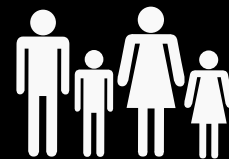




WHAT SHOULD YOU ASK YOUR SURGEON? (CONTINUED)

- what are the problems that could occur, both short and long term;
- what sort of scar will be left, what sort of pain will you have;
- how much time off work will you need to take;
- how much will it cost; and
- how long will the effects last?

The Helpline is funded under the Australian Government's National Continence Management Strategy and managed by the Continence Foundation of Australia



SEEK HELP

You are not alone. Poor bladder control can be cured or better managed if treated.

Call Expert Advisors on the National Continence Helpline for free:

- information;
- advice; and
- leaflets.

On FREE CALL* 1800 33 00 66 (8 am to 8 pm Monday to Friday), or

Visit this website:
www.bladderbowel.gov.au

The Helpline can arrange for an interpreter through the Telephone Interpreter Service (TIS). Please ring 13 14 50 Monday to Friday and ask for the Helpline.

Know what your options are to treat bladder control problems.

* Calls from mobile telephones are charged at applicable rates.



SURGERY FOR BLADDER CONTROL PROBLEMS IN WOMEN

KNOW WHAT YOUR OPTIONS ARE TO TREAT BLADDER CONTROL PROBLEMS.



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NATIONAL CONTINENCE HELPLINE
Free Call*
1800 330 066

SURGERY FOR BLADDER CONTROL PROBLEMS IN WOMEN

Many women leak urine or wet themselves when they cough, sneeze or exercise (this is called **stress incontinence**). While there are many treatments to try first, some women need to have surgery for this problem.

WHAT CAUSES BLADDER CONTROL PROBLEMS?

Bladder control problems are mainly caused by damage to pelvic floor muscles and the tissues that support them.

The floor of the pelvis is made up of layers of muscle and other tissues. These layers stretch like a hammock around the bladder and vagina from the tailbone at the back to the pubic bone in front. The pelvic floor muscles do a number of things, such as:

- help to close off the bladder, the vagina (front passage) and the rectum (back passage); and
- help to hold the bladder, the uterus (womb) and bowel in their proper place.

You can find out more about the pelvic floor muscles in the leaflet "One in Three Women Who Ever Had a Baby Wet Themselves". Bladder control problems can start when the pelvic floor muscles are made weaker by:

- not keeping the muscles active;
- being pregnant and giving birth;
- constipation;
- being overweight;
- heavy lifting;
- coughing that goes on for a long time (such as smoker's cough or asthma); or
- growing older.

HOW CAN BLADDER CONTROL PROBLEMS BE TREATED?

The good news is that most women can control their bladder better by making their pelvic floor muscles stronger through training. The leaflet "Pelvic Floor Muscle Training for Women" tells you how. Your doctor, physiotherapist, or continence nurse advisor will also be able to help.

WHEN IS SURGERY NEEDED?

For a small number of women the more simple methods can fail to help with bladder control, and leaking urine can make day to day life difficult. In these cases surgery may be needed. ***Surgery should never be a first choice.*** All surgery has risks. You must discuss these risks with your surgeon.

WHAT IS THE MOST COMMON SURGERY?

There are now ways to place synthetic tapes inside to support the bladder neck. These tapes work 8 or 9 times out of 10 when lack of support for the bladder neck is the cause of poor bladder control. This type of surgery can be done under general or local anaesthetic. It is most often only day surgery.

WHAT ARE SOME OTHER OPTIONS?

The Burch colposuspension uses stitches that are put inside to form a sling under the bladder neck. It can be done using open or key-hole surgery.

Injectable agents in gel form can also be put into and around the bladder neck to plump it out so that it closes better. These gels do not work as well or last as long as the other surgeries, but they are simple and less likely to cause problems. Again, you should discuss the risks of surgery with your doctor.

IS THERE ANYTHING NEW?

There is ongoing research about ways to treat incontinence. It will be some time before we know if new treatments being developed will be a useful.

WHAT SHOULD YOU ASK YOUR SURGEON?

Before agreeing to surgery, you should talk about it fully with your surgeon. Make a list of questions that you want to ask. These could cover:

- why this type of surgery has been chosen for you;
- how well will it work;
- what are the details of the surgery;