

Hypercontinence in Women after Neobladder Surgery

Contributed by Cass Morgan
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A Possible Solution

Hypercontinence is defined as the inability to adequately empty, or void, the neobladder. It is estimated that up to 30% of women who receive neobladders will become hypercontinent. Some women enjoy several months of voiding their neobladders adequately before losing this ability and becoming hypercontinent. The cause of hypercontinence may be varied, and difficult to diagnose without the benefit of urodynamic studies. Nonetheless, we have discovered a technique (fondly dubbed the Thomas Technique, after the urologist who first suggested its use) that may be helpful, avoiding the need to self-catheterize.

You may want to check with your doctor before trying this technique. He or she should be happy to help you, since your success with it will eliminate the need to catheterize.

The technique involves inserting one or two middle fingers of one hand into the vagina (from the front) and gently lifting (or pressing against) the "bulge" of the neobladder felt from inside the vagina. It is also possible to insert an index finger into the vagina from the side or rear. The finger(s) in the vagina and the thumb on the outside form the shape of a "C" allowing an unobstructed flow of urine. Use plenty of lubricant, like KY jelly or Astroglide. You may choose to wear a single-use disposable latex or (the very inexpensive) polyethylene food handler glove. One woman prefers using a bare hand so she can more easily sense the urine flow but most probably prefer a glove. Aim your fingertips toward where your cervix used to be (or is, if you still have one). Experiment with different angles and pressure points. Stay relaxed! Try different positions while sitting on the toilet or squatting in the shower. It may help to spread your knees. Twisting to one side or the other and/or bending forward at the waist may help. Chances are you will have better luck if you do this maneuver when you know the neobladder is full. To void, bear down as you would if things were working optimally, while continuing to press against the "bulge" of the neobladder from inside the vagina. As you become more adept, you will be able to more effectively coordinate the technique with bearing down while tightening your abdominal muscles. This will literally help compress the neobladder and empty it more thoroughly.

Our first member to use this technique found over time that it worked better if she placed her fingers toward the left side of her vagina. Sometimes it worked better if she pressed back rather than up. The first few tries she used a speculum. Dr. Thomas gave her, inserting it and gently lifting. When this stopped working she began using her fingers.

Don't worry if it doesn't work at first. Every woman has to find the modification that works best for her. Join our email discussion group and get tips from women who have been there.

Wendy Ramsey (neobladder at age 46) offers to discuss this technique with others, "...because I believe this voiding technique is an important alternative to catheterizing and unfortunately only a small handful of people know about it! The more the word can get out to patients and the medical community and the more examples we have of women using this technique, the better." Wendy Ramsay, ramsaycafe@comcast.net

This page was contributed by Cass Morgan with input from fellow-survivors Wendy Ramsey and Linda Weyand. Thank you!

