

Anna Pawlaczyk Genuine Stress And Urge Incontinence Protocol

ETS Treatment For Stress And Urge Incontinence

Dr Anna Pawlaczyk describes the differences between stress and urge urinary incontinence and the treatments available for both, focusing on the benefits of **electromyographic (EMG)** triggered neuromuscular **electrostimulation (ETS)**. Although the symptoms of incontinence are varied, they can be classified under two broad categories: stress urinary incontinence and urge urinary incontinence. Patients may have more than one kind of symptom at the same time. **ETS** can be used to treat mixed incontinence.

Results

EMG Tiggered Electrical Stimulation (ETS) and **electromyographic (EMG) biofeedback** has been shown clinically to be effective in the treatment of patients with both genuine stress and urge incontinence and detrusor instability. The main treatment of urge incontinence is still an anticholinergic drug but **ETS** has proven to be a more acceptable treatment.

Methods

All forms of conservative therapy are safer, less invasive and less costly than surgical options. Pelvic floor exercises can diminish episodes of incontinence by strengthening the pelvic floor muscles. Pelvic floor exercises can be enhanced with **biofeedback**. With **NeuroTrac 5**, the legacy predecessor of the **NeuroTrac MyoPlus2 Pro** (Verity Medical), **EMG biofeedback** allows the patient to quickly learn to clench the right muscles. Contractile levator muscles can be strengthened with **ETS**, where a voluntary muscular contraction reaching a predefined intensity to trigger a preset contraction driven electrically is achieved.

Direct **ETS** of these muscles causes hypertrophy and increased strength and may inhibit inappropriate detrusor contractions in patients with an intact neural pathway. Therefore, **ETS** can be used to treat mixed incontinence. **ETS** is applied by a probe placed into the vagina. The probe is then connected to the **NeuroTrac** device. **ETS** is usually given twice daily for 20 minutes. Treatment results for genuine stress incontinence take about 12 weeks; detrusor instability may improve in less time.

Anticholinergic drugs reduce the neurotransmissive capability of the entire parasympathetic nervous system, not just of the bladder nerves. This may reduce urgency and frequency, but instead causes nausea, dry mouth, blurred vision and other unpleasant side effects. Drugs do not cure urge incontinence.

Anna Pawlaczyk MD is an urogynecologist specialist at the Alfa Clinic Medical Center in Gdansk, Poland