POSSIBLE EXTENSION OF THE SURGERY

For every third patient, it is sufficient to replace the rear holding bands (USL) to heal the urge incontinence. If this is the case, it shows up immediately after the surgery. No unwanted urine loss during stress (e.g. coughing) signifies completely intact front holding bands (PUL), so that no further surgical intervention is necessary.

Urine loss during stress when coughing, sneezing, or similar, after the surgery, indicates a defect of the front holding bands (PUL) and must be replaced to restore the full functionality and control of the bladder. This is a minor procedure, which is carried out a few weeks later.

EXPERIENCES OF PATIENTS

I had endured many treatment methods, but unfortunately without success. Just when I had almost given up the hope of living a carefree life, I heard by chance of the successful surgical treatment of female urge urinary incontinence by CESA/VASA. Since the operation I am continent and can once again participate with my circle of friends in an active life. I feel particularly positive and completely comfortable. The one thing I regret is that I didn’t learn much sooner about this opportunity.

(Mary K., 78 years)

My urge incontinence had resulted in no longer participating in sports, activities and trips, an almost complete withdrawal from social life. As an active person I have suffered from this a lot. Since the surgery I am able to do all the things that were previously not possible. These include travelling, participating in cultural events and also visiting the playground with my grandchildren. For me, the situation after the surgery is like “being given the gift of life again”

(Elisabeth N., 73 years)

WE ARE THERE FOR YOU

Most women are uncomfortable with their problem and it takes a great effort to overcome this. Doctors who are specialized in the treatment of incontinence are confronted by this every day. Their professional expertise and high degree of sensitivity will make you feel comfortable to talk about your problem.

Please contact us:

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ENJOY LIFE AGAIN

Urinary incontinence is a very common problem, in Germany alone millions of women suffer from incontinence. Stress urinary incontinence is defined as uncontrolled loss of urine e.g. when coughing, sneezing, climbing stairs or sudden body movements. For this type of incontinence there are effective therapy options available.

The situation is different for urge incontinence. While stress incontinence is considered curable, thus far there has been no effective treatment for urge urinary incontinence, it was incurable. Women who suffer from urge incontinence are not able to hold the urine properly for very long or even cannot hold the urine at all. They immediately start looking for the toilet when they feel the first urge to urinate. When whole daily life is set around this, social life and spontaneity suffers a lot. A problem that often limits the quality of life of those affected so considerably that many hardly ever leave their house.

Women who suffer from urge incontinence can now be effectively helped with CESA/VASA, a surgical method developed by Prof. Dr. Wolfram Jäger. Scientific studies and medical experiences since 2007 are showing a success rate of 75%. This means that approxim ately three out of four women are cured from urge incontinence and subsequently enjoy a significant better quality of life.

With this booklet we would like to explain the new surgical technique for the treatment of female urge urinary incontinence a little closer. Please don’t hesitate to contact your doctor for further questions and informations.

HOW URGE INCONTINENCE ARISES

At most women aged between 40 and 60 years a general weakness of the connective tissue begins. This means that the holding bands in the pelvis, involving uterus, vagina, bladder and intestine, lose their elasticity and also their holding function. A descensus of the pelvic organs is the consequence and this leads to urge incontinence.

For a better understanding the anatomical structures are represented as a bridge. Here, the bony structures Pubis and Ischium serve as the "pillars of the bridge". The "roadway" (vagina) hangs on the front and rear holding ropes (PUL + USL). If both ropes are intact, the bridge is fully functional. If a rope is loose however, the roadway becomes slack. The bridge (bladder) can no longer meet its function. If a rope is lying on the ground, there is no longer any control over the bladder and the woman loses urine at any opportunity. The clinical symptoms are usually the result of broken ropes - front, rear or in both places. They must be replaced, in order to fully restore the function of the bridge.

DAMAGED STRUCTURES ...

The following illustrations show two simplified examples for typical situations.

Since it is not possible to tighten the own holding bands, these have to be renewed. For this purpose, plastic (PVDF) holding bands, so-called textile implants are used, similar to the ones being used since many years for surgical hernia repair and others. They are sutured exactly at the point where the bands originally were placed and thus provide a full replacement.

... AND THE RESTORATION OF THEIR FUNCTION

The aim of the CESA/VASA surgical method is to bring back the organs in their previous, i.e. the correct position, to restore the function again.

The front holding bands are intact but the rear holding bands are stretched. This leads to initial problems to hold the urine.

The rear holding bands are teared off completely. Thus a compulsion to urinate constantly occurs and the urine can no longer be held.

S = Ischium  V = Vagina
U = Uterus    PB = Pubic Bone
B = Bladder  USL = rear holding bands
R = Rectum  PUL = front holding bands