

You Don't Need to Suffer in Silence

STATE-OF-THE-ART INCONTINENCE CARE
AT LOYOLA UNIVERSITY HEALTH SYSTEM
IN MAYWOOD, ILLINOIS

Uroynecologist Linda Brubaker, MD, MS, has an important message for women: Urinary incontinence isn't a problem you have to deal with. Not anymore.

"We offer a full range of treatment options for all forms of urinary incontinence," says Dr. Brubaker. "Everything from simple, non-medical approaches and physical therapy to medication and minimally invasive surgery is available, so it's simply a matter of making the choice that's right for you."

Along with her colleagues at Loyola University Health System, Dr. Brubaker puts a strong emphasis on working with each patient to determine the best course of action. "Our treatment paradigm involves a goal-oriented approach and two-way dialogue," Dr. Brubaker explains. "We believe in patient-centered care, so we ask our patients what's important to them and then we deliver results to help meet their goals."

LEADING THE EDGE

Because Loyola is the only regional health-care system to be actively involved in three National Institutes of Health clinical study groups, patients have access to a broad array of sophisticated potential new treatments and procedures.



Patricia Brey, RN and patient.

"One of the most exciting studies in which we're now involved is the use of Botox for urge incontinence," says Dr. Brubaker. "This is a tremendous opportunity, especially for women who have failed to achieve positive results with medication and lifestyle changes.

"We are also participants in studies being conducted to determine the best surgical procedures for incontinence. Surgery is not a 'one-size-fits-all' approach, and it's critical to provide each woman with a solution that will not only address her incontinence, but also preserve function.

"Above all, our highest priority is to restore and protect our patients' quality of life," Dr. Brubaker continues. "In fact, we are actively involved in developing strategies to prevent incontinence from becoming an issue in the first place. Our guiding philosophy is to be proactive — life is too important to let incontinence get in the way."

Learn more about the clinical trials now being offered for urinary incontinence.

Visit www.LoyolaMedicine.org/clinicaltrials and scroll down to the "incontinence" section, or call (888) LUHS-888 and ask for Ext. 6-4188.

For more information about incontinence treatment, or to schedule a consultation, please call (888) LUHS-888 and ask for the Urogynecology & Reconstructive Pelvic Surgery Center.

Visit the Web site at www.LoyolaMedicine.org



Urogynecology and Pelvic Surgery Team: (l to r): Kimberly Kenton, MD, MS, FACS, FACOG; Linda Brubaker, MD, MS, FACS, FACOG; Elizabeth Mueller, MD; Mary Pat FitzGerald, MD, FACS, FACOG

Incontinence may take several different forms, as outlined below. However, most women experience "mixed incontinence," which is a combination of symptoms from more than one type of incontinence.

- The most common form of incontinence in women, **Stress Incontinence** occurs when you sneeze, cough, laugh, jog or engage in other activities that put pressure on your bladder.
- **Urge Incontinence**, also called overactive bladder, occurs when the sensation to urinate is so strong that you cannot reach the bathroom in time, even when your bladder contains only a small amount of urine.
- Leakage due to difficulty reaching a restroom in time because of physical conditions such as arthritis is called **Functional Incontinence**.
- **Overflow Incontinence** occurs when the quantity of urine produced exceeds the bladder's capacity to hold it.



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MEDICINE**

We also treat the human spirit.®