

URINARY INCONTINENCE
Hacker, et al. 4th Ed. Chapter 24

A 65 year-old G4P4 retired Air Force Colonel presents to the GYN Clinic with complaints of losing urine. She states that it occurs most frequently when she coughs, sneezes or laughs. She also thinks that things are falling out of her vagina after she stands for a prolonged period of time. She first noticed a problem approximately 4 years ago. It has slowly progressed. She takes no medication, and had no prior surgery. She had 4 uncomplicated vaginal deliveries with the largest 9 pounds 4 oz.

Questions to Consider:

- a. What if this patient were 23 years-old?
- b. What if this were a 34 year-old who is 12 weeks postpartum?
- c. Do future child-bearing plans make a difference in your counseling?
- d. What are the risk factors for prolapse?
- e. Discuss laboratory tests and physical exam evaluation in this patient

APGO Educational Topic 37: Pelvic Relaxation and Urinary Incontinence

- a. Incorporate screening questions for urinary incontinence when eliciting a patient history
- b. Discuss the difference between stress, urge, and overflow incontinence.
- c. Identify the following on physical exam: cystocele, rectocele, vaginal vault/uterine prolapse.
- d. List behavioral, medical, and surgical methods to appropriately treat incontinence and pelvic organ prolapse.