MILLIONS OF AMERICANS EXPERIENCE PROBLEMS WITH BLADDER CONTROL AND INVOLUNTARY URINE LEAKAGE KNOWN AS URINARY INCONTINENCE (UI), AND 85% OF THESE ARE WOMEN. WHILE UI CAN AFFECT WOMEN OF ALL AGES, AS MANY AS HALF OF ALL WOMEN OVER 50 HAVE SOME FORM OF UI. URINARY INCONTINENCE IS NOT A NATURAL PART OF AGING, IT IS A FORM OF VOIDING DYSFUNCTION AND A MEDICAL PROBLEM THAT CAN BE CONTROLLED AND OFTEN CURED. HOWEVER DESPITE THE HIGH SUCCESS RATES FOR TREATING INCONTINENCE, ONLY ONE OUT OF EVERY 12 PEOPLE AFFECTED SEeks MEDICAL HELP. ONE REASON FOR THIS MAY BE THAT MANY PATIENTS THINK THE ONLY TREATMENT FOR INCONTINENCE IS SURGERY – WHICH IS NOT ACCURATE.

“IT IS A FORM OF VOIDING DYSFUNCTION AND A MEDICAL PROBLEM THAT CAN BE CONTROLLED AND OFTEN CURED.”

“Many of my patients come in and tell me their bladder control problem is so bothersome, they are ready for surgery. They are happy to hear that oftentimes surgery is not their only or even their best choice for treatment.”

“IT IS A FORM OF VOIDING DYSFUNCTION AND A MEDICAL PROBLEM THAT CAN BE CONTROLLED AND OFTEN CURED.”

Surgical and Non-Surgical Treatment for Bladder Control in Women

Since not all bladder control problems are alike, not all bladder control problems are treated using the same method. Some problems are caused by weakened muscles (pelvic floor muscles, sphincter muscles or the bladder muscle) while others are caused by damaged nerves or an overactive bladder muscle and nerves. Before treatment can be determined, an examination and tests are done to identify the patient’s type of incontinence.

To diagnose the problem, a urology specialist will first ask about symptoms and medical history and may do a pelvic examination. Looking at a patient’s pattern of voiding and urinary leakage may suggest the type of incontinence the patient is experiencing. Thus, many specialists begin by doing a flow test, a pad test or have the patient fill out a bladder diary over several days. In some cases, additional testing is required.

“AT JENKINS CLINIC THE FOCUS IS ON OUR PATIENTS AND THEIR TOTAL WELL-BEING,” SAYS DR. GILCHRIST. “THEREFORE, THE CLINIC WAS BUILT AND EQUIPPED WITH THE LATEST AND BEST IMAGING AND DIAGNOSTIC TECHNOLOGY. PATIENTS CAN HAVE MOST TESTS NEEDED PERFORMED AT THE CLINIC. FOR SOME PATIENTS, WE ARE A ONE-STOP SHOP.”

The major categories for treatment for incontinence differ by incontinence type but can include behavioral, pharmacological, and neuromodulation. Additionally, some patients have bladder control issues from pelvic organ prolapse that can be treated with prolapse repair, including sacrocolpopexy, which Dr. Gilchrist performs robotically, laparoscopically and traditionally.

Dr. Gilchrist is well-trained and handles even the most complex urology cases having performed her fellowship at the Medical University of South Carolina under renowned urologist Dr. Eric S. Rovner. Her clinical expertise includes all methods of treatments for overactive bladder, incontinence, and voiding dysfunction. “Women do not have to be bothered or embarrassed by bladder control issues. Their condition can be cured or managed with proper help. We are here to improve their quality of life.”

Located in the Piedmont West Building, Jenkins Clinic is a 501(c)(3) tax-exempt non-profit urology center focused on providing each patient with exceptional, compassionate care. The Clinic is equipped with state-of-the-art imaging and diagnostic technology so that patients with voiding dysfunction may have any recommended laboratory testing, ultrasound imaging, CT scans, cystoscopy procedures, or video urodynamic studies done while at the Clinic.

For referrals and appointments, please call 404.240.9700.
Incontinence Types, Diagnosis, and Treatments

Types of Urinary Incontinence

**Stress** – Urine leaks when pressure is put on the bladder (coughing, sneezing, and exercising)

**Urge/Overactive Bladder** – Frequent uncontrollable need to urinate, leading to leakage

**Mixed** – Occurrence of stress and urge together

**Overflow** – Urine leaks due to full bladder or bladder that does not empty normally

**Transient** – Leakage that occurs temporarily due to infection, new medication, etc.

**Functional** – Leakage due to physical or mental disability

Tests to Diagnose the Problem

**Symptoms, Medical History and Physical** – Patient and doctor discuss problems, review past and present medical conditions, and surgical history

**Pelvic Exam** – Examination sometimes includes bladder function tests

**Bladder Diary** – Detailed recording done of fluid intake and voided volumes over several days

**Blood Tests** – Performed to assess kidney function

**Urine Culture** – Urine sample tested for infection

**Ultrasound** – Sound waves create an image of the kidneys, ureters, bladder, and urethra

**CT Scan** – Allows doctor to see image of the entire urinary tract

**Cystoscopy** – A thin tube with a tiny camera allows the doctor to see into the urethra and bladder

**Urodynamics** – Measures pressure in the bladder and the flow of urine; also helps to identify specific functional problems or obstruction

Treatment Options

**Behavioral** – Bladder retraining, timed voiding and Kegel exercises

**Pelvic Floor Muscle Rehabilitation** – Strengthens the pelvic floor muscles to enable better control of urgency

**Medications** – Prescription medicines can control an overactive bladder long term

**InterStim** – An implantable bladder pacemaker uses mild electrical stimulation of sacral nerves to regulate behavior of bladder and pelvic floor muscles

**Botox Injections** – Office-based procedure involving injection of a protein into the bladder muscle which will decrease bladder overactivity and leakage from uncontrollable urinary urgency

**Urethral Bulking Procedures** – Office-based procedure involving injection of natural materials around the urethra to improve stress urinary incontinence

**Sacrocolpopexy** – Robotic, laparoscopic or open surgery that corrects pelvic organ prolapse (hernia through vagina of pelvic organs) that can improve bladder/incontinence symptoms from bladder prolapse