



Vaginal Cones

For urinary stress incontinence

Urinary stress incontinence

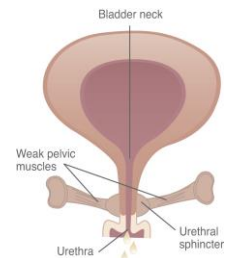
Urinary stress incontinence accounts for over 50% of all cases of urinary incontinence in Canada.¹ It is also the most common type of urinary incontinence in women.¹

Women with urinary stress incontinence experience involuntary leakage of a variable quantity of urine due to pressure on the bladder, for example, when coughing, sneezing, laughing or even jumping, dancing or walking.²

Causes

Contributing factors to urinary stress incontinence in women include pregnancy and childbirth, pre-menopause or menopause, as well as medical or surgical issues. High-impact activities, such as jumping or running, weight lifting, obesity, smoking, chronic constipation or coughing may also aggravate the condition.³

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 pelvic floor muscle tone will allow for normal functioning of the bladder and other abdominal organs.⁴



Treatments

Treatments for urinary stress incontinence focus on strengthening the pelvic floor muscles with or without the use 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.⁵

Vaginal cones

Pelvic floor retraining using vaginal cones is a non-surgical method to help women strengthen their pelvic floor muscles. Vaginal cones were developed to make it easier to perform pelvic floor contractions. It is recommended that this exercise be performed for 15 minutes, twice daily, for three months.



The exercise consists of inserting a cone in the vagina above the level of the pelvic floor musculature, starting with the lightest cone that can comfortably be held and progressing to increasingly heavier cones as the pelvic floor muscles become stronger. In order for the exercise to be effective, a slight voluntary contraction should be necessary to hold the cone in place while standing, walking around and performing regular activities. If the cone stays in by itself, a heavier cone should be used. This exercise is not effective when performed while sitting or lying down. The success of the therapy does not depend on the ability to reach the heaviest cone.

Before purchasing vaginal cones, a woman should have her pelvic floor assessed by a healthcare professional and be taught how to perform the exercises correctly. Vaginal cones may not be suitable for all women. Vaginal cone therapy may be temporarily postponed during menstruation, as it may be difficult to retain the cone on heavier flow days. Cones should not be used during intercourse or if vaginal or uterine infection or severe prolapse is present. A physician should be consulted by women who are pregnant, have an intrauterine device (IUD) or have had a recent episiotomy, caesarean section or any other gynaecological procedure/surgery.²

Temporary muscle fatigue (discomfort) may be experienced after performing the exercise. A healthcare professional should be consulted if this symptom persists for more than a few days or if any other symptoms are present.²

Vaginal cones are for personal use only. In order to prevent infection, they should not be shared.²

¹ 2012 update: guidelines for Adults Incontinence Collaborative Consensus document for the Canadian Urological association

² LadySystem Leaflet, Duchesnay Inc., 2017

³ Luber KM, .Rev Urol. 2004; 6 (sup 3): S3-S9. The Definition, Prevalence, and Risk factors for Stress Urinary Incontinence.

⁴ ISSN 2278-3202. Vol.4 (6), 75-82, June (2015) Int. Res. J. Review Paper Etiology, Risk Factors and Pathophysiology of Stress Urinary Incontinence: A Review International Research Journal of Biological Sciences.

⁵ SOGC, Roberts M. et al.. Conservative management of urinary incontinence. J Obstet Gynaecol Can. 2006 Dec; 28 (12):1113-25