



Vaginal Cones

For urinary stress incontinence

Urinary stress incontinence

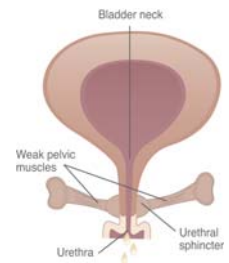
Urinary stress incontinence accounts for over 50% of all types of urinary incontinence. It is also the most common type of urinary incontinence in women under 55.

Women with urinary stress incontinence experience involuntary leakage of a variable quantity of urine caused by various types of pressure on the bladder, for example while laughing, coughing or sneezing.

Causes

Contributing factors of urinary stress incontinence in women include pregnancy and childbirth, pre-menopause or menopause, as well as medical or surgical issues. Inactivity, weight gain, smoking, chronic constipation or coughing are among aggravating factors.

Urinary stress incontinence is due primarily to a weakening of the pelvic floor, the group of muscles, ligaments and tissues supporting the main organs of the lower abdomen (bladder, uterus, rectum, intestine). One of the functions of the pelvic floor is to support the bladder to control urine flow. Therefore, maintaining a good pelvic floor muscle tone will allow for normal functioning of the bladder and other abdominal organs.



Treatments

Treatments of urinary stress incontinence aim at restrengthening the pelvic floor muscles, with or without the assistance of devices, such as vaginal cones. The SOGC 2006 Clinical Practice Guideline on Conservative Management of Urinary Incontinence includes vaginal cones as one of several recommended forms of pelvic floor retraining for women with urinary stress incontinence.

Vaginal cones

Pelvic floor retraining with vaginal cones is a non-surgical method to help women strengthen their pelvic floor muscles by doing their exercise once or twice daily, at home, for three months. Using a set of small cones, identical in shape and size but of differing weights (ranging from approximately 5 to 55 g), the exercise consists of inserting a cone in the vagina, starting with the lightest one that can comfortably be retained, and moving up to increasingly heavier cones as the pelvic floor muscles become stronger. For the exercises to be effective, a slight effort should be necessary in order to hold the cone in place. If the cone stays in by itself, a heavier cone should be used.



The objective of the vaginal cone pelvic floor exercise program is to keep a chosen cone in the vagina for approximately 15 minutes with only a slight voluntary contraction effort while walking around and doing regular activities. The suggested exercise program should be pursued with this cone until it can be held comfortably without effort for 15 minutes. Once this goal is achieved, the next heavier cone should be used in the following session. Some women may have a weaker pelvic floor than others and may need to use the same cone for several weeks. Each time a heavier cone is used, a slight conscious effort is needed to contract the muscles to prevent the cone from slipping out. Progressively heavier cones should be used to complete the program. The success of the program does not depend on the ability to reach the heaviest cone; the objective is to be able to hold the heaviest cone that can be comfortably supported.



Exercising regularly with increasingly heavier vaginal cones allows the individual to observe progress from one cone to the next as the pelvic floor muscles get stronger. The goal is to increase muscle strength and muscle tone for better urinary control.

Before purchasing vaginal cones, a woman should have her pelvic floor assessed by a professional and be taught how to do pelvic floor exercises correctly. Vaginal cones may not be appropriate if the pelvic floor is very weak. Cones should not be used during your period, during intercourse, during pregnancy, or if vaginal or uterine infection or severe prolapse are present. A physician should be consulted if you have an intra-uterine device (IUD), or if you have had a recent episiotomy, a Caesarean section or any other gynaecological procedure/surgery.