

HEALTH

Do You Have A Bladder Problem?

If you think urinary incontinence affects only older women, think again. Bladder control issues affect younger and active women too

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You head to the gym, ready to workout and in the middle of doing so, an accident. This embarrassing little problem is urinary incontinence, and many women, regardless of age are secretly dealing with it. The life span of a Malaysian woman is estimated to be 76 years. In general, this means she will spend some 30 to 40 years in a postmenopausal stage. Prominent clinical problems among women in this group includes Female Urinary Incontinence. Most times, they do not seek treatment as there is a misconception that incontinence is part of ageing which may lead to them developing depression, anxiety embarrassment, low self-esteem and social isolation. Dr Jamal Wagiman, Consultant Obstetrician and Gynecologist at Columbia Asia Hospital-Seremban shares what is incontinence, symptoms to look out for and how it can be treated.

What is Female Urinary Incontinence?

It is a condition where a woman is no longer able to control her urine excretion, wetting undergarments involuntarily.

What are the different types of urinary incontinence among women?

Stress Incontinence – Involuntary leak of urine while coughing, sneezing or strenuous activities.

Urge Incontinence – Urine leak preceded by a very strong urge to hold it in.

Overflow Incontinence – Urine leak following a very full bladder due to the loss of bladder sensation.

Mixed Type – Both Stress and Urge Incontinence are present in different situations and severity.

What is the earliest signs and symptoms of urinary incontinence ?

You will notice that you occasionally leak urine whenever you cough or sneeze.

What are the available treatments out there?

Behavioral therapy – Avoid drinking coffee. It helps those with urge incontinence. Limiting 1,500 to 2,000ml of fluids a day is suitable for those who are taking too much fluids. Bladder Training Session will help women get into sufficient intervals without experiencing an urge. Kegel's pelvic exercises also helps tone up your pelvic muscle.

Medical Therapy – Urge incontinence can be treated with medication. This is to increase the bladder's ability to hold more urine before involuntarily contracting. Contracting causes a strong desire to void.

Surgical Therapy – Stress Incontinence surgery is indicated after three to six months of behavioral therapy. The surgery will involve application of a tape at midway portion of the urethra (outlet passage from the bladder). For Pelvic Organ Prolapse, surgery involves removal of uterus and repositioning of the prolapse bladder and rectum.

Does it always require surgery?

Not necessarily unless you are not responding to first line behavioral and medical therapy. In fact, in the early stages of the problem, guided pelvic floor exercises will resolve almost 80 percent of cases.

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