

Incontinence Research Roundup

Information to Help Caregivers Manage the Condition

By Teri Brown

Article printed from

<http://caregiver.depend.com/articles/treatment/index.asp?pg=139>

Caring for a person who experiences incontinence requires tact, love and, most importantly, knowledge – knowledge of the different management techniques available and which one is right for your care receiver.

Much of the recent incontinence research involves advances with medicinal or surgical options. It's important to remember, however, that medicine and surgery are not the only options for managing incontinence. The use of absorbent products, bladder training exercises and less invasive procedures are all viable options for managing incontinence. You can learn more about them in the [DEPEND® archives](#).

“The decision to proceed with any operation is a balancing act,” says Dr. Robert Moldwin, associate professor of clinical urology at Albert Einstein College of Medicine in New York. “One has to take into consideration just how severe the problem is to warrant surgery. Remember, these are not surgeries performed to save a life. The intention with urinary incontinence surgery is to improve the quality of life. In many instances, medications or other minimally invasive therapies might do the trick or decrease the problem's severity to a point where the condition is livable. Those less aggressive therapies are generally the first step, and the surgical approach is only considered for patients who fail those therapies.”

Talk to your care receiver's doctor to determine the management technique that's right for his or her incontinence condition. Here's a roundup of the latest research on incontinence:

Medication Options

Advancements in incontinence medications have grown by leaps and bounds during the past few years. Though most medications are very effective, you need to remember to ask a health care provider if the medication will interact well with any other prescriptions your loved one is taking. Another issue can be unexpected side effects such as memory problems.

A recent clinical study researched the effects of two prescription medicines on memory loss. The medications are used primarily to treat overactive bladder. The study, done by the Washington Neuropsychological Institute, showed that treatment with one of the medicines did not result in impaired memory function in healthy adults age 60 and older. In contrast, treatment with another medication evaluated in the study caused significant memory deterioration. These findings were presented during the 2006 Annual Meeting of the American Urological Association. Be sure to ask a physician about possible side effects of any medication you may be considering.

Urethral Implant Therapy

Urethral implant therapy uses different types of collagens to bulk up the opening of the urethra. The procedure is available for both men and women and helps restore the integrity of the urethra opening and make it smaller. Unlike surgical slings, this therapy can be done in a physician's office in a matter of minutes.

Dr. Joseph MacCarone, head of the Division of Female Pelvic Medicine and Reconstructive Surgery at Cooper University Hospital in southern New Jersey, specializes in this type of procedure. He says there are four bulking agent products available.

“These bulking agents are injected in different ways but in general are all able to be performed in the office or outpatient setting with topical and local anesthesia via cystoscopic guidance,” says Dr. MacCarone.

The clinical trials on all four implants showed that they compare favorably as far as effectiveness. However, you should discuss each one with your care receiver's physician to see which one is right for him or her.

Cell Therapy

Cells are on the cutting edge of incontinence management research. Dr. Lesley Carr is a urologist and an assistant professor in the Department of Surgery at the University of Toronto. She is currently working on a technique using a person's own muscle cells to improve the integrity of the urethra opening.

Dr. Carr says studies in animals by their collaborator, Dr. Michael Chancellor at the University of Pittsburgh, suggest these muscle cells are capable of improving the urethral sphincter's function. Dr. Carr says she hopes this same effect will occur in humans.

"The other possible way the injection may work is by aiding the urethral seal in a fashion similar to other bulking agents used to treat stress incontinence," Dr. Carr says.

According to Dr. Carr, there are two procedures for the cell therapy technique. The first procedure uses a small muscle biopsy from the thigh to harvest the muscle cells. The second is an injection of the muscle-derived cells back into the urethral sphincter. Both are quick, outpatient procedures done with local anesthetic.

Results from this procedure have been seen initially within days of injection, but some patients have also reported ongoing improvement in a more delayed fashion. While promising, this technique is not yet available to the public. "While the results of our small pilot study are encouraging, this technique is still a long way away from commercial availability," Dr. Carr says.

InterStim Therapy

InterStim Therapy, developed by the Medtronic company, uses electrical stimulation on the sacral nerve (in the lower back) to eliminate or reduce bladder leakage. Dr. Sean Francis, chief of urogynecology/pelvic surgery for the Medical College of Georgia Health System, says the procedure takes two 30-minute visits.

"Under light anesthesia, we use a needle to find the right place near the nerves that innervate the bladder," he says. "An electrode is then inserted in that area and tunneled under the skin so that the patient can control the level of the device. The largest incision is 3 to 4 centimeters long over the lower hip area. Results are generally instant, and if it works during the testing process, we place a pacemaker in the same 3 to 4 centimeter incision."

Experts say this technique is especially helpful for urge incontinence sufferers, those who have urgency frequency and those with non-obstructive urinary retention.

Surgical Solution

Dr. Amy E. Rosenman, assistant clinical professor at the Geffen School of Medicine at UCLA, says the latest advancement in surgical techniques to treat incontinence in women is tension free trans vaginal tape (TVT).

"This is an outpatient procedure that is done with needles through tiny incisions, no catheters are needed and the patient is back to most normal activity in one week," says Dr. Rosenman, who is also a co-author of the book *The Incontinence Solution: Answers for Women of All Ages* (Simon & Schuster, 2002). "The procedure is 90 percent effective, rarely complicated and lasts a long time because the tape is a permanently implanted nylon-like material."

The tape, which is made of a nylon-like mesh material, is surgically inserted through a small incision in the vagina. It is then positioned underneath the urethra and pulled up through two tiny incisions in the skin's surface just above the pelvic area. As it is pulled up, the friction between the tape and the tissue holds the tape in place. The tape creates a supportive sling for the urethra only when needed as opposed to the tension of the traditional sling surgery.

As more and more researchers take on the issue of urinary incontinence you can be sure more innovative solutions will be found. As a caregiver, it's important for you to educate yourself about all the different management techniques for incontinence so you can be an advocate for your care receiver and discuss different options with his or her doctor.



For more information about other great Kimberly-Clark brands, visit our [Kimberly-Clark Corporation website](#).

All names, logos and trademarks are the property of Kimberly-Clark Worldwide, Inc. or its affiliates. Copyright 1997-2004 KCWW. All Rights Reserved. Your visit to this site and use of the information hereon is subject to the terms of our [Legal Statement](#). Please review our

[Privacy Policy.](#)