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MY NCBI FILTERS	47.952 results			
RESULTS BY YEAR	Urologic presentations and management options in pediatric mitochondrial 1 disease. Cite Kucherov V, Truong H, Raab C, Hagerty JA. Urology. 2022 Jan 8:S0090-4295(22)00007-3. doi: 10.1016/j.urology.2021.12.023. Online ahead of print. Share PMID: 35016974 Patients presented with numerous urologic complaints including urinary retention/incomplete emptying, incontinence, and recurrent urinary tract infectionCONCLUSIONS: Patients in this study were found to have a spectrum of lower urinary tract dysfu			
TEXT AVAILABILITY Abstract Free full text Full text ARTICLE ATTRIBUTE Associated data	 Systematic review and meta-analysis of the efficacy of tension-free vaginal tape on pelvic organ prolapse complicated by stress urinary incontinence. Gite He P, Zou J, Gong B, Qiu M, Li L. Ann Palliat Med. 2021 Dec;10(12):12589-12597. doi: 10.21037/apm-21-3385. PMID: 35016449 BACKGROUND: Patients with pelvic organ prolapse combined with stress urinary incontinence (SUI) require pelvic floor repair and surgical treatment; however, there is currently no systematic evaluation of the treatment effect 			
ARTICLE TYPE Books and Documents Clinical Trial Meta-Analysis Randomized Controlled	 Promoting urinary continence in people suffering a stroke: Effectiveness of a complex intervention-An intervention study. Cite Kohler M, Ott S, Mullis J, Mayer H, Kesselring J, Saxer S. Nurs Open. 2022 Jan 11. doi: 10.1002/nop2.1166. Online ahead of print. PMID: 35014765 			

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Associated data		Int J Environ Res Public Health. 2021 Dec 6;18(23):12858. doi: 10.3390/ijerph182312858.				
ARTICLE TYPE		PMID: 34886580 Free PMC article. Review. METHODS: A systematic review was carried out in the PUBMED and WOS databases. The keywords used				
Books and Documents		were in PUBMED: ((((((("Fecal Incontinence" [Mesh]) OR "Urinary Incontinence" [Mesh]) OR "Pelvic				
 Clinical Trial 		Organ Prolapse" [Mesh]) OR "Pelvic Floor Disorders" [Mesh]) OR "S				
Meta-Analysis		Systematic review and meta-analysis of therapeutic effects of pelvic restoration				
Randomized Controlled Trial	3 Cite	combined with anti-stress urinary incontinence surgery on pelvic floor dysfunction.				
 Review 	Share	Liu J, Li L, Bv S, He P, Qiu M, Ma Z.				
Systematic Review	Share	Ann Palliat Med. 2021 Nov;10(11):11678-11687. doi: 10.21037/apm-21-2737.				
PUBLICATION DATE		PMID: 34872292 Free article. BACKGROUND: In recent years, pelvic restoration surgery is widely used in the diagnosis and treatment of stress urinary incontinence (SUI) as people pay more attention to postpartum pelvic floor				
🔵 1 year		dysfunction (PFD)				
○ 5 years						
 10 years 	4	Physical activity and urinary incontinence during pregnancy and postpartum: A systematic review and meta-analysis.				
Custom Range	Cite	Von Aarburg N, Veit-Rubin N, Boulvain M, Bertuit J, Simonson C, Desseauve D.				
SPECIES	Share	Eur J Obstet Gynecol Reprod Biol. 2021 Dec;267:262-268. doi: 10.1016/j.ejogrb.2021.11.005. Epub 2021 Nov 16.				
✓ Humans		PMID: 34839247 Free article. Review.				
 		To assess the association of physical activity and urinary incontinence , or its recovery, during pregnancy				
LANGUAGE		and postpartumDue to a lack of available data, urinary incontinence recovering could not be assessed. The available low evidence does not show				
 English						
SEX		Parasacral versus tibial transcutaneous electrical stimulation to treat urinary				
 Female	5 Cite	urgency in adult women: Kandomized controlled clinical trial. Falcão Padilha I. Arias Avila M. Driusso P				
	Cite	Eur J Obstet Gynecol Reprod Biol. 2021 Dec;267:167-173. doi: 10.1016/j.ejogrb.2021.10.025. Epub 2021				
Additional filters	Share	Oct 31.				
		PMID: 34773880 Clinical Trial.				
Deast all filters		INTRODUCTION: Urinary urgency is a very strong urge to urinate that is difficult to postpone and				
reset an filters		controlPrimary and secondary outcome measures: The primary outcome measure was urinary urgency, measured by the International Consultation on Incontinence Ou				



TOPIC DISTRIBUTION TELEHEALTH and APPS. 16% OTHERS 22% ATHLETES 6% ALTERNATIVE and COMPLIMENTARY MEDICINE 10% **PREGNANCY and POSTPARTUM** 14% **OUTCOMES and QoL** 12% SURGICAL TECHNIQUES 8% PATHOPHYSIOLOGY, EPIDEMIOLOGY, **EVALUATION, MANAGEMENT** 12%

Quality of life and sexual function after TVT surgery versus Bulkamid injection for primary stress urinary incontinence: 1 year results from a randomized clinical trial

Anna-Maija Itkonen Freitas¹ • Tomi S. Mikkola² • Päivi Rahkola-Soisalo¹ • Sari Tulokas³ • Maarit Mentula¹ Received: 7 September 2020 / Accepted: 16 November 2020 / Published online: 4 December 2020







36, *p < 0.001. PF = physical functioning, RLP = role limitations due to physical health, RLE = role limitations due to emotional problems, E = energy/ fatigue, EWB = emotional wellbeing, SF = social functioning, P = pain, GH = general health Regular antenatal exercise including pelvic floor muscle training reduces urinary incontinence 3 months postpartum-Follow up of a randomized controlled trial



Hege H Johannessen ¹², Betina E Frøshaug ³⁴, Pernille J G Lysåker ³, Kjell Å Salvesen ⁵⁶, Mirjam Lukasse ³, Siv Mørkved ⁷⁸, Signe N Stafne ⁷⁸

Aim:

To evaluate the effect of an antenatal exercise program including pelvic floor muscle training on postpartum urinary incontinence

Methods:

Short-term follow-up and secondary analysis of a randomized controlled trial

Two Norwegian University Hospitals

- Healthy
- Pregnant women aged >18 years
- A singleton live fetus

Exercise group

- 12-week standardized exercise program
- Pelvic floor muscle training
- Once weekly group exercise classes led by a physiotherapist
- Twice weekly home exercise sessions

The controls

• Standard antenatal care

Questionnaires answered in pregnancy weeks 18-22, and three months postpartum Urinary incontinence prevalence in the exercise and control groups was compared

Johannessen et al. Regular antenatal exercise including pelvic floor muscle training reduces urinary incontinence 3 months postpartum-Follow up of a randomized controlled trial. Acta Obstet Gynecol Scand. 2021 Feb;100(2):294-301.

N=722 (84%) @ 3M

Urinary incontinence 3M postpartum associated with

- + Age (OR 1.1, 95% CI 1.0-1.1)
- + Experiencing urinary incontinence in late pregnancy (OR 3.6, 95% CI 2.3-5.9)
- + Birthweight ≥4000 g (OR 1.8, 95% CI 1.2-2.8)
- + Obstetric anal sphincter injuries (OR 2.6, 95% CI 1.1-6.1)
- - Cesarean section significantly (OR 0.2, 95% CI 0.1-0.5).

Urinary incontinence 3M postpartum							
	exercise	standard antenatal care	P value				
All responders	29%	38%	0.01				
Among incontinent at baseline	44%	59%	0.014				

Conclusions: A moderate-intensity exercise program including pelvic floor muscle training reduced prevalence of urinary incontinence 3 months postpartum in women who were incontinent at baseline.



Randomized Controlled Trial> JMIR Mhealth Uhealth. 2021 Sep 17;9(9):e25878.doi: 10.2196/25878.

Barriers and Facilitators Associated With App-Based Treatment for Female Urinary Incontinence: Mixed Methods Evaluation

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Nienke J Wessels <sup># 1</sup>, Anne M M Loohuis <sup># 1</sup>, Henk van der Worp <sup>1</sup>, Linde Abbenhuis <sup>1</sup>,
Janny Dekker <sup>1</sup>, Marjolein Y Berger <sup>1</sup>, Julia E W C van Gemert-Pijnen <sup>2</sup>, Marco H Blanker <sup>1</sup>
Affiliations + expand
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PMID: 34533466 PMCID: PMC8486988 DOI: 10.2196/25878

- App-based treatment for urinary incontinence is a proven effective and cost-effective alternative to usual care
- Successful implementation requires identifying and addressing barriers and facilitators associated with app use

Objective: To explore the factors influencing appbased treatment for urinary incontinence and identify barriers or facilitators that are associated with treatment success or failure



🖀 JMIR mHealth and uHealth

- Participants who reported success or failure with app-based treatment in the RCT
- Defined as change in symptom score questionnaire
 - International Consultation on Incontinence Modular Questionnaire Urinary Incontinence Short Form
- Selected for telephone interview

Four interrelated themes were identified as affecting the app based treatment effect:

- Adherence
- personal factors
- app factors
- Awareness

adherence-related factors directly influenced treatment effect (+ & -)

adherence was influenced (+ & -) by the other 3 themes

awareness was influenced (+) by the treatment effect

Within these themes several factors were identified as barriers or facilitators

Barriers unrealistic expectation of time investment interfering personal circumstances

> Facilitators strict integration of exercises prior pelvic floor muscle therapy

Both personality traits increased awareness of symptoms



JMIR Publications

G JMIR mHealth and uHealth

Clinical Trial > Female Pelvic Med Reconstr Surg. 2021 Feb 1;27(2):e348-e351. doi: 10.1097/SPV.000000000000927.

Treat or Wait? Natural Perioperative Course of Overactive Bladder Symptoms at the Time of Midurethral Sling Placement

Bhumy Davé Heliker ¹, Kimberly Kenton ², Alix Komar ², Margaret G Mueller ², Christina Lewicky-Gaupp ², Melinda Abernethy ³

Objective:

- To describe the perioperative course of untreated OAB (frequency UUI) before and after isolated retropubic MUS
- To identify the time point for spontaneous OAB symptom improvement



FPMRS Female Pelvic Medicine & Reconstructive Surgery

Methods:

- Prospective cohort study of women undergoing an isolated MUS
- UDI-6 and IIQ-7 preoperatively and weekly for 13 weeks postoperatively
- Bothersome UF and UUI were defined as a response of "moderately" or "greatly" bothered on questions 1 and 2 of the UDI-6
- Treatment for OAB was deferred until 13 weeks after surgery

Results:

N=54

Age - 48 ± 9

Significant reduction in bothersome OAB (UF and UUI) symptoms

Low impact of urinary symptoms on activities, relationships, and feelings (IIQ-7<1)

Only 3 women desired treatment for UUI after the study period



Conclusions:

OAB is common before and immediately after MUS

The majority of patients have spontaneous symptom resolution by 6 weeks It may be reasonable to discontinue preoperatively initiated overactive bladder treatment or defer starting treatment

HE END

