



Susan Yarian, MD | Eric Pulsfus, MD | Thomas Searle, MD | Kelly Jago, MD
Barbara Dembek, CNM | Amy Loughlin, CNM | Elizabeth Meadows, CNM | Christa Zielinski, CNM | Lorraine Searle, CNM
300 Health Park Blvd., Ste. 3002, St. Augustine, FL 32086 | phone.904.819.1500 | fax.904.810.1023

Stress Incontinence

The definition of incontinence is the uncontrollable loss of urine. There are multiple types of incontinence and various therapies used based on the type of incontinence.

Genuine stress incontinence is one of the more common issues in gynecology. This is usually a loss of urine with an increase of abdominal pressure, such as a cough or laughter. Common risk factors for stress incontinence are child birth, obesity and advancing age.

Therapies for stress incontinence vary from surgery to a simple pessary. A pessary is a silicone device that is similar to a diaphragm used for birth control. The pessary is fitted into the vagina and creates a mass effect that compresses the urethra and often helps with incontinence, but rarely cures stress incontinence. Physical therapy can improve incontinence in the very motivated patient.

Surgery is the most effective therapy for the cure of incontinence. There are multiple procedures. T.V.T. or tension free vaginal tape sling is my primary treatment of choice for incontinence. This involves a small vaginal incision with passage of two needles through the lower abdomen. There is a reported cure rate of approximately 85%. There is usually an overnight stay and the most common complication is urinary retention that usually resolves within one week.