

## Book Excerpt

### “A Seat On The Aisle, Please!” by Elizabeth Kavalier, M.D.

*From an expert – clear, frank, and sympathetic advice on dealing with urinary tract disorders...*

In this concise, clearly written, and sympathetic new book, Dr. Elizabeth Kavalier suggests that a new approach to female urinary tract disorders is long overdue. One of the surprisingly small number of women practicing urology in the U.S., she explains what these diseases are and what patients can do to get properly diagnosed and appropriately treated. In addition, Dr. Kavalier extends compassionate, expert, and helpful advice to those who have been distressed, embarrassed, and isolated for too long.

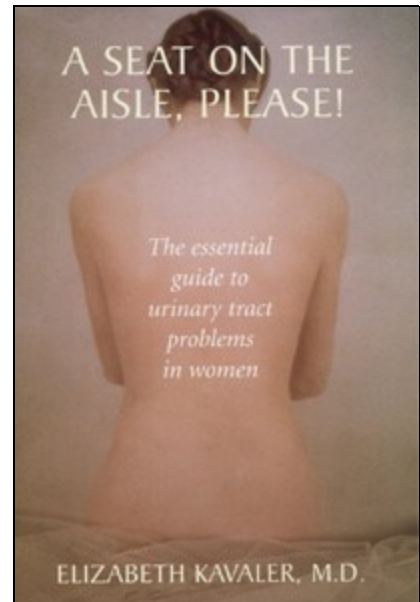
In the course of a lifetime, more than half of all women will experience some form of debilitating urinary tract disease or discomfort, including **chronic urinary tract infections, various kinds of incontinence, pelvic floor prolapse, or pelvic pain.**

Until recently, there has been scant attention paid to this very common group of pelvic disorders—a surprising fact, considering the number of adult women of all ages who suffer needlessly from these conditions.

For too long, many patients have been reluctant to talk about their symptoms. Even when they do raise the subject, many women find that the doctor dismisses pelvic discomfort as an inevitable consequence of the aging process.

Written for the lay reader, with simple diagrams, “A Seat on the Aisle, Please!” begins with an explanation of the normal anatomy of the female urinary tract before addressing the four areas of urinary tract disorders experienced by women. The book then goes on to offer guidelines on selecting a doctor, and advice on choosing anesthesia and pain medications should surgery be necessary.

This timely and important book will help bring these under-recognized but common conditions into the public forum, ease embarrassment, arm sufferers with vital information about these conditions, and reassure women that, in many cases, effective and non-invasive treatments are available.



## SELECTED EXCERPTS FROM “A SEAT ON THE AISLE, PLEASE!”

### CHAPTER 1

*The Nuts and Bolts of the Female Pelvis: Normal Anatomy and Physiology*

“This chapter discusses the normal anatomy of the urinary tract. It lays the foundation for understanding what can go wrong. By knowing what is normal, it will help the reader understand why her problem presents the way it does and why the treatment will work.

### CHAPTER 2

*What Can Go Wrong? Pelvic-Floor Problems: Symptoms and Solutions*

“This chapter offers an overview of the urinary tract disorders from which women can suffer. Some women have straightforward problems that are easily addressed in a few visits, while other women have multiple issues that need time and patience to sort out. Urinary tract infections, pelvic pain conditions, incontinence, and pelvic floor prolapse are interrelated entities. After all, they all share the same organs of origin, all of which lie close together and are interconnected. Often, treatment of one problem will unmask another. At other times, multiple problems are treated with a single intervention: Whatever the problem, patience and thoughtful evaluation will uncover solutions that are both efficacious and agreeable.”

### CHAPTER 3

*Picking a Doctor: Gynecology versus Urology: Who Treats Bladder Problems?*

“Although the choices seem overwhelming, the truth is that it all comes down to the person sitting across the desk from you and how *you* relate to her. The more confident you are in the information that you are getting from your doctor, the more you can trust him or her. You don’t have to like her, but you do have to trust her. The best way of assessing your physician is intuition, but intuition bolstered by understanding her background and training for your particular medical problem.”

### CHAPTER 4

*Stress Urinary Incontinence*

“Stress urinary incontinence occurs when a woman leaks while coughing, laughing, sneezing or lifting heavy items. Unlike urge incontinence, stress incontinence results from a problem with the support structures of the urethra, not with the bladder itself. Weakness of the muscles on which the urethra sits results in movement of the urethra with activity, and, consequently, leakage. The treatment involves reinforcing, or replacing, this support, usually through a surgical procedure. Medication, exercise therapy, and injectable agents can be tried first, but as of now, the only real cure for stress urinary incontinence is surgery. On the bright side, with proper diagnosis, the management of stress incontinence is extremely successful.”



## **CHAPTER 5**

### *Urinary Urge Incontinence: Overactive Bladder Syndrome*

“The most effective treatment for frequency, urgency, and urge incontinence is a combined approach using both behavior modification and medication. Behavior modification includes reduction in fluids, urinating when the urge presents, and exercise therapy. Many medications are available if behavioral modifications are not enough. Usually, a combination approach which included both changes in fluid intake and medication should work in nearly every woman with this condition. Women are often embarrassed that they are not getting better, or they think it is their fault. They think they “just can’t control themselves.” That is by no means the case. This is a physical condition that should be treated that way. Your doctor is there to help you get better. Be honest, and be persistent.”

## **CHAPTER 6**

### *The Golden Years: Incontinence in the Elderly*

“Urinary incontinence is common in the elderly woman, but not acceptable. With effective treatments available for nearly every situation, women and their families need to inform their physicians of this depressing, debilitating, and embarrassing problem. Urinary leakage in the elderly can cause terrible problems that go beyond the inconvenience of soiled clothes and bed sheets. Infections, pressure sores, limitations to physical activity, and falls that result as you try to get to the bathroom in time to prevent an accident will all lead to an early demise. Careful evaluation and thoughtful treatment can save you and your caregivers from difficult and painful consequences of urinary incontinence. Medication and surgery are not the only options out there. Many less-invasive interventions can be attempted, many of which will cure you without any painful testing or expensive procedures. Communication between you and your doctor will ensure that good results are achieved. A little persistence and a lot of patience will produce effective results for almost all elderly women with urinary incontinence.”

## **CHAPTER 7**

### *Pelvic Floor Prolapse*

“Pelvic organ prolapse is a complicated problem for both women and their doctors. For women, the shame, embarrassment, and belief that nothing can be done prevent them from seeking treatment. Physicians often don’t recognize a prolapse when they examine a patient, or they don’t know where to send patients when they do. Gynecologists and urologists with special training in the management of prolapse are sprouting up all over the country. As we all get older, our bodies change, often resulting in problems that interfere with a healthy lifestyle. Treatment of these debilitating conditions will help women return to social and physical activities that are essential for us, regardless of our age. No one is too old or too young to have pelvic-floor prolapse and its associated urinary issues. Nor is anyone too old or too young to seek treatment. Both surgical and nonsurgical choices are available and nearly all evaluation and management is covered by conventional insurance. See a physician, get examined, gather information, and then make an informed decision regarding your own condition. You will be surprised at how much this small step will change your life!”



## **CHAPTER 8**

### *Urinary Tract Infection*

“Urinary tract infections (UTIs) are by no means a problem exclusive to healthy, sexually active women. Children and men certainly suffer the wrath of bacterial invasion into the normally sterile urine. However, women have a propensity to develop infections in the urine more so than men because of their unique anatomy. Those of you who are plagued with infections know how frustrating and painful they can be, especially when treatment is delayed because antibiotics are not accessible. Although the cause of recurring infections is not understood, management is possible. It is important to know when to seek professional help because a more serious problem exists. Urinary tract infections should not control or ruin a productive life. Over time, our understanding of the causes of UTIs will evolve. Once we know why they occur, prevention and cure will be imminent.”

## **CHAPTER 9**

### *Interstitial Cystitis and Pelvic Pain Syndrome*

“Pelvic pain syndromes are terrible for patients to live with and frustrating for physicians to treat. Little is understood about these diseases, so treatment can be elusive. The relationship between urethral syndrome, interstitial cystitis, and endometriosis, and irritable bowel syndrome cannot be proven, but they seem interrelated in their symptoms and management. Researchers continue to pursue an understanding of all four syndromes, which should only lead to better treatments and, ultimately, to cure.”

## **CHAPTER 10**

### *Menopause, Hormones, and the development of Female Pelvic Problems*

“The role of hormones in urinary tract disorders remains confusing, even for those of us in the business of providing care and counsel to patient. On an individual basis, educated decisions can be made between you and your doctor, depending on the nature of the menopausal symptoms that you need to treat. Hormone depletion causes changes in the urinary tract, especially the urethra. Visible changes to the vaginal canal correspond to the symptoms that many of you may experience from low estrogen, including dryness, itching, and burning in the vagina and the urethral area. Vaginal applications of estrogen will help these symptoms while causing very few side effects. Systemic estrogen has a less clearly defined role in the treatment of urinary tract disorder in the postmenopausal woman. In terms of urinary leakage, estrogen therapy alone will not treat the problem. However, combination therapy of vaginal estrogen and a bladder medication may alleviate symptoms more than either would alone.”

## **CHAPTER 11**

### *Anesthesia for Surgery and a Crash Course in Pain Medications*

“Surgery has never been safer than it is today. In many respects, this fact is due to the advances in anesthesia. The medications are safer, the monitoring devices are more sensitive, and the anesthesiologists are more highly trained. Safe anesthesia includes careful preoperative preparation, open disclosure of foods and medications ingested by you prior to surgery, and the selection of appropriate anesthetic agents in the operating room.”



## **CHAPTER 12**

### *A Visit to the Urologists Office: Definitions and Explanations of the Diagnostic Procedures*

“The point of this chapter is to alleviate one’s fears about visiting an urologist’s office. Although we are a procedure-oriented field, none of the tests that are performed in the office need to be painful or unpleasant. In order to remain collaborative with your doctor; you need to know the reason for the tests being done, the results that are obtained, and the outcomes of treatments that are chosen.”

## **CHAPTER 13**

### *Safety in Numbers: The Epidemiology of Urinary Incontinence*

“The epidemiology of urinary tract incontinence is complex. Clearly, older women suffer from the condition more than any other group of patients. However, other conditions can contribute to its presence, and certain behaviors can make it worse. Regardless of the cause of urinary incontinence and pelvic-floor prolapse, we do know that both conditions are on the rise, they are costing people and society a fortune in supplies, and they can be treated successfully by an interested health-care professional.”

