CS1: Comprehensive Study 1  [Treatment Strategy for Obstinate Urinary Incontinence]

Introduction

Koshigaya Hospital Dokkyo University School of Medicine, Saitama, Japan\(^1\), Fukushima Medical University\(^2\), Fukushima, Japan
Kosaku Yasuda\(^3\), Osamu Yamaguchi\(^3\)

The expression “obstinate urinary incontinence” may mean a incontinence condition refractory to various therapies.

We think that conservative therapies for urinary incontinence, other than pharmacological treatments, have not been sufficiently studied yet in Japan. As a matter of fact, there are many doctors who consider TVT-refractory stress incontinence as an intractable condition. In addition, it has been reported that 40% of urge incontinence patients are refractory to anti-cholinergics. For these doctors, anti-cholinergic refractory cases may be intractable. We need to provide second-and third-lines as measures to be taken after failure of first-line treatment. However, in fact, no therapeutic strategy has been established sufficiently to provide such covering measures. We are aiming at organizing a symposium to consider how to do as second-and/or third-line strategies from over-all point of view.

From such a view point, we have selected, as performers at the symposium, expert doctors from various fields, namely training therapy, drug therapy, operative therapy and neuromodulation. We hope that all attendants will discuss about the merits and problems of each therapeutic maneuver and search for resolutions of problems.

CS1-Keynote Lecture

Management of advanced, intractable, or refractory urinary incontinence

The Johns Hopkins Medical Institutions, Baltimore, USA
Jacek L. Mostwin, M.D., Phil

Advanced, intractable or refractory incontinence describes those patients who fail conventional treatment or who suffer from incontinence but are limited in their treatment choices because of age, other illnesses or personal preference. For women, conventional treatment would consist of physical exercises, medication, periurethral bulking injections and urethral supporting operations such as colposuspension or pubovaginal sling. For men, conservative treatment would consist of medication, bulking injections, artificial urinary sphincter or suburethral male sling. Problems are often multi-factorial and resist simple classification and treatment options.

Failure to achieve the desired management result may be due to severe urethral damage, but more commonly, it is due to significant changes in the cardinal parameters of bladder function: sensation, stability, compliance, emptying. Neurological impairment of mobility or brain function may also limit outcomes. It is important to recognize advanced forms of incontinence when they present before any treatments, and to realize that they may be responsible for poor outcomes after treatment failures.

In this presentation, we will discuss the common causes of severe intractable incontinence, paying particular attention to bladder function, advanced urethral weakness, and the neurological factors limiting treatment. We will discuss specific cases and consider the conventional and the advanced treatment solutions available, including: implantable Interstim device, bladder augmentation, urinary continent and conduit diversion, bladder neck or urethral division and continuous or intermittent catheterization.

At the end of the presentation, participants should be able to distinguish simple from complex incontinence to be aware of risk factors for conventional treatment failures. Participants will become familiar with the recognition, evaluation and management options for these difficult problems. Finally, the participants will have a broader perspective on the spectrum of incontinence in men and women and the standard and advanced measures used to evaluate and treat it.