Manometric Biofeedback For Stress And Urge Incontinence

Editor's note: This article was submitted to the Informer by Doris Schmidt, R.N. and Kenneth L. Russ, Ph.D. of the DePaul Health Center, St. Louis, Missouri.

One of the newest forms of therapy available for treating certain types of urinary incontinence is manometric biofeedback. Not to be confused with other more traditional types of biofeedback, manometric biofeedback monitors the pressure of specific muscles in the lower urinary tract which help maintain continence. This therapy, coupled with certain recommended behavior changes, has been successful in treating patients with stress and urge incontinence.

Stress incontinence is the loss of urine during activities such as coughing, sneezing or changes in position, etc. where there is an increase in pressure in the abdomen that overrides the bladder's closure pressure. Urge incontinence is the sudden loss of urine proceeded by an often insufficient warning time.

It is important to remember that there are many causes for both stress and urge incontinence. Biofeedback is most beneficial to people whose stress incontinence is the result of weakening of the pelvic floor muscles due to obesity, menopause or multiple pregnancy. Positive results have also been experienced in people whose urge incontinence is due to bladder spasticity, or an inability to inhibit the bladder from emptying (a condition frequently seen in the elderly and in post stroke patients). Success has also been experienced among continent individuals who have severe frequency, urgency, and pressure in the absence of a urinary tract infection or other definite abnormality.

Biofeedback therapy usually entails 3 to 5 one-hour sessions spaced over 2 week intervals. During the session the bladder is filled with sterile water and bladder pressure is monitored. Bladder spasticity, or frequent bladder contractions in the presence of relatively low amounts of urine in the bladder, can be observed and are significant for directing treatment. A small special rectal probe measures the pressure of the external sphincter muscle which plays an important role in closing off the urine stream at select times. This device also measures increases in abdominal pressure which can put additional pressure on the bladder, thereby increasing the likelihood of incontinence.

Through instant visual feedback on a monitor, patients can learn how to coordinate and selectively control the bladder, external sphincter and abdominal muscles. A previous lack of control and weakness of these muscles which inhibit leakage, has often caused the incontinence. Knowing what muscles are involved in keeping oneself dry and when to use them is the key to the success of this therapy.

In addition to these sessions, certain instructions which are intended to alter behavioral responses that frequently contribute to incontinence are taught. For instance, patients are taught how to control strong urges un-

Simon Says:

I WILL MANAGE... is the Simon Foundation for Continence's self-help group program. Designed to provide people with incontinence both peer support and the medical knowledge they need to seek help, the program has been well received by attendees. For readers in the Grand Rapids area, please contact Susan Lassa, BSN, CURN, at Metropolitan Hospital, 1919 Boston S.E., Grand Rapids, Michigan 49506, telephone (616) 732-3713 about upcoming programs in January and April of 1990. We urge you to attend.

PRODUCTS AND DEVICES... In order to underscore the cost of this newsletter, The Simon Foundation for Continence accepts educational grants from business corporations. When you are reading information about sponsor company products in the Thank You Column, please be sure to note that if you wish to accept any trial offer of products you must contact the company directly. The Simon Foundation is a not-for-profit educational organization and does not offer incontinence products for sale.

UROLOGIC REPORT FOR BUSINESSES... A comprehensive study, entitled Urology Product Markets: Forecasts of Selected Instruments, Devices, and Supplies. This report is based on primary research and is now available from Market Intelligence Research Corporation, 2525 Charleston Road, Mountain View, CA 94043. A descriptive brochure is available. The cost of the report is $1,895.  

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One Voice: An Editorial

From the Winter/Spring 1989 Issue of Growing Healthy, published by the National Center for Health Education comes the following report entitled “What’s ‘Stressful’ to Kids?”

“In recent studies, several hundred children in grades three through nine, from six countries, were asked to rate 20 different life events on a scale ranging from 7 (the most upsetting experience) to 1 (the least upsetting). The children were also asked to indicate which of the 20 life events they had personally experienced.

The researchers were surprised to find that children from different countries, boys and girls, and children from different ages and ethnic backgrounds rated all 20 life events nearly the same. A ‘culture of childhood’ exists, the researchers hypothesize; i.e., kids are kids the world over.

The authors emphasize that what adults feel is stressful to children, and what children feel is stressful, may be miles apart. A parent or teacher who sees “wetting in class” as an incidental event, and a new baby brother as a major event may have things “upside down”.

This study is another indication of the depth of adult distress about incontinence problems. In a list of twenty life experiences which included getting lost, going to the dentist, having an operation or a new baby sibling; only three items (losing a parent, going blind, and being held back in class) ranked as a more stressful life event. Wetting in class was rated a 6.74 by U.S. kids, and 6.73 by Japanese kids.

A large part of adult distress begins with two simple phrases: “good girl” and “good boy” when used in relationship to potty training. In the short time it takes you to read this editorial, I wonder how many little children across America are being told that they are “bad” just because of a urinary or bowel control accident.

If parents were asked to stop and think about what they are teaching their children, I doubt that anyone really believes a child is a bad person simply because bladder control has not been completely accomplished. Why don’t we begin to say to our children: “Isn’t it terrific that your body is acquiring this ability?” Then when a child experiences an illness or event which brings about the loss of control fifty, sixty, or seventy years later perhaps the individual would not feel shame and embarrassment. In fact perhaps the whole culture would have a more appropriate reaction.

Instead of remembering the words “bad girl” or “bad boy” with the resulting feelings of shame and embarrassment, we could instead react with sadness. Sadness would be an appropriate and healthy emotion. For most of us, losing a treasured keepsake, a parent, or good health, does mean we experience a period of grieving or sadness. Wouldn’t it be wonderful, and far more appropriate, to spend one’s energy mourning the loss without having a single twinge of shame or embarrassment?

In the role of grandparent, parent, teacher, or health care provider there is an opportunity to create a healthier attitude about the body’s function in the future. Because today’s kids are the future. As someone once said: “This is the root of responsibility, to respond to the obligation which is imposed upon the one who sees the opportunity to investigate a change. Obviously the person who does not see it cannot respond to the obligation.”

Every person with incontinence can see the opportunity to investigate a change. Now we all have a responsibility to respond!

Biofeedback

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ing contraction of specific muscles, until they can get to a toilet. They are also taught how and when to tighten the sphincter muscle to avoid leakage when coughing, sneezing, etc.

Manometric biofeedback has limitations in application as do all therapies. It is not indicated for people who have overflow incontinence or total incontinence due to spinal cord damage or non-functional sphincter muscles. Ideally patients should be highly motivated and have alert mental capacities.

Manometric biofeedback for incontinence was pioneered in the United States at the National Institute on Aging’s Gerontological Research Center by Bernard Engel, Ph.D., Kathryn Burgio, Ph.D. and William Whitehead, Ph.D.

Simon Says:

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CONSENSUS DEVELOPMENT REPORT ON ADULT URINARY INCONTINENCE...In October of 1988, the National Institutes of Health convened a conference of experts to discuss Adult Urinary Incontinence. The complete report from this conference is available from the Simon Foundation for $2.00 (see ordering information for Reprint #9). We encourage every Informer reader to take a few moments to read this report and then to pass it on to your doctor or nurse for their files.
Pen Pal Club

In the Summer, 1989 Edition of the Informer we presented our inaugural listing of people who wanted pen pals and were willing to step out of the closet and identify themselves. The Pen Pal announcement met with resounding success and motivated others to ask to join the club. Many readers wrote to sing praises about the Club, stating that they had written to those on the list. Although many people were personally still afraid to make their name public, they were still enjoying great benefit from our Club.

The following people have written since the last issue asking to be a part of our IPPY Club (Incontinent Pen Pals Yakking!). The individuals who are adding their names to this list expressed varying purposes for wanting pen pals although some did not state their reasons. Please do remember that it is not possible for the Foundation to screen participants in our Pen Pal Club although we have every reason to believe that all who wish to join do so with the motive of self-help.

Leigh J. Barry
5042 Elliot's Oak Road
Columbia, MD 21044

Charles Renner
P.O. Box 604
Apopka, Fla. 32704

Mrs. Mary Herschberg
3425 N. 60th Street, Apt. 268
Milwaukee, Wisconsin 53216

Ms. Toni W. Hagan
216 Academy Road
Lafayette, LA 70503

Cheryl Mattingly, RN
7 Roy Avenue
Auburn, Maine 04210

John Usery
162 Dyersburg Hwy
Trenton, TN 38382

James Schmidt
8085 William
Taylor, Michigan 48180

Almeda I. Rodd
2484 North Haven Blvd.
Cuyahoga Falls, Ohio 44223

Theresa Zuccaro
4549 Lakeland N.
Robindale, MN 55422

Mrs. Helen F. Carra
7920 Ridgefield Road #43
Crystal Lake, Illinois 60014

Glynerrain Lashbrook
6400 N. Sheridan Road, Apt. 2506
Chicago, Illinois 60626

Charles Pettingill
703 East 8th Street
Superior, WI 54880

Peggy D. Pinn
118 Monroe Street #1205
Rockville, MD 20850

Joe Sherrill
3645 Chapel Grove Road
Gaston, N.C. 28052

Betty Fain
988 Evening Star Drive
Rome, OH 44085

Mrs. Lillian Fox
The Court at Palm-Aire 1007
2701 N. Course Drive
Pompano Beach, Fl. 33069

Robert N. Ramsey
806 Oak Street
East Liverpool, Ohio 43920

Kay Dixon
P.O. Box 204
Lawndale, CA 90260

Mike Smogdgrass
P.O. Box 1419
Granite City, Illinois 62040

R. Jones
5651 E. Edison #315
Tucson, AZ 85712

Mike Ulrich
1318 N. State
Aberdeen, S.D. 57401

Mrs. Arene Clark
1817 S. Dewey Avenue
Bartlesville, Okla. 74003

Kathleen Mustoe
2524 Sunset Highway
E. Wenatchee, Washington 98802

Curt Allen Morse
P.O. Box 1595
Kissimmee, Florida 34742

Mrs. R.M. Van Hoose
1703 Conlon Court
Louisville, Kentucky 40222

Randy Zimmer
P.O. Box 4
Hammondsville, Ohio 43930

THANK YOU. Editor's Note: This issue of The Informer was underwritten by an educational grant from Kimberly-Clark Corp., makers of Depend. The Simon Foundation does not endorse specific incontinence products or medical treatments. Inclusion in this column in no way implies endorsement.
Letters to the Editor:

Dear Ms. Gartley:

To those seeking understanding companionship (besides pen-pals from THE INFORMER), I would like to offer the following—it worked for me:

First of all, make it a top priority to associate with well educated, bright people. Finding them is not at all that difficult. If you are young, go to college or get a job at one. If you are an adult, take some continuing or adult education courses at a local college. Take courses and associate with students in drama, writing, art, or medical (including para-medical) curriculums. The drama, writing, and art students are usually quite uninhibited and are used to accepting human weaknesses. As a matter of fact, I met a pretty actress/dancer in summer stock who suffered from a severe case of stress incontinence. She was quite candid and talked freely about the problem—and that was way back in the dark 50's.

The medical types are, of course, used to all kinds of problems of that sort. I know a physical therapist that is engaged to one of her clients who is paraplegic. And, one dealer in incontinence products I know told me that a very high percentage of his customers are doctors and nurses.

Volunteering to assist in local hospitals might be another avenue to explore. And, last but not least, you might also want to join a community theater. As an added suggestion, those who write either to the Informer or other pen pals, should include information as to marital status.

C.M. Beckwith
13305 S.W. 109 Place
Miami, Florida 33176

Dear Mr. Beckwith:

It has become clear to us that some of the people joining the Pen Pal Club are indeed hoping to find an understanding partner. Given that we are an international organization, the chances of finding someone geographically close by is slim. Therefore, we have printed some of your suggestions which we hope will be helpful hints for our readers who are looking for partners. They are also great ideas when simply looking for new friends. Thanks for sharing again.

TO INFORMER:

I need to write to ask you about an item in the last edition regarding a request for membership. I've been receiving the Informer for a while, but can't afford to pay for it. I've saved all of mine because I appreciate it so. Also, I'm going to write to the Pen Pals, but I can't put my name on the list at this time.

Texas

Dear Texas:

A recent survey conducted by the Simon Foundation showed that approximately one-half of our readers felt their financial resources were so limited that they could not afford to join the Foundation. Many of our readers have experienced expensive illnesses which have caused their incontinence. Our goal at the Simon Foundation is to provide services to all who need use. For the past six years, our loyal readers and business organizations who are able to contribute financially, have helped us to achieve this goal. Thanks for taking the time to write and express your appreciation...we'll be happy to continue sending the Informer to you and to others who cannot afford to subscribe as long as we are able.

GENTLEMEN:

It is quite obvious that The Informer presents the problems associated with incontinence honestly, unlike the physician who operated on my prostate eight years ago and told me about the consequent retrograde ejaculation just before the operation. Even then he remained silent about the possibility of incontinence.

So my enlarged prostate was removed to relieve me from the consequent bladder problem, and I got more problems than I had before. Now I have to catheterize myself once a week to keep the contracting scar tissue from closing while taking medication and exercising the sphincter to minimize leakage and urgency.

My fellows in this predicament should know the full truth in advance. Physicians are quite irresponsible when it comes to admitting the imperfections of their profession, particularly when those are their own.

Please do not print my name.

Dear Please:

In the past we've shied away from printing letters criticizing caregivers. In general we believe that poor care is the exception, and that there are so many excellent doctors and nurses—one's that deserve much more praise than they receive. But, since our last issue which contained an article about benign prostate hypertrophy, we've been bombarded with letters from men thanking us for publishing material concerning prostate problems. Your letter of frustration provides us once again with the opportunity to deliver our standard lecture...be sure to ask your caregiver everything you want to know before commencing treatment. Each patient should ask an important standard question: "What if anything, can go wrong if I go ahead with this treatment?" Patients might also read about the proposed treatment before proceeding. Becoming an informed consumer will indicate to your physician or nurse that you want to participate in your treatment.

DEAR SIR:

Re: the letter from the Englishman Julian Ashburner, who has difficulties with bedwetting. I have some suggestions: 1. Talk to the main office buyer of the chain store about ordering a thicker adult diaper. 2. Try using heavy duty baby diapers in place of toweling pads (in the middle of the adult nappie). 3. If all else fails, wash your own soiled toweling pads. You wouldn't want to lose a good girl friend would you?

Houston, Texas

Dear Houston:

I'm not sure we should venture into this one! The battle of the sexes over who does the household chores, including the laundry, is one that is still raging. However, it's good advice...even if it goes unheeded in some households.

DEAR SIMON:

I would like to find people in this area who would be interested in a support group. Could you put a letter in the next issue of the Informer to have people contact me if they are interested? I know that there are thousands of people in this area who need help from others and it is time for something to be done.

Brad Nelson
26526 Alger
Madison Heights, MI 48071
313-543-7897

Dear Brad:

Here is your letter. We hope others follow your lead.