USING BIOFEEDBACK TO CURE INCONTINENCE

Biofeedback is either the visual or audio response of a machine programmed to measure changes in the human body's physiological activity. Biofeedback is primarily used to teach people new physical responses, responses which were previously considered automatic and not within the person's conscious control. One example which we all consider to be out of our control is blood circulation. It has been found that through the use of biofeedback, people can learn to elevate the temperature of their hands through increased blood circulation.

Recently, biofeedback techniques have been used in connection with Kegel exercises to treat women with urinary stress incontinence. Stress in this context does not refer to psychological stress, but rather to the rise in intra-abdominal pressure brought on by such activities as coughing, sneezing, jogging, or lifting.

Although most women have heard of Kegel exercises, many are confused about how to do them, primarily because they cannot locate and exercise the correct muscles. The two mistakes most often made when learning the Kegel exercises are the irrelevant contractions of gluteal muscles, and the tensing of the abdominal wall muscles. The latter increases bladder pressure and thus the likelihood of incontinence. Biofeedback can eliminate these mistakes by helping the person locate the correct muscles to exercise.

How does it work? A device, called a perineometer is inserted into the vaginal

(Continued on Page 4)

TEFLON INJECTION FOR URINARY INCONTINENCE

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Editor's Note: We have included this article at the request of many of our readers. The procedure of using Teflon injections to treat urinary incontinence is still being researched and must still be considered experimental.

Urinary incontinence may be the result of problems with uncontrolled bladder contractions, an inadequate urinary sphincter, or both. Problems with the sphincter (the "valve" or "washer") which is formed by the mucosal and muscular tissues of the bladder neck and urethra in the female, and the bladder neck, prostate, and urethra in the male can be treated by several different modalities. One of these methods is the use of a Teflon paste, which is injected around the urethra in order to increase the urethral resistance responsible for preventing urinary leakage.

The injection can be performed under general, spinal, or sometimes even local anesthesia, by using a special injecting syringe and needle in combination with a cystoscope. A short hospital stay may be required, but the procedure can often be performed as an outpatient. The procedure may have to be repeated several times. Most

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ARE YOU READY TO TALK WITH YOUR DOCTOR ABOUT INCONTINENCE?

Many people find it difficult to discuss their incontinence problems, even with a health care professional. In addition to the general embarrassment felt about this topic, two other major difficulties may occur. First, the person may not know what vocabulary to use in describing the problem, and second, one may have no idea of the kind of information the doctor needs in order to assist them with incontinence. The purpose of this article is to increase your skills and knowledge in these areas so that you are better equipped to seek medical advice.

KNOWING HOW TO DESCRIBE YOUR PARTICULAR PROBLEMS

Incontinence means the loss of bladder or bowel control. In the case of urinary incontinence, there are many different ways in which the symptoms present themselves. For some people leakage occurs when they sneeze, laugh, or lift (stress incontinence). For others leakage occurs only at night (enuresis). Others may feel the need to use the washroom, but experience leakage before they can reach one (urge incontinence). Some people experience urine loss without any sensation or warning at all.

It is important that you pay some attention to how incontinence happens in your individual case so you can be as articulate as possible with your physician. Some definitions which may be helpful in describing your problem are noted below:

Stress incontinence — refers to leakage of small amounts of urine when coughing,
1. A list of medications which you are currently taking, including the strength and dosage of each medication. (This information can be found on the prescription label.)

2. A history, including the date, of any related surgery.

3. A complete voiding schedule for the last three days or longer if possible. This record of your voiding pattern should include the time of urination, amount of fluid, and when and how incontinence accidents occurred during this timeframe. Also any constipation you might have experienced while keeping this record should be noted.

4. Be sure to tell your doctor if you are experiencing any of the following:
   a. A burning sensation when urinating.
   b. A feeling of having a full bladder, although you have just used the washroom.
   c. Using the bathroom frequently, but voiding very little at each visit.
   d. Rearranging your lifestyle around the location of a washroom and/or missing social gatherings because of your bladder control problem.

RECOGNIZING AN UNACCEPTABLE MEDICAL RESPONSE

The world of medicine is both a science and an art. With today’s ever accelerating technology, no physician, no matter how competent, can treat every physical problem. One of the ways in which medicine has coped with this explosion of knowledge is to specialize. However, even within a specialty such as urology or gynecology, there are often subspecialities.

Therefore, it is important for the patient to understand that even their favorite, competent physician may not be the best medical choice to treat incontinence. Recognizing an unacceptable medical response not only helps the patient select the right physician, but also combats the possibility of the patient feeling worse about themselves for bringing up the topic of incontinence.

“At your age you should expect this problem,” or other variations of this theme such as, “It’s a natural part of aging,” “All old people have the same thing,” etc., are all unacceptable statements. They imply that because of age, incontinence should be lived with and accepted. Incontinence which is not treated or managed is unacceptable at any age. Nor does aging cause incontinence. Body changes which occur with aging can contribute to incontinence, but many, perhaps most, of these changes have remedies.

“What you’re experiencing is minor, some of my other patients have no control left.” While it certainly is true that the amount of urine loss varies depending upon the type of incontinence and the individual patient, statements such as the preceding tend to indicate to the patient that there is some magical hierarchy of incontinence and since their problem has been judged to be on the low end of the totem pole, they should not be seeking help. No heart patient would stick with a doctor who told them that their heart attack wasn’t massive enough to seek medical help.

“Your major health problem, Mr. X, is your weight and your smoking.” While this indeed may be quite true, if the patient has just mentioned his incontinence problem, the above response is of little value and may lead the patient to the belief that incontinence is an inappropriate topic.

WHAT DO YOU DO WITH AN UNHELPFUL RESPONSE?

Recently, a young woman told the Simon Foundation about the following experience. She had recognized that she was uncomfortable talking about body functions. So in preparation for her doctor’s appointment, she had been rehearsing what she wanted to say. Imagine her delight upon arriving at the appointment to find they were updating their records and that the first question she was asked to complete was: “List your top three health concerns.”

All that worry she thought, and this is going to be easy. She put down incontinence, weight problem, and smoking. When the doctor came into the examining room, he immediately read the form and then began talking to her about her weight problem. She was so taken aback, she never did talk to him about her incontinence.

If, like this woman, you have done your part of the job and received no help on the other end, then additional action is called for. Remind the doctor that you really would like help with your incontinence, that it is a problem of significance to you, and ask him for a referral to a medical specialist who is interested in treating incontinence.

Once you have learned to recognize an inappropriate medical response, you are on the way to finding the proper medical care for incontinence. Remember, you are the patient, a consumer in search of diagnosis and treatment. It is within your right to evaluate which professional can best give you that care. You can question a physician’s statement and ask that he or she discuss this problem in depth and to your satisfaction.
SIMON SAYS:

**Continence Clinic Update** Since our Fall 1985 article on Continence Clinics, we have become aware of the following Clinics:

**ATLANTA CENTER FOR CONTINENCE CONTROL AND SEXUAL DYSFUNCTION**
Morganstern Urology Clinic, P.C.
3280 Howell Mill Road
Suite 125, West Wing
Atlanta, Georgia 30327
404-352-8220 (Ask for Wanda Quilala)
Restrictions: none
Hospital Affiliation: West Paces Ferry, Doctors Memorial, Crawford W. Long
Staff: Urologist, Physicians’ Assistant
Treatment: Full evaluation and treatment of incontinence and impotence with long term implant experience, complete urinary tract diseases.
Opened: 1982

**CALIFORNIA MEDICAL CENTER**
1338 S. Hope Street
Los Angeles, California 90015
213-748-2411
Restrictions: none
Hospital Affiliation: USC School of Medicine
Staff: Gynecological Urologist, Registered Nurse
Treatment: Full range of facilities for urodynamic evaluation and treatment of incontinence
Opened: 1986
Waiting time: one week

**THE CONTINENCE CENTER OF THE SHEBOYGAN CLINIC**
1011 North Eighth Street
Sheboygan, Wisconsin 53081
414-457-4461 (Ask for the Urology Department)
Restrictions: none
Staff: Board Certified Urologists, Board Certified Enterostomal Therapists, Certified Urology Technicians, a Psychologist and a Social Worker
Treatments: Urodynamics, Behavioral Modification, Retraining Programs, and Surgical Repair
Opened: 1986
Waiting time: Initial appointments are scheduled for Monday mornings.

**Good Ideas:** At a recent “I WILL MANAGE” self-help group meeting ideas for coping with incontinence were shared. One participant had a unique approach for going to a crowded theater, opera or symphony concert. She arrives somewhat early and inquires whether there is a hotel or coffee shop nearby. Then she scouts the place out. At intermission, when the washroom lines can be impossibly long, she exits the theatre for the uncrowded washroom nearby.

Another participant suggested that cold metal folding chairs exacerbated incontinence problems for some people. Wooden chairs should be used whenever possible.

**Reprints:** If you’ve been an Informer reader for just a short time you may have missed an article which would be valuable to you. The Simon Foundation Reprint Series may be just what you need. The following is a list of titles currently available:

**Reprint No. 1:** “ADVANCED AGE NOT A CAUSE FOR INCONTINENCE”

**Reprint No. 2:** “FINDING AN INCONTINENCE PRODUCT TO SUIT YOUR NEEDS”

**Reprint No. 3:** “URINARY INCONTINENCE – ROLE OF THE ENLARGED PROSTATE IN THE OLDER MAN”

**Reprint No. 4:** “CLEAN INTERMITTENT CATHETERIZATION FOR THE MANAGEMENT OF INCONTINENCE”

**Reprint No. 5:** “OPERATIONS FOR THE TREATMENT OF GENUINE STRESS INCONTINENCE IN FEMALE PATIENTS” and “KEGEL EXERCISES” (This is one reprint).

**Reprint No. 6:** “CONTINENCE CLINICS SPRINGING UP AROUND THE COUNTRY”

To order reprint articles, send $1.00 per article with a business-size self addressed stamped envelope to:

REPRINTS
The Simon Foundation
Box 835-R
Wilmette, Illinois 60091

Physicians, Continence Clinics, manufacturers, and others are welcome to use this series in their work. Write to us for bulk rates.

THANK YOU!

**Editor’s Note:** This issue of the Informer was underwritten by an educational grant from Procter and Gamble, makers of Attends. The Simon Foundation does not endorse specific incontinence products or medical treatments. Inclusion of our Thank You column in no way implies endorsement. The following column was prepared by Procter and Gamble.

In response to numerous consumer requests, Procter & Gamble is pleased to announce the availability of Attends drug stores.

For major bladder and bowel control protection...

More health care professionals use Attends for leakage protection than all other briefs combined. And now, the leakage protection health care professionals use most is available in drug stores for you to use at home.

Attends disposable briefs help provide reliable protection from leakage and odor. Elastic leg gathers help prevent gaps around the legs and protect against leakage. Attends patented micro pore lining helps keep skin dry, by drawing moisture deep into the absorbent layers below without letting moisture seep back. The waterproof backsheet helps protect furniture, clothing and bedding. New one-step refastenable tapes help ensure a snug, comfortable fit because they allow you to readjust the brief until you get a secure fit. The wetness indicator on Attends lets you know when the brief is wet. Available in three sizes to fit men, women, and children.

Use waist or hip measurement (whichever is larger)

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Available in convenient 10-count boxes and 96-count economy cases.

For more information about Attends call our Registered Nurse toll-free at 1-800-543-0400. Ask for your free copy of our brochure “Facts About Incontinence.”

[Attends Protection from Leakage]

Attends: Proven Protection from Leakage
LETTERS TO THE EDITOR

Dear Simon Foundation:

I am one of those female Americans, who has what is called incontinence. This problem has caused me a lot of embarrassment and ruined many social occasions. Will you please tell me if I should go to the doctor?

Dear Florida:

Every person who experiences incontinence should go to the doctor, and if the doctor is unfamiliar with this problem (see article entitled Are You Ready To Talk With Your Doctor About Incontinence?) you should continue to seek out someone who understands incontinence. There are many reasons for persistence, not the least of which is that research and experience is showing that a large percentage of those with incontinence can be helped and/or cured. Another very important reason for seeing your doctor is that the incontinence could be a sign of an important medical problem.

Dear Illinois:

Congratulations on your ability to deal in a straightforward manner with a medical problem. There are indeed many of us with this problem, and every time one person deals with it well, a step forward is taken for all of us.

Dear Friends:

At the present time I use an extra absorbency product. I use two a day which is a severe strain on my budget. I sew well and if I had a pattern for a brief and knew the type of material to buy, perhaps I could cut the expense. Could one of your members help me?

Dear California:

Our membership is a very helpful bunch. If there is someone out there that has solved the problem in this way, we are sure to hear from them. Readers?

USING BIOFEEDBACK (continued)

chamber. This small monitor measures muscle contractions. The monitor is connected to a machine outside the body which both the patient and the physician can view and hear. Depending upon the contraction's strength, a number of colored bulbs will light up on the monitor and a tone of varying pitch and volume is sounded. Visual and/or audio response allows the patient to know when the correct muscles have been located and the intensity of pressure needed to strengthen them.

Once the patient has learned to recognize and correctly exercise the exact muscles, the biofeedback monitor is no longer necessary. The patient can continue with the exercise therapy on her own. Many health care professionals feel that the patient must be highly motivated to succeed. While there is nothing difficult about either learning or doing these exercises, persistence is a requirement. Like any other part of the body, muscle strength is not maintained without continued exercise.

Although Dr. Kegel used a similar method to the one described above as early as 1948, not until recently has biofeedback gained the attention of medical researchers. Currently biofeedback studies funded by a grant from the National Institute on Aging are being conducted in several university settings. The treatment of stress incontinence is only one of several incontinence problems which may be helped by biofeedback. Both urge incontinence and fecal incontinence treatments are also being explored.

TEFLON INJECTION (continued)

patients void after 2-3 days, but depending on the cause of the incontinence and the amount of Teflon paste that is injected, some patients may need to perform intermittent catheterization for various lengths of time.

In some series, improvement in symptoms has been noted in 50% to 75% of female patients, with a significantly lower success rate in males. Candidates for surgery should be evaluated with bladder and urethral function studies preoperatively. This procedure is NOT applicable to all forms of incontinence. Females with large cystocele and urethrocyes (anterior vaginal weakness usually secondary to childbirth and menopause) should have the anatomic deformity corrected surgically, and Teflon paste injection may be considered if incontinence persists and the urethra is well supported.

Postoperative complications are rare, but your urologist should review them with you preoperatively. Although this material has been previously recognized for other medical uses, approval by the Food and Drug Administration is pending.

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 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: ____________________________
City & State: ____________________________
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*NOTE: Your annual membership will begin with the next edition of the Informer.

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