



The routine had finally become too frustrating, too demanding of her time. She would rather be having dinner or visiting with friends, or completing her work responsibilities.

“I would drink just a half glass of water and have to go to the bathroom three or four times soon afterward,” says Elizabeth S.\*, 63, of Cleveland, who had become aware of such tendencies several years ago. “I was getting more and more self-conscious about it. At work I would drink at lunchtime or during a break; otherwise, I tried not to drink any water. I did not want to spend so much time going to the bathroom. It got to the point where I wanted to find out why this was happening.”

In the summer of 2007, she finally took her concerns to her physician, Charles C. Sevastos, D.O., a board-certified family physician at South Pointe Hospital. After the consultation, Dr. Sevastos referred her to Kailash R. Kedia, M.D., a board-certified urologist at South Pointe Hospital. After an examination, Dr. Kedia diagnosed her with stress urinary incontinence (SUI) and pelvic organ prolapse.

The conditions affect millions of women across the country, especially middle-aged and older women, Dr. Kedia says. SUI is characterized by an involuntary leak of urine if the person laughs, sneezes, coughs, performs certain exercises or has to make frequent bathroom visits. With pelvic organ prolapse, the bladder and other organs “drop” from their normal positions and disrupt bodily functions.

Last October, Dr. Kedia performed a relatively new surgical technique on Elizabeth at South Pointe Hospital to correct her incontinence problems. Dr. Kedia was assisted by Roger F. Classen, D.O., a board-certified general surgeon, also at South Pointe Hospital.

\* Full name protected for privacy of patient.

# no more worries

relief from incontinence  
is a minimally invasive  
surgery away

*by meta mcmillian*

## \* how it works

During the minimally invasive procedure, Dr. Kedia inserted a piece of mesh tape through the vagina and under the urethra, which is the tube by which urine exits the bladder. The mesh tape creates a sling- or hammock-type support under the urethra to prevent unintentional urine leaks. Surgery for women with a problem of leakage may take as little as 10 to 15 minutes, and the patients can generally go home the same day of surgery.

Some women have a more serious problem with their bladder called pelvic organ prolapse, where the uterus, bladder and rectum have “dropped,” or are protruding from the vagina. The condition disrupts normal bladder and rectal functions. In this instance, Dr. Kedia uses the same minimally invasive surgery to insert mesh under these organs to lift and restore them to their proper positions. This more-advanced procedure may take 30 to 45 minutes, and patients can usually leave the hospital the next day.

SUI and pelvic organ prolapse often result when the muscle and pelvic tissue in a woman have been weakened by pregnancy, childbirth or other causes. The surgical procedure to correct the problems has been performed in the United States for only the last few years. It was pioneered in France a few years earlier, Dr. Kedia says. He was trained to perform the surgery and now trains urologists and other surgeons in the area in the procedure.

The new treatment should be welcome news to millions of women. Many suffer in silence because of the stigma and embarrassment of uncontrollable leakage, Dr. Kedia says.

“Many women with these conditions develop coping mechanisms as a result,” he explains. “Some do not drink as much water as they should, so they will not have to go to bathroom so frequently. But then, they wind up not getting enough liquids in their bodies. The lack of sufficient water in the bladder can cause it to reduce in size,” which happened with Elizabeth, he says, adding that his patient is doing very well.

“Other women resign themselves to frequent trips to the bathroom,” Dr. Kedia says.

Additionally, some women use commercially produced pads to absorb leakage. While women differ physiologically, some warning signs for the condition could be the need to urinate every one or two hours, or urinate several times during the night, he says.

Since her surgery, Elizabeth says she has been easing back into her normal life of working, caring for her home, going out for dinner, playing cards with friends and spending time with neighbors. “I feel very good these days,” she says.

## \* confide in your physician

Elizabeth says she began noticing her problem with frequent urination when she was in her 50s. She did not associate her frequent bathroom visits with a medical problem for years. The visits were more of a nuisance. “It never dawned on me that there could be a problem. It didn’t stop me from going out. I just knew what to expect.”

She had a routine. Before going out to dinner, she would go to the bathroom. She tried to minimize her trips during dinner, then go before leaving the restaurant. But the “nuisance” turned into concern. Elizabeth says she decided to talk with her physician about what she was experiencing. Some more conventional remedies were tried first, like medication. But she did not like the side effects, such as swollen legs, toes and hands.

Now, she encourages other women suffering with incontinence to overcome any sense of embarrassment and speak with their physicians.

“If you do not tell the doctor what is wrong, there is no way to fix the problem,” Elizabeth says. “A doctor can’t see through you. If I don’t take care of my body, how can I enjoy life? I don’t want to be cooped up in the house. I want to mingle with people, not be at home moping about a condition that I could do something about. Women with either condition can put that condition in their past, and get on with enjoying life.” **wev**

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