URINARY INCONTINENCE—ROLE OF THE ENLARGED PROSTATE IN THE OLDER MAN by Charles M. Feinstein, M.D.
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As we grow older, our bodies go through a series of normal changes. Our hair gets thinner, some of us become gray and our eyes are not as strong as they used to be. Some of us can’t run for the bus anymore.

One of the normal changes that happens in the older man is that the prostate grows larger. The prostate is a small gland, the size of a chestnut, present only in men. In younger men, it can be the site of infections, called prostatitis. Its normal function has to do with the man being sexually potent, and with fertility.

The prostate gland is not well understood by most of us, probably because it’s so well hidden. The prostate is behind the pubic bone, in front of the rectum, and below the bladder. It acts as a base for the bladder to sit on, allowing the urine from the bladder to flow easily thru the urethra.

The normal young man never has to pay any attention to his prostate. However, as a man gets older, the prostate grows larger. This is completely normal and happens in everyone. The only difference from one man to another is that in some the prostate grows just a little, while in other men, the prostate can grow to enormous size, sometimes bigger than a large orange. A severely enlarged prostate can cause many problems such as blockage of urine, incontinence, infections, and renal (kidney) failure.

Our bodies can handle all sorts of problems and the growing prostate is no different. We first go through a stage called the COMPENSATED stage. Although the prostate is growing larger, our body reacts and changes to compensate for the prostate growth.

When the prostate grows larger, it puts pressure on the urine channel (URETHRA) blocking the passage of urine out of the bladder. The bladder begins to compensate. The bladder is made up of muscle, similar to heart muscle, which has the ability to contract in order to empty itself. When the prostate enlarges and blocks the urine channel the bladder reacts (compensates) by a thickening of the bladder wall. As the bladder wall thickens, it can contract or try to empty itself, with greater force. More force is needed to push the urine through the prostate (which is squeezing the urine channel to a smaller and smaller size). Therefore, the larger the prostate grows, (Continued on back page)
CONTINENCE CLINICS SPRINGING UP AROUND THE COUNTRY

As medical professionals and hospitals become aware of the numbers of people suffering from incontinence, programs to meet the needs of this problem are being developed. Urologists, geriatricians, hospitals and research facilities are devoting staff and equipment to diagnosis and treatment of urinary incontinence. Many of these facilities are called continence clinics.

Following is a listing of the continence clinics of which the Simon Foundation is aware. We trust that the inclusion of this article in the Informer will bring several more clinics to our attention which we will include in the next edition of the Informer. The listing of these clinics is a service of the Foundation and in no way should be considered an endorsement of an individual clinic because it is listed in this publication.

If you or someone in your family is incontinent, it is vital that you seek medical attention. Incontinence could be a symptom of a serious undiagnosed medical problem.

CENTER FOR CONTINENCE CONTROL
Benjamin Fox Pavilion
Suite 518
Jenkintown, PA 19046
215-886-8300

Restrictions: none
Staff: Directed by board-certified urologists
Treatment: Treats all types of incontinence. All evaluation and testing performed on an outpatient basis.
Opened: 1985

ELMHURST CLINIC CONTINENCE CENTER
172 Schiller Street
Elmhurst, Illinois 60126
312-941-2646 (Ask for Mae Koroans)
Restrictions: none
Hospital Affiliation: Elmhurst Memorial Hospital, Alexian Brothers Hospital
Staff: Urologist, Registered Nurse
Treatment: Full range of facilities for evaluation and treatment of incontinence and impotence problems.
Opened: 1985
Waiting time for appointment: none.

CONTINENCE RESOURCE CENTER
1560 North 115th Street
Suite 106
Seattle, Washington 98133
206-365-3868

Restrictions: none
Hospital Affiliation: Northwest Hospital, Northgate Hospital, Ballard Hospital, Stevens Hospital, Swedish Hospital
Staff: Urologist, Registered Nurse, Medical Technicians
Treatment: Diagnosis and treatment of all types of incontinence.
Opened: 1984
Waiting time to be seen: Approximately one week.

THE HARVARD CONTINENCE CLINIC
Brigham and Women's Hospital
75 Francis Street
Boston, Mass. 02115
617-732-6844
Restrictions: Prefer elderly (over 65)
Hospital Affiliation: Brigham and Women’s Hospital, Beth Israel
Treatment: All types of incontinence.
Staff: Urologist, Geriatrician, Geriatric nurse practitioner, social worker
Opened: 1981
Waiting time for first appointment: a few weeks.

CONTINENTAL CLINIC FOR OLDER ADULTS
Turner Clinic Building
1010 Wall Street
Ann Arbor, Michigan 48109
313-763-7090
Restrictions: none
Hospital Affiliation: University of Michigan Hospital
Staff: Nurse Practitioner, Nurse Scientist, Urologist
Treatment: all types of incontinence.
Opened: 1982

PHYSICIAN'S CENTER FOR GERONTOLOGY CONTINENCE CLINIC
2447 North Southport Avenue
Chicago, Illinois 60614
312-327-5500 (Carol Dall, R.N.)
Restrictions: Age 55 and older
Hospital Affiliation: St. Joseph's Hospital, Grant Hospital, West Suburban Hospital, Mt. Sinai Hospital
Staff: Geriatrician, urologist, geriatric nurse practitioner
Treatment: Full range of diagnostic and management protocols for incontinence
Opened: 1985
Waiting time: none.

URINARY CONTINENCE & DYSFUNCTION CENTER OF BETHESDA HOSPITAL
2451 West Howard Street
Chicago, Illinois 60645
312-761-6000 (Carole Baker)
Restrictions: All ages over 13
Hospital Affiliation: Bethesda Hospital
Staff: Two Urologists, Registered Nurse
Treatment: Full range of urodynamic (bladder function) testing and full range of medical and surgical treatment for urinary incontinence.
Opened: 1985
Waiting time for first appointment: 1-2 weeks.

URODYNAMICS LABORATORY
HUMANA WOMEN’S HOSPITAL—EAST ORLEANS
6010 Bullard Avenue, Suite 105
New Orleans, Louisiana 70128
504-245-4806
Restrictions: Women only from puberty on
Hospital Affiliation: Humana Women’s Hospital East Orleans
Treatment: Female Gynecological and Lower Urinary Tract Disorders
Staff: A gynecologist who specializes in urodynamics and a registered nurse
SIMON SAYS:

Thank You

Many thanks to the thousands of readers who returned our 1985 Continence Survey. Not only do we know you better now, but we understand your needs much better. That’s what working together is all about — solving this problem. Many of you have volunteered to help the Foundation in other ways, such as testing products and filling out further questionnaires. We have kept a file of your addresses and will be calling on you from time to time. Again we would like to assure you, all mailings that you receive are handled privately by the Foundation. It will be up to you to decide if you wish to give your name and address to others.

CHANGE OF NAME & ADDRESS

Remember, if you are moving to let us know. Please include the number which you find above your name on the mailing label. This is your membership number and we need it in order to process changes. If your name or street is misspelled, but your mail is arriving promptly, for the time being we would ask you to live with this error, as corrections are costly. Once each year we will include a correction form in the newsletter which will allow us to make all necessary spelling corrections at one time. Its more economical that way.

A BOOK IN EVERY LIBRARY

The first edition of Managing Incontinence: A Guide to Living With the Loss of Bladder Control sold out in four months. A second edition is now in press. Part of the book’s success is due to excellent reviews. “A helpful, practical guide for the many suffering from this quality of life disorder,” states Kirkus Reviews. “All matter-of-fact and clear, it may have a surprisingly wide audience.”

“Highly recommended for laypeople and healthcare professionals alike,” says a reviewer in the Library Journal. And from the editor of the Journal of Urological Nursing: “This is a very readable book and one that should be included in the library of everyone dealing with this monumental problem . . . perhaps this (book) will help change society’s negative attitude and get this taboo subject out of the closet and into the open.”

We are pleased by the book’s success, but a small dark cloud hangs over our enthusiasm. Many of our members write to say that they are on fixed incomes and can’t find the book in their public libraries. One reader wrote she was saving $1 a month and would be able to buy the book next year.

A BOOK IN EVERY LIBRARY project is dedicated to remedying this situation. Here’s what you can do to help.

1. Check with your local library, if they don’t have the book on the shelf, request that they order it.

2. If you have finished with your own copy of Managing Incontinence, consider donating it to your local library.

3. Send $1, 2, 3 or whatever you can to Book Project, The Simon Foundation, P.O. Box 815, Wilmette, Illinois 60091. The book costs $12.95. If you would like to contribute a book to your local library, please send us instructions along with your donation.

THANK YOU

Editor’s Note: This issue of the Informer was underwritten by The Windsor Group. The Simon Foundation does not endorse specific incontinence products or medical treatments. Inclusion of our Thank You column in no way implies endorsement.

New Ideas in Product Selection

Ten years ago choices of products for bladder control were few, plastic pants with cloth liners, sanitary napkins and bulky cloth diapers led the short list of available products. Since that time incontinence product development has emerged with new creative measures. Selection of the best product for each individual, however, can be even more confusing with so many items to choose from. The Windsor Group, recognizing this problem, has expanded from a one product mail order distributor, to a clearing house of quality products to cover a full range of selections.

The Windsor approach features a personalized profile of products tailored to an individual’s needs based on a questionnaire response. For individuals who would rather select on their own a special catalog of incontinence products is available. The current issue of Windsor’s catalog features fifteen products from nine separate manufacturers, all provided on a satisfaction guaranteed program.

There are many fine products available through pharmacies, home health stores and catalogs. For people who would like help delivered discreetly to their homes, with up-to-date selections, Windsor may be helpful.

For further information call 1-800-631-5270 or write to The Windsor Group, P.O. Box 1, Belle Mead, NJ 08502.

NEW PRODUCT BULLETIN

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the more the bladder wall thickens in response. This compensation by the bladder is useful, in that we still can get urine out, but it does produce symptoms which are distressing in themselves:

1. The first thing we notice is that the urine stream is weaker and slower than it used to be 5 to 10 years earlier.
2. We urinate more often than we used to during the day, sometimes every 2 to 3 hours, or even every hour. This is called FREQUENCY.
3. We can no longer sleep through the night. We must wake up to empty our bladder 2, 3, or 4 times a night: called NOCTURIA.

The reasons for the last two problems — frequency and nocturia is that as the bladder wall thickens more and more to overcome the blockage of the large prostate, there is less and less space inside the bladder to store the urine. Also at night, when we lay flat in bed, more body fluids leave our legs and enter our circulation, so the bladder fills up more quickly at night, causing us to wake up to void.

4. As the prostate growth blocks the urine channel, we have to push harder with the muscles in our belly to get the urine to pass the blockage, and we have to stand for longer periods of time waiting for the urine to start to come out. This is called HESITANCY.
5. At the end of urination the bladder doesn’t have the strength to empty itself out completely so there is “dribbling” at the end of the urine stream. The person may feel like he did not empty out his bladder and indeed, he may feel like he has to void again soon.
6. As the situation worsens and the prostate grows larger and larger, and the bladder tries to compensate by thickening the walls, it starts to empty with smaller and smaller amounts of urine in it (frequency). Eventually the frequency is associated with feelings that if one doesn’t find a bathroom soon, one won’t be able to hold back the urine and may have an accident. This stage is called URGENCY.
7. In a slightly more advanced condition, the man will develop “URGE INCONTINENCE” — the degree of the bladder compensation to the prostate enlargement is so advanced that at smaller and smaller volumes of urine, the bladder will give its owner a very brief warning, and will suddenly contract, emptying itself, before he has time to get to a bathroom. The man will have NO control over his bladder and even though he gets a warning, the bladder will suddenly empty itself.

Thus, although the bladder has the capacity to compensate for the continuing growth of the prostate and the worsening blockage (obstruction) to the flow of urine, there is a price to pay in symptoms which range from mildly annoying, to complete disruption of the person’s life.

Although the bladder tries to compensate for the enlarged prostate causing a blockage to the flow of urine, it cannot compensate forever. With further growth of the prostate, the bladder will eventually “give up” and enter the DECOMPENSATED phase. This phase is associated with an entirely different set of problems.

1. The bladder starts leaving more and more urine inside itself (since it can’t empty well or contract). This stagnant urine can lead to bladder or kidney infections, which are often difficult to cure. If the infection affects the entire body, the local infection has become URINARY SEPSIS, and the person may become extremely ill.

2. Above a certain pressure or filling capacity of the bladder there will be some emptying of the bladder by overflow. The bladder leaks out a small amount of urine, but never empties itself out. It always leaves behind a large amount of urine. The person does NOT get any warning that his bladder is about to empty. It empties whenever it wants to and the only way he knows that he has just voided is that he feels that his clothes are suddenly wet. He gets no warning at all. This is called OVERFLOW INCONTINENCE.

3. Occasionally the prostate can grow to very large size without the person being bothered very much by any symptoms. But since the bladder can’t empty very well the kidneys start to slow down their functioning and sometimes very serious SILENT RENAL FAILURE can happen causing some of these patients to require dialysis, when their kidneys stop functioning.

All of these serious complications are a result of the growth of the prostate, causing a blockage to the normal flow of urine. Which symptoms the patient has are determined by how well his bladder can compensate for the blockage.

Most of these problems are completely avoidable by having routine, frequent rectal examination by a family physician or a urologist, and by paying attention to the symptoms caused by the enlargement or growth of the prostate. If you are experiencing any of the following symptoms, you should see your doctor:
1. Waking up more than two times each night to urinate.
2. Daytime urinary frequency.
3. Burning or pain upon urination.
4. The feeling that your bladder will empty itself before you reach the bathroom.
5. Dribbling and slow stream on urination.
6. Involuntary loss of urine with or without warning.
7. Difficulty in starting the urine stream.
8. The feeling of incomplete emptying.

If these symptoms have already occurred, they are manageable to a greater or lesser degree according to how long they have been present. At this point, consultation with a urologist is very important to determine the best treatment plan for the particular problem.

All the problems mentioned can be successfully taken care of. The daytime frequency can be slowed down, as well as the need to void 2 to 4 times per night. Urinary incontinence can be managed very well and may also be completely cured if the bladder is still capable of responding to the urologist’s treatment.

REQUEST FOR MEMBERSHIP

Yes, I would like to receive all of the Simon Foundation’s mailings, including their quarterly newsletter, The Informer. Enclosed is $8.00 for my 1986 membership. I understand that all mailings will come to me in an unidentified envelope.

*Contributions and membership in the Simon Foundation are tax deductible.

Name: __________________________
Address: _______________________
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Zip Code: _____________________

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