

Dr. Whitted is dedicated to safe, state-of-the-art, innovative surgeries and healthy lifestyles for women of all ages. In a nurturing environment, the physicians and staff strive to promote a partnership in your healthcare and make every effort to bridge the sterile science of diseases with your emotional, physical, and spiritual needs. Everyone is confronted with difficult healthcare decisions at one time or another. You'll want your physician and staff to have the knowledge, experience, and sensitivity to guide you safely through the decision-making process.

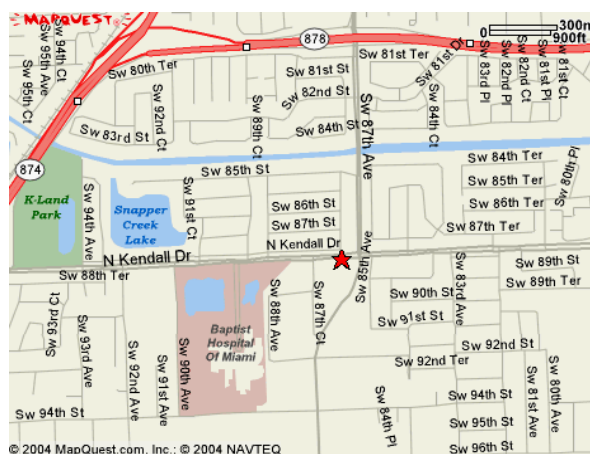
Dr. Whitted provides comprehensive gynecologic office and surgical healthcare. He is certified in laparoscopy and hysteroscopy and is an expert in advanced gynecologic surgery. He has been a national speaker, trainer, and researcher in advanced surgical techniques. In addition, Doctor Whitted is a Certified Menopause Clinician who educates, trains, and has done research in the science of menopause. Finally, he is certified in advanced colposcopy.

Doctor Whitted offers expert education and care in the following areas:

- | | |
|----------------------------------|-----------------------------|
| Abnormal Paps (HPV) | Fibroids (Leiomyoma) |
| Abnormal Menstrual Cycles | Loss of Urine |
| Bladder Prolapse | Menopause |
| Chronic Pelvic Pain | Ovarian cysts |
| Endometriosis | Rectocele |
| Ectopic Pregnancy | Uterine Prolapse |
| Family Planning | Vaginal Prolapse |

*****Evaluation and Diagnosis of Gynecologic Cancers**

If you need surgery, Dr. Whitted performs most gynecologic surgeries with minimally invasive techniques to reduce hospitalization, recovery, scarring, discomfort and absence from work in most cases.



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Raymond Wayne Whitted MD, MPH

...dedicated to healthy lifestyles and safe, state-of-the-art surgery for women of all ages.

**.Laugh,
Cough,
Sneeze,
Jump...**

...And still stay dry

Urinary incontinence is the loss of bladder control, or uncontrolled urine leakage.

If you suffer from this problem, you are not alone. Over 10 million women in the United States experience incontinence. The embarrassment and inconvenience of incontinence keep many women from enjoying a healthy, active lifestyle. As a result, you may have stopped doing the activities that you once enjoyed, such as playing with your children or grandchildren, jogging, playing tennis or golf, or traveling. It also may have interfered with your everyday activities such as shopping, lifting or walking. Incontinence can make you feel less feminine and less intimate with others. But, wait...there is good news!

**Regain Bladder Control.
Regain Your Life.**

...dedicated to healthy lifestyles and safe, state-of-the-art, innovative surgery for women of all ages

There are several types of urinary incontinence that affect women.

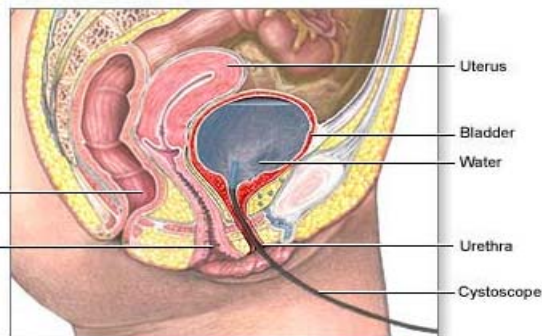
The most common type is stress incontinence, which affects one out of every six women over the age of forty, and commonly causes urine leakage when coughing, sneezing, laughing, jumping or running.

Stress incontinence occurs when your vaginal and pelvic floor muscles stretch and weaken after childbirth, weight gain, surgery, or any activity that chronically increases abdominal pressure.. This stretching causes the neck of the bladder to sag or drop. In this lowered position, the bladder neck can't stay closed when abdominal pressure increases during coughing, sneezing and physical activity. As a result, urine leaks out.

Stress incontinence is not a normal part of aging. It is a medical problem that can be treated and even cured for most women. This is the only incontinence that surgery can cure.

Urge incontinence is another type. Women who suffer from urge incontinence have an incredible urge to void and often leak on their way to the bathroom. Sometimes they leak without warning. It is also common to experience a combination of stress and urge, or mixed incontinence. There are other, more infrequent types of incontinence, as well. The loss of bladder control most often, though, is a result of stress incontinence.

the bladder wall



What can I do about Incontinence?

The first thing to do is see a doctor who understands the issues of incontinence.

A physical exam, a complete medical history and thorough testing will tell you what is causing your problem. Then, your doctor can tell you what treatment, or combination of treatments, is best for you.

The following are non-surgical choices currently available to treat stress and urge incontinence:

FEMININE PADS, PESSARIES, AND CATHETERS

Many women who try pads find that they are embarrassing, inconvenient, and expensive. Long-term use can lead to bladder infections and skin irritation. Pessaries are small plastic supports which are inserted into the vagina to support the bladder. Catheters are inserted into the bladder through the urethra to capture urine. Pessaries and catheters give only temporary relief and can be irritating to wear.

MEDICATIONS

Medications typically improve urge incontinence. These include estrogens, bladder anti-spasmodics (detrol, ditropan, etc.), Medications for stress incontinence are being investigated. Duloxetine is approaching FDA approval and will likely be available in the next year.

AVOIDANCE OF BLADDER IRRITANTS

Foods that are acidic are considered irritants. These are:

Alcoholic beverages, Apples and Juice, Cantaloupe, Carbonated Beverages, Chili and spicy foods, Citrus Fruits, Chocolate, Coffee (even decaffeinated), Cranberry Juice, Grapes, Guava, Peaches, Pineapple, Plums, Strawberries, Sugar, Tea, Tomatoes, Vitamin B Complex, Vinegar.

Low-acid substitutes include: apricots, papaya, pears, watermelon. Coffee drinkers can drink Kava or Postem. Tea drinkers can use non-citrus herbal and sun-brewed teas.

KEGEL EXERCISES

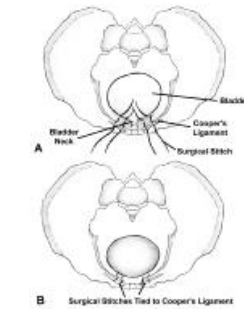
These strengthen the pelvic floor muscles that support the bladder. In mild incontinence cases improvement is seen in 60%. 75 exercises per day should be performed for 3 months before improvement is seen.

BLADDER TRAINING

Retraining the bladder can be difficult. In short, when you get an urge to void you attempt to suppress the urge with a kegel exercise and distraction prolonging the interval each week until voiding occurs 6-8 times/day.

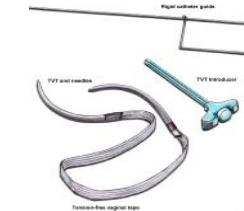
SURGICAL OPTIONS ARE FOR STRESS INCONTINENCE ONLY! There are over 200 described stress incontinence surgeries. The following are the most effective and are minimally invasive.

The Laparoscopic Burch Bladder Neck Suspension



In this procedure the space between the pubic bone and the bladder is dissected. Sutures are placed in the peri-bladder-urethral fascia and attached to the Cooper's ligament on the Pubic Bone. This procedure has an 80% 5 years success rate.

The Tension-Free Vaginal Tape Sling Operation



A synthetic mesh is placed under the mid-portion of the urethra and suspended above the pubic bone. It has a 85-90% cure rate at 5 years.

These operations usually are outpatient and require minimal recovery.