



CENTER FOR WOMEN'S CARE AND REPRODUCTIVE SURGERY

Gynecologic Endoscopic Surgery

New Procedure Treats Urinary Stress Incontinence

A Problem for 8 Million American Women

***New Approach Affords Faster Recovery Time,
Reduced Pain and Lower Healthcare Costs
than Conventional Surgery***

A new surgical approach that is replacing many common operations nationwide while lowering healthcare costs is now being applied to the management of urinary stress incontinence (USI). A leading national cause of disability and dependency, urinary incontinence is the involuntary loss of urine severe enough to have social or hygienic consequences.

Approximately eight million American women suffer from one of several forms of urinary incontinence--including USI--with overall annual cost of \$10.3 billion dollars (a 1987 statistic). Childbirth and loss of estrogen associated with menopause--conditions that can weaken muscles supporting the bladder--are common causes for the condition.

In May, 1993, at the annual scientific meeting of the American College of Obstetricians and Gynecologists I introduced the new endoscopic procedure which I developed, the laparoscopic Burch procedure. Since then I have trained many physicians to perform the endoscopic bladder suspension using this innovative technique.

Endoscopic surgery is a minimally invasive surgical approach that utilizes between three and five small incisions to gain access to internal organs and tissues; conventional or open surgical approaches require a large incision. Endoscopic procedures are being used by many surgeons to repair hernias, remove gallbladders, perform hysterectomies and operate on other areas of the body. The new approach minimizes lengthy and costly hospital stays and patient pain, and greatly reduces time spent recuperating from surgery.

Urinary Stress Incontinence: A Common, and Treatable, Health Problem for Millions

Urinary stress incontinence usually occurs with some form of physical activity, lifting, sneezing, laughing, jogging, bending or stooping. It has been identified in one study by the University of Pittsburgh and the National Institute on Aging as the most common form of urinary incontinence.

The study, which surveyed a total of 541 women with an average age of 47 years, found that almost 60 percent had experienced incontinence at some time; of these, approximately half (47.9 percent) were diagnosed with stress incontinence. Other studies estimate that USI represents up to 70 percent of all incontinence cases in ambulatory women.

Left untreated, USI can have devastating consequences on sufferers' everyday lives. In a recent Danish study, nearly half the women surveyed indicated that the majority of incontinent episodes occurred in the workplace. Many sufferers indicated they abstained from some type of social and physical activity, while some other (six percent) said the condition caused them to refrain from sexual intercourse.

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Numerous studies confirm the prevalence of urinary incontinence in women of all ages; however, it remains a particular concern for older women. Between 20 and 40 percent of middle-aged and community-dwelling elderly women suffer from the problem, while the rate is even higher among institutionalized elderly women.

Despite the emotional and physical costs of this disability, very few women seek treatment for incontinence--because of their embarrassment, their view that it is a normal consequence of aging, or their lack of knowledge that it is a treatable medical problem. Surgical therapy is appropriate for many USI patients. It is indicated after conservative therapies such as the following have proven ineffective, or if USI is greatly interfering with a patient's daily activities.

Initial management of the problem can include weight reduction to help lessen intra-abdominal pressure, behavior modification (e.g. changing posture), estrogen replacement therapy in menopausal and postmenopausal women, Kegel exercises, and electrostimulation to strengthen the pelvic floor. Medication to help constrict the muscles in the bladder may also be prescribed.

Most patients recommended for surgical therapy are wearing incontinence pads due to the severity of their condition, or are candidates for gynecologic surgery for other conditions, such as fibroid tumors. In those cases, the gynecologic surgeon may recommend that the patient undergo both procedures during the same operation.

Most patients undergoing endoscopic surgery for USI are out of the hospital and back to work or normal activities within 24 hours--as compared with between five and seven hospital days, and four to six weeks out of work required with conventional surgery. Other advantages of the endoscope surgical approach include:

- fewer hospital charges;
- less blood loss; and
- reduced postoperative pain.

Endoscopic surgery affords comparable or superior cure rates for USI, compared to conventional surgery. Cure rates greater than 80 percent with conventional surgical therapy have been reported, according to published studies.

Former Incontinent Patient Enthusiastic Advocate for Less Invasive Surgery

One of my patients, Freida Thornton, a 44-year-old mother, college counselor, and active tennis player suffered from severe urinary stress incontinence for many years.

"The condition was so bad I could not walk around the block without a pad or other protection--and had to cross my legs with every sneeze, so I would not embarrass myself in front of my students," she said. "Urinary incontinence is a big joke among women--they have to joke about it to keep from crying."

Ms. Thornton had been reluctant to undergo conventional surgery, primarily because of the six week recovery time the operation would require. Her reluctance diminished a year ago, however, when I suggested she consider endoscopic surgery.

"I had the surgery on Thursday, and was back to work the following Monday," Ms. Thornton recalls. She resumed doubles tennis competition two weeks later. Recently she began participating in high impact aerobics.

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