

BÖLÜM 8



Üriner İnkontinansta Konservatif Tedavi Yaklaşımları

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GİRİŞ

Üriner inkontinans, sosyal ya da hijyenik bir problem haline gelen ve objektif olarak gösterilebilen istemsiz idrar kaybı olarak tanımlanır (1). Toplumdaki insidansı yüksek olan bu problemin, hayatı risk oluşturmama bile fiziksel ve sosyal faaliyetleri kısıtlayarak, yaşam kalitesi üzerinde olumsuz etkileri mevcuttur (2).

Urge inkontinans, detrusör kasının aşırı aktivitesinden kaynaklanırken; stres inkontinans, üretral sfinkterin zayıflaması sonrası artan intraabdominal basıncıyla şiddetlenen idrar sızıntısıdır (3).

Kadınlardaki stres inkontinansın tedavisinde günümüzde uygulanan en sık tedavi orta üretra askı cerrahileridir; ancak bu yöntemler beraberinde birtakım komplikasyonları da getirebilmektedir.

Urge inkontinansın tedavisinde kullanılan antikolinergic ilaçlar her zaman toler edilememekle beraber; hastalar tarafından yan etkilere bağlı tedavinin bırakılmasına sıkça rastlanılır.

Özetle, inkontinans tedavisinde kullanılan cerrahi ve medikal tedaviler beraberinde birtakım riskler ve yan etkiler getirir. Tedavi önerileri üriner inkontinansın tipine göre değişir; ancak her tipte tedavi, hastalığa yönelik sonuçlardan ziyade öncelikle hastalığın yaşam kalitesini iyileştirmesine odaklanır. Bu nedenle, tedavi yöntemleri hastanın tercihine göre seçilmelidir (4). Semptomları ile-

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KAYNAKLAR

1. Moroni RM, Magnani PS, Haddad JM, Castro Rde A, Brito LG. Conservative Treatment of Stress Urinary Incontinence: A Systematic Review with Meta-analysis of Randomized Controlled Trials. *Rev Bras Ginecol Obstet.* 2016;38(2):97-111. doi:10.1055/s-0035-1571252
2. Coskun B, Kadıhasanoğlu M. Üriner İnkontinansta Konservatif Tedavi Seçenekleri. Onur R(EDs), Bayrak Ö(EDs). Üriner İnkontinans Tanı ve Tedavi, Nobel Tip Kitapevi,2015. P.213-225
3. Irwin GM. Urinary Incontinence. *Prim Care.* 2019;46(2):233-242. doi:10.1016/j.pop.2019.02.004
4. Lukacz ES, Santiago-Lastra Y, Albo ME, et al. Urinary incontinence in women: a review. *JAMA* 2017;318(16):1592-604
5. Imamura M, Williams K, Wells M, McGrother C. Lifestyle interventions for the treatment of urinary incontinence in adults. *Cochrane Database Syst Rev.* 2015;2015(12):CD003505. Published 2015 Dec 2. doi:10.1002/14651858.CD003505.pub5
6. Le Berre M, Presse N, Morin M, et al. What do we really know about the role of caffeine on urinary tract symptoms? A scoping review on caffeine consumption and lower urinary tract symptoms in adults. *Neurorol Urodyn.* 2020;39(5):1217-1233. doi:10.1002/nau.24344
7. Zimmern P, Litman HJ, Mueller E, Norton P, Goode P; Urinary Incontinence Treatment Network. Effect of fluid management on fluid intake and urge incontinence in a trial for overactive bladder in women. *BJU Int.* 2010;105(12):1680-1685. doi:10.1111/j.1464-410X.2009.09055.x
8. Subak LL, Wing R, West DS, et al; PRIDE Investigators. Weight loss to treat urinary incontinence in overweight and obese women. *N Engl J Med.* 2009;360(5):481-490.
9. Bump RC, McClish DM. Cigarette smoking and pure genuine stress incontinence of urine. A comparison of risk factors and determinants between smokers and nonsmokers. *Am J Obstet Gynecol* 1994;170:579-82.
10. Bump RC, McClish DK. Cigarette smoking and urinary incontinence in women. *Am J Obstet Gynecol* 1992; 167: 1213-8
11. Tampakoudis P, Tantanassis T, Grimbizis G, Papaletsos M, Mantalenakis S. Cigarette smoking and urinary incontinence in women--a new calculative method of estimating the exposure to smoke. *Eur J Obstet Gynecol Reprod Biol.* 1995;63(1):27-30. doi:10.1016/0301-2115(95)02212-p
12. Alling Møller L, Lose G, Jørgensen T. Risk factors for lower urinary tract symptoms in women 40 to 60 years of age. *Obstet Gynecol.* 2000;96(3):446-451.
13. Wallace SA, Roe B, Williams K, et al. Bladder training for urinary incontinence in adults. *Cochrane Database Syst Rev.* 2009;(1) Art. No. CD001308. <https://doi.org/10.1002/14651858.CD001308.pub>
14. Yoon HS, Song HH, Ro YJ. A comparison of effectiveness of bladder training and pelvic muscle exercise on female urinary incontinence. *International Journal of Nursing Studies* 2003;40(1):45-50.
15. Sale PG, Wyman JF. Achievement of goals associated with bladder training by older incontinent women. *Appl Nurs Res.* 1994;7(2):93-96. doi:10.1016/0897-1897(94)90039-6
16. Ostaszkiewicz J, Johnston L, Roe B. Timed voiding for the management of urinary incontinence in adults. *Cochrane Database Syst Rev.* 2004;(1):CD002802
17. RoeB,OstaszkiewiczJ,MilneJ,WallaceS. Systematic reviews of bladder training and voiding programmes in adults: a synopsis of findings from data analysis and outcomes using meta-study techniques. *J Adv Nurs.* 2007;57(1):15-31.
18. Burgio KL, Kraus SR, Menefee S, et al; Urinary Incontinence Treatment Network. Behavioral therapy to enable women with urge incontinence to discontinue drug treatment: a randomized trial. *Ann Intern Med.* 2008;149(3):161-169.

ÜROJİNEKOLOJİDE VE KADIN İNKONTİNANSINDA GÜNCEL PERSPEKTİF

19. Herderschee R, Hay-Smith EJ, Herbison GP, Roovers JP, Heineman MJ. Feedback or biofeedback to augment pelvic floor muscle training for urinary incontinence in women. *Cochrane Database Syst Rev.* 2011;(7):CD009252.
20. Ayeleke RO, Hay-Smith EJ, Omar MI. Pelvic floor muscle training added to another active treatment versus the same active treatment alone for urinary incontinence in women. *Cochrane Database Syst Rev.* 2015;(11):CD010551.
21. Bø K, Talseth T, Holme I. Single blind, randomised controlled trial of pelvic floor exercises, electrical stimulation, vaginal cones, and no treatment in management of genuine stress incontinence in women. *BMJ.* 1999;318(7182):487-493. doi:10.1136/bmj.318.7182.487
22. Eskiyurt N, Karan A. Üriner İnkontinansta Fizik Tedavi Ve Rehabilitasyon, Ürojinekoloji, Güner H(Ed), Atlas Kitapçılık, 2000, Ankara, 135-155
23. Dougherty M C, Walters MD. Genuine Stress Incontinence: Nonsurgical Treatment, Clinical Urogynecology. Walters MD, Karrom MM(Eds) mosby Year Book, Torronto, 1993, 163-181
24. Riemsma R, Hagen S, Kirschner-Hermanns R, et al. Can incontinence be cured? a systematic review of cure rates. *BMC Med.* 2017;15(1):63.
25. García-Sánchez E, Ávila-Gandía V, López-Román J, Martínez-Rodríguez A, Rubio-Arias JA. What Pelvic Floor Muscle Training Load is Optimal in Minimizing Urine Loss in Women with Stress Urinary Incontinence? A Systematic Review and Meta-Analysis. *Int J Environ Res Public Health.* 2019;16(22):4358. Published 2019 Nov 8. doi:10.3390/ijerph16224358
26. Bo K, Berghmans LC. Nonpharmacologic treatments for overactive bladder-pelvic floor exercises. *Urology.* 2000;55(5A Suppl):7-11. discussion 14-16
27. Wilson D, Bo K, Hay-Smith J, Nygaard I, Staskin D, Wyman J. Conservative management in women. In: Abrams P, Cardo-zo L, Khoury S, Wein A, eds. Incontinence. Plymouth: Health Publications Ltd; 2002. p.571-624.
28. Elmelund M, Biering-Sørensen F, Due U, Klarskov N. The effect of pelvic floor muscle training and intravaginal electrical stimulation on urinary incontinence in women with incomplete spinal cord injury: an investigator-blinded parallel randomized clinical trial. *Int Urogynecol J.* 2018;29(11):1597-1606. doi:10.1007/s00192-018-3630-6