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St. Joseph Health Mission Hospital

PhysicianLink

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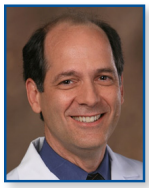


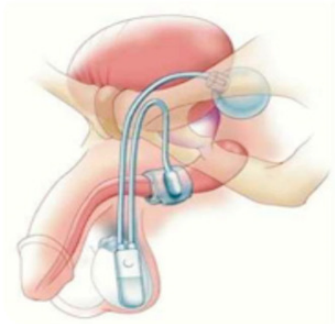
Current Management of Male Urinary Incontinence

By: Theodore V. Benderev, M.D.

When one thinks of urinary incontinence, a woman leaking while laughing or sneezing comes to mind. However, in fact, this same type of stress urinary incontinence afflicts men - in some ways even more than women, as they have never known sudden wetness. A remarkable number of men suffer with stress urinary incontinence after prostatectomy procedures (radical and transurethral) that damage the urethral sphincter or nerves that supply it. Specific statistics have been elusive with estimates of incontinence after radical prostatectomy ranging from 5-69%. In the United States, it is estimated that 3.1 million men 60 years of age or older have stress urinary incontinence.

Incontinence initially after radical prostate surgery is not unusual and frequently resolves on its own or with pelvic muscle re-education (which can be supplemented with physical therapy as expertly available at Mission Hospital's rehab center) to restore sphincteric function. Clamps should be avoided during the early period of incontinence, as patients become demotivated to exercise and strengthen their sphincter. If the incontinence does not resolve by one year or in those cases that show no improvement at 6 months, then additional modalities can be pursued, as there is little chance for further recovery.

When incontinence persists, the patient should be seen by a urologist who can present the gamut of options from absorbent products to clamps to condom catheters to the more definitive therapies of surgery. The absorbent products are more highly advanced now mimicking the highly absorbent properties of infant diapers wicking irritating wetness of urine from the skin surface. These pads are all too frequently the "easy" choice. Pads can be an excellent choice for those men with the mildest leakage, but when the pads are wet rather than damp and multiple pads are used per day, then these afflicted men can be greatly troubled, depressed and isolated from their normal activities.



Artificial Urinary Sphincter with urethral cuff, pressure regulating balloon and control pump.

For doctors who question their post-prostatectomy patients and determine those whom are unhappy with conservative management of their incontinence, there are two outpatient surgical options associated with high patient satisfaction. For severe incontinence (those patients who wet their bed or use a large number of pads each day), the gold standard therapy is the placement of the Artificial Urinary Sphincter. This three piece urethral cuff and pump assembly was first implanted in 1972. The technology has greatly evolved with reduced risks of malfunction and infection, due to advances such as antibiotic coatings of the prosthetic. General satisfaction rates are 90% with 2/3 of patients reporting no further pad usage and 1/3 using an average of one light pad per day.

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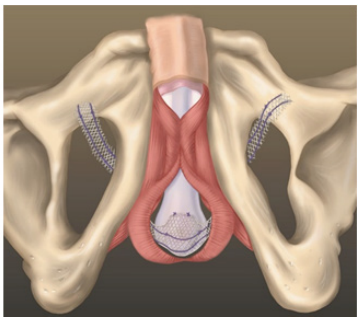

Male Suburethral Sling

For moderate levels of urinary leakage, the less invasive option of sub-urethral support with a mesh sling has proven to be an appropriate choice for those patients who prefer not to have a multi-piece artificial urinary sphincter placed as treatment. Again, with modification over the years, the sling now has one-year success rates of 80-90 percent in properly chosen patients. With the most current sling technology, the typically short term complication of urinary retention has dropped to as low as 3%.

Surgery for prostate cancer is a most important modality, but the less than rare post-operative complications of impotence and incontinence greatly affect a man's sense of self-esteem. With prosthetic technology so advanced that approximately 95% of patients would recommend their sling or their artificial urinary sphincter to a friend, doctors can feel more confident that there is now a very reasonable opportunity for their patients to recover continence and return to a near normal quality of life - first by conservative measures - followed by surgery, when appropriate.

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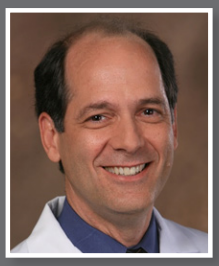

Dr. Benderev is a board certified urologist with subspecialty certification in Female Pelvic Medicine and Reconstructive Surgery. He has been practicing primarily at Mission Hospital since 1987. He completed his medical school training at the University of Maryland and Urology residency at Northwestern University in Chicago. He joined the Urology faculty at UCI initially and still holds a Clinical Professorship there.

He is the Co-Founder of the Incontinence and Pelvic Support Institute founded on the campus of Mission Hospital in 1994. He has developed surgical technologies used by clinicians worldwide in the treatment of incontinence and other pelvic urologic disorders.

He has a special interest in managing more complicated pelvic conditions of his colleagues' patients with conservative measures and reconstructive surgery when necessary. His outside interests include hiking, biking, and enjoying his cabin in Mariposa with family and friends.

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