

MINIMALLY INVASIVE TREATMENT of Stress Incontinence

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Many women have responded to the HL article printed in the spring edition that focused on what incontinence is and some of the options for treating it like physical therapy and surgery. Readers wanted more information, specifically about the minimally invasive surgical options we mentioned. Healthy Life spoke with Dr. Leuci and Dr. Agneshwar of OB-GYN Associates of the Southern Tier to help clarify the various types of minimally invasive surgery used to treat and cure incontinence in women.

Stress incontinence, the most common type of urinary incontinence in women, can occur as a result of weakened pelvic muscles, trauma to the area, neurological injury, or a malfunction of the urethral sphincter. Health experts estimate that about 50% of all women have occasional urinary incontinence, and nearly 20% of women over age 75 experience daily urinary incontinence. Women with stress incontinence experience an involuntary loss of urine during physical activities, or while sneezing, laughing or coughing.

Women can reduce their chances of developing urinary incontinence by doing Kegel exercises to strengthen pelvic floor muscles, maintaining a healthy weight, and not smoking.

Incontinence is a common problem that can have a significant impact on an individual's quality of life. Women should feel comfortable discussing this health issue with their physician, who can offer both understanding and a variety of treatment options.

Behavioral techniques, exercises, and lifestyle changes are often tried first; however, their success often depends upon the individual's patience and persistence, as well as the cause and severity of the incontinence. Drug treatments are sometimes offered as management techniques for certain types of incontinence, but are not cures. Surgery continues to have the highest cure rate for incontinence over time.

Through the years, surgical procedures to treat stress incontinence have evolved from major surgery requiring large abdominal incisions to less invasive procedures such as trans-vaginal slings, and TVT (tension-free vaginal tape) procedures, which require no abdominal incisions. The benefits of minimally invasive procedures are many, including fewer post-operative risks, less risk of complications, faster recovery, less blood loss and a very high success rate.

"There is no reason why a woman needs to live with urinary stress incontinence," says Dhruv Agneshwar, M.D., F.A.C.O.G. "The minimally invasive procedures we are doing take less than 30 minutes under local anesthesia, and a woman can go home in about three hours."

One of the newest surgical treatments for stress incontinence is called a TOT, or transobdurator sling. Slings are thin strips of material, which are inserted into the body to provide support for the bladder and urethra. There are many types of slings, made from various materials and designed for different ergonomics and angles. Some of the newer slings have center portions that dissolve once supportive scar tissue has formed, in about 90 days.

"The TOT is the next generation to TVT and is quickly becoming the surgical option of choice," said Dr. Agneshwar. "It has a 90% success rate and a lower risk of complications, such as bladder injury, than the TVT."

Surgeons can also decide on a combination of techniques and approaches, such as the TVT/O. "Some surgeons prefer to work from the outside in, and others from the inside out," explains Domenico Leuci, M.D. "We frequently perform the TVT/O, starting vaginally and working to the outside, securing the sling on either side of the labia."

This type of surgery is not appropriate for women with conditions such as an overactive bladder, or urge incontinence. Women who want to get pregnant, or who have had multiple surgical failures would also not be good candidates.

Whether the TVT, TOT, or TVT/O, minimally invasive surgery as a cure for incontinence is a well-tested procedure with a track record of safety and efficacy