



Relieve Yourself: Understanding Incontinence, Pelvic Prolapse and Overactive Bladder

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Can you relate to this story?

"I've been incontinent for years. If I don't go every hour at work, half of my bladder has emptied when I make it to the restroom. I have to wear Depends when I work with a Poise pad inside. In a work day, I sometimes need three Poise pads. I'm up every 2-3 hours every night and usually don't make it in time.

I'm limited on where I can go because I need to know there is a bathroom wherever I'm going.

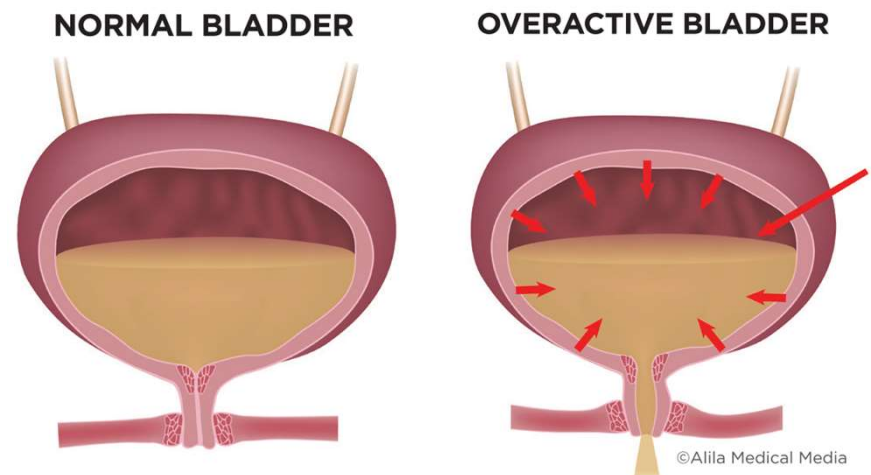
Am I a hopeless case?"

It is important to discuss incontinence, pelvic prolapse and overactive bladder openly.

- Shame and stigma keep women from approaching their provider for solutions.
- It's not something you have to live with.
- It's not a normal part of life or getting older.

Half of all women—and up to 75% of women over 65—experience incontinence. Almost half of women over 50 have pelvic prolapse.

MetroHealth has a range of treatments available.



Pelvic prolapse is common. Let's talk about it.

Types of prolapse:

- Anterior: bladder pushes into vaginal wall
- Posterior: rectum pushes into vaginal wall
- Uterine: uterus pushes into vaginal wall

Risk factors:

- Personal genetics
- Prior pregnancy/vaginal delivery
- Chronic constipation

Symptoms:

- Bulge in vagina
- Pressure in vagina
- Incontinence
- Urgency
- Incomplete emptying
- Feels like stool gets stuck in rectum

MetroHealth offers many treatments for prolapse.

Non-surgical treatment includes:

Kegel exercises:

These should be done throughout your lifetime.

Squeeze like you're trying to hold in urine, gas or stool.

Squeeze for five seconds, rest for 10 seconds.

Do 20 repetitions, three times a day.

Pelvic floor therapy:

Helps you target the correct pelvic floor muscles.

Meet with NP once a week for 6 weeks.

Small probe connects to a computer that can sense contractions and help you identify which muscles to target.

Pessaries:

Silicone disc to hold in prolapse.

We will teach you how to manage and clean, or you can come in every few months.

Good for helping with urinary and bowel issues.

Minimally-invasive surgical options are available to **treat prolapse.**

- Based on patient preference
- Based on extent of prolapse
- Minimally-invasive: laparoscopic, robotic, or vaginal
- With or without mesh



Urinary incontinence is **common**. Let's talk about it.

There are two types of urinary incontinence.

Stress incontinence:

- Leaking with coughing, laughing, sneezing or lifting.
- Caused by loss of support tissue around urethra and bladder.

Urgency incontinence:

- Feeling of strong urge to go or fear of not making it in time.
- Waking to go 2x a night or more.
- Urinating frequently during the day (every 3-4 hours is optimal).
- Caused by changes in the way the nerves in your bladder work.

Risk Factors Include:

- Genetics
- Vaginal delivery
- Obesity
- Diabetes (urgency incontinence)
- Caffeine and fluid intake, diet

MetroHealth offers many treatments for **incontinence**.

Non-surgical treatment includes options to strengthen muscles:

Kegel exercises:

These should be done throughout your lifetime.

Squeeze like you're trying to hold in urine, gas or stool.

Squeeze for five seconds, rest for 10 seconds.

Do 20 repetitions, three times a day.

Pelvic floor therapy:

Helps you target the correct pelvic floor muscles.

Meet with NP once a week for 6 weeks.

Small probe connects to a computer that can sense contractions and help you identify which muscles to target.

Pessaries:

Silicone disc to provide support to urethra.

We will teach you how to manage and clean, or you can come in every few months.

Good for helping with urinary and bowel issues.

Minimally-invasive surgical options are available to **treat incontinence.**

- Mesh Sling
- Urethra Bulking
- Botox
- Nerve Stimulation



Here's what to expect in your **first visit**.

Medical history and physical examination:

- What is prompting the leaking?
- OB/GYN history
- Health history
- Pelvic exam: check for prolapse

Diagnostic tests:

- Uroflow: measure urine flow
- Bladder scan (ultrasound)
- Urinalysis (UTI)



Don't let prolapse or incontinence **change your life.**

We've helped people who:

- Didn't feel comfortable leaving their house
- Spent hundreds of dollars on incontinence products
- Were embarrassed to seek treatment at first

Your quality of life is too important not to visit us.



Your Questions:

“I stop drinking liquid at 6:30 p.m. but I still have to get up 3 times during the night. Can I be helped?”

Your Questions:

“Why am I at age 60 urinating so much?”



Your Questions:

**What else can we answer for
you today?**

Women's Health Care for Every Age and Every Stage

REQUEST AN APPOINTMENT

216-778-4444
metrohealth.org/obgyn

We have convenient locations
throughout Northeast Ohio.



Women's Health Care for Every Age and Every Stage

ADDITIONAL RESOURCES

- <https://metrohealth.me/pelvic-prolapse>
- <https://metrohealth.me/incontinence>
- <https://metrohealth.me/urge-to-go>
- <https://metrohealth.me/period-pain>
- <https://voicesforpfd.org>





ABOUT METROHEALTH

Founded in 1837, MetroHealth is leading the way to a healthier you and a healthier community through service, teaching, discovery and teamwork. Cuyahoga County's public, safety-net hospital system, MetroHealth meets people where they are, providing care through five hospitals, four emergency departments and more than 20 health centers. Each day, our nearly 9,000 employees focus on providing our community with equitable healthcare—through patient-focused research, access to care and support services—that seeks to eradicate health disparities rooted in systematic barriers. **For more information, visit metrohealth.org.**

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