

Rehab for Incontinence Solves Two Problems

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I have suffered from urinary incontinence (UI) for more than ten years. This condition, often uncomfortable to discuss, disrupted my life and distressed me. Recently I have gained incredible relief from UI – about an 80% reduction of symptoms – by participating in the Pelvic Rehabilitation Program at Loyola University Medical Center in Maywood, Illinois. As a surprise bonus, I also have resolved constipation problems that I had struggled with since childhood. I hope that the positive results I have achieved will motivate other polio survivors with UI and bowel problems to pursue treatment that can improve their lives.

A SLOW START

Studies claim that women usually do not seek medical intervention for UI until three years after the problem begins. Unfortunately, I beat that record. My incontinence problems started around 1995, but I did not consult a urogynecologist until 2000. At that time, Linda Brubaker, MD, prescribed physical therapy for “stress and urge incontinence.” Regretfully, I never followed up because I was too busy. By 2005, I had “urge incontinence” that made me void every 15-20 minutes in the mornings. But I still did not revisit Dr. Brubaker.

The next year, after an unrelated surgery and months of catheter use, my problem escalated. Certain activities, such as suctioning my tracheostomy or pouring liquids, triggered stress incontinence. I felt the urge to void more frequently. Although I always wore a maxi-pad, at times, the leakage was excessive. I could not go out without fear I might have an embarrassing accident in public.

PHASE 1: Assessment & Diagnosis

In 2007, I finally returned to Dr. Brubaker at Loyola University Medical Center for another consultation. Fortunately, she understands

post-polio syndrome and has treated other polio survivors. Before meeting with her, I completed paperwork that asked about my experiences with UI, bowel functioning and sexual activity problems. On one form I prioritized the problems by how severely each interfered with my functioning, and also, by the order in which I wanted to resolve them.

During the consultation, Dr. Brubaker first tested to see if I emptied my bladder when I urinated. I had no problem with that. Then she performed an internal examination of my pelvic muscles to assess their strength and check for problems such as a tumor that could cause incontinence. Determining that my pelvic muscles were weak, she referred me for pelvic muscle therapy and prescribed Ditropan® (oxybutynin chloride), an older, inexpensive drug, to help with the urge incontinence.

PHASE 2: Physical Therapy

After I scheduled physical therapy appointments at Loyola University's Pelvic Rehabilitation Program, I received information clearly outlining the various treatment options of this program. When I arrived at the clinic,

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I completed a comprehensive medical history and answered questions about my incontinence patterns.

After reviewing my data, the physical therapist, Heather, explained each step of the treatment process. She began by internally examining the strength, flexibility and control of my pelvic floor muscles, and then, manually stretched them. Initially, the stretching process was painful, but the pain subsided with each subsequent session.

DEFINITIONS

Urinary Incontinence (UI) is loss of bladder control that occurs because of problems with muscles or nerves that help to hold or release urine.

Urogynecologist is a physician who specializes in urology and gynecology and treats women with urinary, bowel or sexual problems.

Void is another term for urinate.

Biofeedback is the process of using measuring devices to help a person become aware of body functioning. Electrodes and probes connected to a computer program will show, on a monitor, when the bladder and urethral muscles contract, helping a person gain control over these muscles. Biofeedback can supplement pelvic muscle exercises and electrical stimulation to relieve stress and UI.

TYPES OF URINARY INCONTINENCE (UI)*

Stress Incontinence. Leakage of small amounts of urine during physical movement or an activity (coughing, sneezing, exercising).

Urge Incontinence. Strong urge to void, often when there is little urine in the bladder. Leakage of large amounts of urine at unexpected times, including during sleep.

Overactive Bladder. Urinary frequency and urgency, with or without leakage.

Functional Incontinence. Untimely urination because of physical disability, external obstacles, or problems in thinking or communicating that prevent a person from reaching a toilet.

Overflow Incontinence. Unexpected leakage of small amounts of urine because of a full bladder.

Mixed Incontinence. Usually the occurrence of stress and urge incontinence together.

Transient Incontinence. Leakage that occurs because of a temporary situation (infection, taking a new medication, colds with coughing).

*Adapted from the National Institute of Health's Medline Plus website

Heather taught me exercises for strengthening my pelvic muscles. I learned how to contract them for a set amount of time and slowly release them to control the flow of urine. Each week, she also gave me paperwork to complete.

PHASE 3: Bladder & Bowel Assessment

My homework was to track the liquids I drank, the food and fiber grams I ate, days and times I voided and had bowel movements, and the texture of my bowel movements based on a form identifying five different textures. In assessing my paperwork, Heather found that I ate plenty of fiber, but needed to drink more water. She gave me a list of liquids and foods that trigger urinary urges, such as coffee, tea and tomatoes, but she did not think that drinking two cups of tea each day was the cause of my excessive urges.

Noting that I experienced frequent constipation, Heather explained that my bowels could be pressing on my bladder, contributing to my UI. I realized that I had struggled with constipation since I had contracted polio as a child. I remembered that while I was in the hospital encased in a full-length body cast and undergoing surgeries, I dreaded receiving enemas even though they relieved the discomfort from being constipated. As an adult, I ate prunes in addition to a high-fiber diet and sometimes used herbs, but I was inconsistent in managing my bowels.

PHASE 4: Another Door Opens

During the weeks that Heather stretched my pelvic muscles, I practiced the pelvic floor exercises and

took Ditropan®. As I still had UI symptoms after the four treatments allowed by Medicare, she referred me to Judith Meredith, OTR, who uses biofeedback training as part of the Pelvic Rehabilitation Program.

PHASE 5: Conquering Constipation – The Miracle of MiraLax®!

After reviewing my worksheets, Judith focused first on my constipation problems and recommended that I take MiraLax® (polyethylene glycol), which previously required a doctor's prescription, but now is available over the counter. She described how it works in the digestive system and emphasized the importance of taking it daily; she also explained the negative aspects of the herb senna that I had been taking.

Since following Judith's advice, I am astounded by the improvements in the ease, frequency, quantity and texture of my bowel movements. Until I had started using MiraLax®, I had lost significant time and energy and endured a great deal of discomfort during most of my life because of constipation. Now, I never miss a night of taking MiraLax®. In addition to reducing my incontinence problems, it has decreased the frequency and intensity of irritable bowel attacks, and has relieved pressure on my diaphragm, which helps my breathing.

PHASE 6: Biofeedback Training – Another Miracle!

Next, Judith began using biofeedback to help me strengthen my pelvic floor muscles. First, she applied electrodes (as used for an EKG) to specific places on my body and then inserted a small sensor into my rectum (another option is the vagina), connecting these to a

computer program. She showed me how the program graphed my pelvic muscle contractions and releases on the computer monitor. My exercises involved rotating periods of contracting and releasing the pelvic muscles with the goal of reaching a certain point on the graph. After three biofeedback sessions and practicing the exercises at home, I gained significant strength in my ability to contract, control and release my pelvic muscles. Judith was extremely pleased with how quickly I achieved results, noting that most people usually require more sessions.

By participating in this program I have reduced both urge and stress incontinence incidents by an estimated 80%. I rarely have any leakage; most days I do not even need to wear a maxi-pad. Instead of needing to void every 15-20 minutes in the morning, I can wait 45-60 minutes between voids. And I have not had any more accidents. I continue to take Ditropan® twice a day because I feel it also helps.

Research Findings

Most studies cited on the Internet have concluded that using biofeedback in addition to pelvic floor therapy and exercises has improved patients' outcomes. Based on the findings of independent studies, Medicare reimburses covered charges for pelvic rehabilitation physical therapy and biofeedback treatment when properly documented to meet Medicare protocols. However, Blue Cross Blue Shield has used other findings to justify refusing reimbursement for biofeedback.

Pelvic rehabilitation treatment often is prescribed for UI experienced by women after pregnancy or during

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menopause; by men after prostate treatment; and by both genders after surgery, a stroke or for neurological conditions such as multiple sclerosis.

Treatment Providers & Coverage

In making treatment recommendations, urologists and urogynecologists at major medical centers are most likely to have access to Pelvic Rehabilitation Programs and to refer their patients to physical and occupational therapists trained in providing services such as manual therapy and biofeedback for UI. Otherwise, polio survivors need to do research to find local professionals skilled in providing such services. The Association for Applied Psychophysiology and Biofeedback (AAPB) and the Biofeedback Certification Institute of America (BCIA) websites identify professionals trained in providing biofeedback, but their lists are limited.

Another challenge for polio survivors is learning whether their health insurance will reimburse for pelvic rehabilitation services such as manual therapy and biofeedback. If it does, a physician's referral always requires proper documentation to justify the medical necessity of the service.

Recommendations

I highly recommend that polio survivors with UI pursue treatment options such as pelvic rehabilitation by taking the following steps:

- Identify your urinary patterns and problems by tracking them for a period of time.
- Consult a urologist or urogynecologist who specializes in UI for a thorough assessment and treatment referrals.
- Inquire about whether pelvic rehabilitation therapy, including biofeedback, is an option for reducing your symptoms.
- Find out if your health insurance will reimburse for pelvic rehabilitation services including biofeedback.
- Commit to working with therapists and doing the exercises and homework required.
- Track your bowel movement patterns and seek assistance to resolve any constipation or diarrhea problems.

As polio survivors, we cannot change many aspects of our physical health. We can, however, seek treatment for reducing UI symptoms. I hope polio survivors will make getting help with this distressing condition a priority. ▲

REFERENCES

- Aksac, Buket et al. Biofeedback and Pelvic Floor Exercises for the Rehabilitation of Urinary Stress Incontinence. *Gynecol Obstet Invest.* 2003; 56: 23-27.
- Bourcier, A. Pelvic Floor Rehabilitation. *International Urogynecology Journal.* 1990; 1 (1): 31-35.
- Burgio, K. et al. Combined Behavioral and Drug Therapy for Urge Incontinence in Older Women. *Obstetrical and Gynecological Survey.* 2000; 55 (8): 485-486.
- Feldt, C.M. Statement of the American Physical Therapy Association on Biofeedback for the Treatment of Urinary Incontinence for the Medical and Surgical Procedures Panel. April 12, 2000.
- Glazer, H. and Laine, C. Pelvic Floor Muscle Biofeedback in the Treatment of Urinary Incontinence: A Literature Review. *Applied Psychophysiology and Biofeedback.* 2006; 31 (3):187-201.
- Glavind, K. et al. Biofeedback and Physiotherapy versus Physiotherapy Alone in the Treatment of Genuine Stress Urinary Incontinence. *International Urogynecology Journal.* 1996; 7 (6): 339-343.
- McIntosh, L. et al. Pelvic Floor Rehabilitation in the Treatment of Incontinence. *Journal Reproductive Medicine.* 1993; 38 (9): 662-666.
- Pages, I. et al. Comparative Analysis of Biofeedback and Physical Therapy for Treatment of Urinary Stress Incontinence in Women. *American Journal of Physical Medicine and Rehabilitation.* 2001; 80 (7): 494-502.