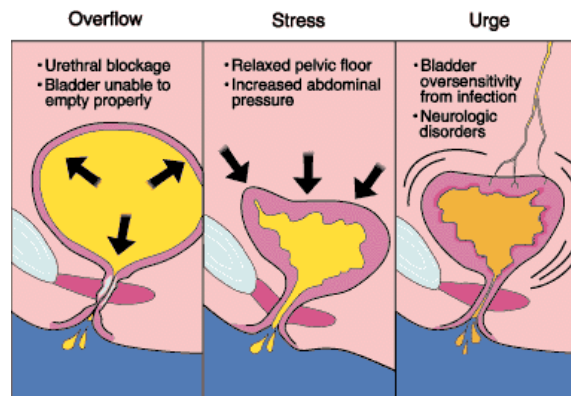
Medical complications of UI include

- * Organ prolapse,
- * Urinary retention
- * Lower urinary infections.

There are 5 types of UI

1. **Stress:** most common ,
2. Urge: has strong urge to void
3. Mixed: combination of both stress+urge
4. Overflow: failure to empty or not sensing full bladder
5. Functional : leakage due impaired cognitive or physical functioning

Types of Incontinence



Stress incontinence (SUI):

This is the most common type of urinary incontinence in younger woman. Over 13 million Americans suffer and 85 % of them are women. SUI is the most common of UI in younger women and 2nd most common cause in older women.

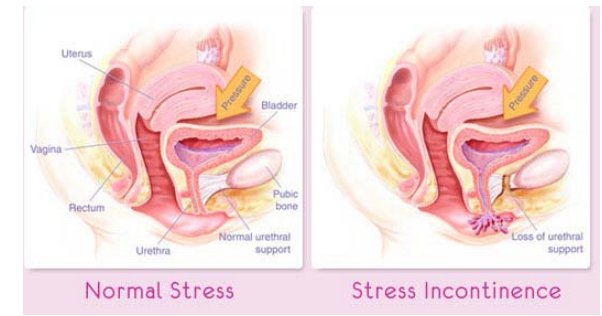
SUI is a result of combination of intrinsic sphincter deficiency, more often due to hyper mobility or poor support of the urethra due to weakness of the pelvic floor muscles .Therefore increases in abdomen pressure is transferred to the bladder causing urine leakage.

Activities like laughing, coughing, sneezing, dancing, lifting, running, increases pressure on the bladder causing urine to leak.

Risk factors for SUI includes

- ***Obesity**
- * **Age,**

- * Multiple pregnancies and vaginal deliveries,
 - * Chronic disease e.g. COPD, Asthma.
- Symptoms: **urgency, frequency, night time leakage, bedwetting.**



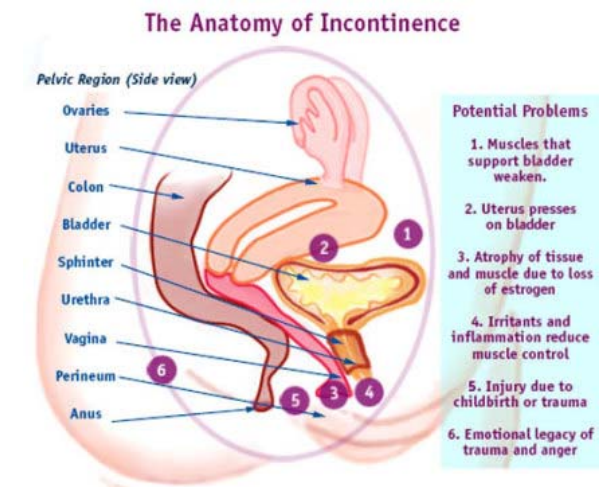
Urinary structures

Kidney: make urine

Ureter: transports urine to the bladder

Bladder: temporary storage of urine until it appropriate to void

Urethra: final transport out of the body.



Diagnosis:

Evaluation by your physician will include the following tests

Complete History and physical exam, bladder diary and UI questionnaire, lab tests including urinalysis, pelvic exam tip test, Catherization, urodynamic study, cytосcopy.

Obese or overweight patients with SUI have multiple treatment options.

Weight loss as part of lifestyle modification can be an ideal treatment option because it is a modifiable risk factor for SUI. Obese or overweight patient might seek behavioral treatment if

- Prefer non invasive or non-surgical options, treatment with no risk or recovery downtime, poor candidate for surgery, surgical failure,
- Ideal first line treatment for SUI in obese or overweight women.
- Additional health's benefits include improved Type 2 DM, hypertension, hyperlipidemia and improved mood and quality of life.

Weight loss tips

Diet: low calorie diet with goal of 1200 1500 kcals/day.

Replace 2 meals with bar and liquid shakes

Increase fruits and vegetables in their diet

175 to 200 minutes per day of moderate intensity.

Moderate intensity exercising includes mowing lawn, dancing, swimming, biking on a level surface.

Medications: orlistat.

Behavioral: life style modifications avoiding heavy lifting, decrease caffeine consumption, regulating fluid intake, smoking cessation
Physical therapy: pelvic floor exercises, kegel exercises

Other treatment options:

Devices: pessaries, perineal pads to support pelvic organs for support and reduce pressure on the bladder

Bulking agent: agents like collagen, carbon beads, ethylene alcohol are periodically used to support urethral.

Surgery: minimally invasive (midurethral slings) including TVT tension vaginal tape or invasive (retro-pubic operations e.g. Burch procedures). Midurethral slings are more common with a cure rate of 80%, 10-15% improvement and 5% failure rate.

Complications include erosion, de novo urge urinary incontinence, vascular,

bowel and lower urinary tract injury and bladder perforation is most common complication.

For more information visit

[American College of Obstetrics and Gynecology \(ACOG\)](#)

www.acog.org.

[American Urological Association AUA](#)

Sources:

UpToDate www.uptodate.com 2/22/10.

Prepared by Adebisi Alimi

MS4.

[University of Minnesota Medical school](#)

Minnie Pauz....™



Thank God for all those years of doing my Kegels!

