

Treating Urinary Incontinence: A Natural Extension of the Aesthetic Practice

By Eliza Cabana, Contributing Editor

Health and wellness play an important role for aesthetic patients who not only want to look better but also feel better. Because aesthetic patients visit their providers roughly two to four times per year, it is an ideal opportunity to offer the care and convenience of cross-specialty services in one place, which may include treatment for urinary incontinence (UI).

UI has been called the silent epidemic of our time, both frequently underdiagnosed and underreported. According to the National Institutes of Health, approximately 13 million Americans suffer with UI at roughly a 2:1 ratio of women to men.¹ Not only does UI cause embarrassment, but it can also significantly affect quality of life, manifesting in sexual dysfunction, depression and social isolation. “We have a high prevalence of women and men with different types of incontinence (urinary and fecal) of different degrees that affect the quality of life of our patients,” asserted Ernesto Delgado-Cidranes, MD, PhD, neuroanesthesiologist and head of the pain unit at the Vithas La Milagrosa University Hospital in Madrid, Spain.



PF TonerPro pictured with optional chair
Photo courtesy of Zimmer MedizinSystems



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Dr. Delgado-Cidranes treats UI with the FDA-cleared PF TonerPro from Zimmer MedizinSystems (Irvine, Calif.), which uses non-invasive magnetic field therapy to create pelvic floor muscle contractions that build and tone tissue to improve continence. “Magnetic stimulation in this area induces thousands of pelvic floor muscle contractions that are highly effective and important in muscle re-education and improving intimate well-being,” explained Dr. Delgado-Cidranes. “For many years, I have been using magnetic technology at the pelvic floor level, at the musculoskeletal level and at the brain level in my healthcare practice. As a research scientist, I wanted to carry out a serious study with my team to evaluate, with sophisticated diagnostic means, the evolution during and after treatment with PF TonerPro.”

The eight-week study included 42 patients with varying degrees of UI. Results showed that the PF TonerPro effectively resolved UI in the vast majority of patients (97%), with most (90%) having maintained results at their three-month follow up. Importantly, most patients (95.2%) also exhibited elastographic changes and improved muscle tone. “The degree of satisfaction is very high. We are a group of specialists with extensive experience and are accustomed to meeting the inclusion criteria for care and research protocols,” noted Dr. Delgado-Cidranes.

PF TonerPro is easy to use, versatile and comfortable, allowing patients to remain fully clothed. “The PF TonerPro provides static treatment at the pelvic floor level when the patient sits in the chair with three positioning sectors. The paddle can also be removed and used dynamically to recruit isolated or asymmetrical muscle planes,” he explained. The typical UI protocol is a weekly 20- to 30-minute treatment for eight to ten weeks using pre-set or customized programs.

According to Dr. Delgado-Cidranes, ancillary pelvic floor treatment benefits may include pelvic pain relief, improved sexual function and sexual health for women and men. For example, he shared the experience of one 67-year-old female patient with pudendal nerve involvement and electrophysiological disorders. After eight treatment sessions with the PF TonerPro, pelvic pain and incontinence improved by 80% and 100%, respectively, after eight treatment sessions with the PF TonerPro.

The ability to offer an effective solution for UI is invaluable to patients, stated Dr. Ernesto Delgado-Cidranes. “The recovery of urinary continence gives patients a significant increase in their quality of life and is without a doubt an achievement and a success in the well-being of your patients’ biological functions.”

Reference:

1. Leslie SW, Tran LN, Puckett Y. Urinary Incontinence. *StatPearls*. National Library of Medicine. Accessed August 12, 2024. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK559095/>