



Suggested Discussion Topics
With Kathryn Kassai, Physical Therapist and Kim Perelli
Authors of *The Bathroom Key: Put an End to Incontinence*

The Bathroom Key: Qs & As

Q: Why did you decide to write this book? Was there a catalyst that prompted you to do it?

A: There were two main catalysts; both came from a video Kim watched during her physical therapy treatment

- Kim's best girlfriend was on the video, sharing her incontinence issues with Kathryn.
- Learning that incontinence is a leading cause of nursing home placement for women was a shocker for Kim.

Other reasons:

- Physical therapy is an unknown, natural, noninvasive, and a relatively quick and easy cure.
- There is a void in the marketplace with no user-friendly books available

Q: Why don't women talk about their problem?

A: Thanks to celebrities who have recently been quite vocal about their own incontinence problems (Whoopi Goldberg, Kris Kardashian Jenner, and Mary-Lou Retton), more women WILL start talking. Unfortunately, many women feel ashamed. Even though statistics prove that an epidemic number of women have this issue, most still consider it to be a taboo subject for discussion. Our mission with TBK is to bring this subject out of the (water) closet and get women to understand it's okay and fixable. Oprah featured an article on **Oprah.com**, stating that physical therapy cures incontinence in over 85% of the cases ("*Physical Therapy for Your Lady Parts*," AUGUST 2011). Don't endure it -- cure it!

Q: How prevalent is incontinence?

A: There are 34 million people in the U.S. suffering with incontinence and 200 million worldwide. Incontinence affects half to 1 in 3 women; however the numbers are probably even larger, because so many women do not report their incontinence to their doctors. The average incontinent woman waits 8 years, if at all, to report her condition to anyone.

Let's put it another way: If you take all the women who have skin cancer, add that number to all the women who have breast cancer, then multiply that TOTAL number

by 20... then you arrive at the number of women suffering with urinary incontinence. It's an epidemic... and it's been said that *The Bathroom Key* is the solution!

Q: Do other cultures have such the same high rates [of incontinence] as we do?

A: Bornean women have a low 1:100 ratio vs. the western world's high ratio of 1:3. African women must be checked by the village midwife before they can return to sexual intercourse after childbirth. In France, physical therapy is included as part of the standard recovery process after childbirth.

Q: Are there some countries that have the same or a worse problem?

A: Japan: Adult diapers are predicted to out sell children's diapers by 2013. We wrote this book to make sure this prediction does not come true! Shockingly, Japan held its first-ever, adult diaper, fashion show in 2008.

Q: What are adult diaper manufacturers doing in this country?

A: They are preparing for a huge increase in the adult diaper market with the emergence of the baby boomers. They are now packaging their diapers to look more like underwear in hopes this will appeal to the baby-boomer demographic.

Q: Isn't incontinence just something that happens as we age? What causes incontinence?

A: Urinary Incontinence is NOT a normal part of the aging process. There are leading culprits: Pregnancy, Childbirth, Menopause, and Immobility. However, Olympic Gold Medal gymnast Mary-Lou Retton explains that she has had an incontinence issue since childhood. A new Australian study supports that even younger women, who had never been pregnant, can become incontinent.

Q: Why don't Kegels work?

A: Many women do Kegel exercises incorrectly. Coauthor Kim was told by her urologist she had a "bad" Kegel. Examples of improper Kegels include:

- 1) Using other muscles in substitution for the pelvic floor muscles
- 2) Bearing down with a Valsalva Maneuver
- 3) Not recognizing that there are two types of muscles fibers; more pelvic floor endurance is needed than a mere quick-twitching type of contraction, and
- 4) Failing to recruit these muscles during day-to-day functional activities.

Biofeedback corrects a "bad" Kegel.

Q: What is SEMG biofeedback?

A: SEMG stands for surface electromyogram, and works just like an EKG does – to measure electricity that comes from a muscle when it is contracting. Physical therapists, who specialize in treating incontinence and other related conditions, use SEMG biofeedback to teach patients how to properly identify and train the pelvic floor muscles.

SEMG biofeedback is performed with stick-on electrodes, is painless, involves NO needles and NO electrical shocks. SEMG biofeedback is the gold standard in treating incontinence and can be applied at home.

Q: So is the book just about Kegels?

A: The proper way to do Kegels is thoroughly covered in the book along with a history of Dr. Kegel himself, who used biofeedback for the pelvic floor (or “Kegel”) muscles in the 1940’s. However, the book is much more than just Kegels. It offers a comprehensive home program that educates the reader, while allowing her to learn from and identify with other incontinent sufferers in each chapter. It offers a true self-help, day-by-day exercise plan, coupled with biofeedback, behavioral modification techniques, and nutritional guidelines.

Q: What are some of the misconceptions about incontinence?

A:

- Many women think if they drink less liquid, they will leak less. The opposite is true, since dark, concentrated urine aggravates the bladder and can cause MORE leakage.
- “Just-in-case” bathrooms trips are often thought to help control urges, but instead they can intensify the urge to go and cause MORE frequency, as the bladder “forgets” how to store urine well.
- Many women believe incontinence is just something that happens after childbirth and gets worse with age... wrongly assuming they have to just deal with it. Not true! Women who are currently pregnant, or planning to become pregnant again, can do exercises to strengthen their pelvic floors.
- Some older women feel they are too old to get any better. NO! Women can be helped at any age – even after menopause.

Q: How many times is considered normal to use the bathroom during a 24-hour period?

A: It is “normal” to use the bathroom between 5 and 7 times (or every 3 to 4 hours) with no bathroom trips during sleeping hours. More than that is considered too often!

Q: Does Physical Therapy hurt? Is it expensive?

A: No, there are no needles, no instruments inserted, no shock treatment, no surgery, and no drugs given. It is safe and natural, and much of it can be done at home. It’s like going to the gym; you are just working out a muscle that people can’t see! Because Physical Therapy is mainstream medicine, it is covered under most insurance plans. A lifetime in pads is more expensive!

Q: I know you discuss Pilates in your book – why?

A: Pilates is an ideal exercise to enhance the program we share in the book. It is a low-impact workout that engages the very core muscles needed to help reduce incontinence.

As these core muscles become stronger through Pilates, the ability to stay dry and control leakage increases. We also share the life and philosophy of the remarkable Joseph Pilates, who designed his exercises nearly 100 years ago, along with vintage photos of him from the 1920's.

Q: What do some women do to hide their problem?

A: They:

- Twirl their skirts around, so the wet spot is on the front, making it more easily concealable with a purse or a sweater held in front.
- Lick fabrics, so fabrics can be tested with water or spit, to see if they turn dark when moist – before buying or wearing them.
- Dress in black or other dark colors that don't turn darker when wet.
- Avoid running basic errands, since one doesn't always know where every bathroom is.
- Do not attend social functions for fear of leaking at someone's house, with dancing, or not being able to make it through the show/outing without getting the urge to suddenly use the bathroom.
- Wear diapers, pads, toilet paper, (or washcloths, if the woman can't afford pads).
- Stop traveling, due to not knowing the location of every bathroom in an unfamiliar place. Plus, it's harder to travel with a suitcase full of pads.
- Stop exercising or doing sports, due to urinary leakage with activity.

Q: What would you like to achieve from this book?

A: We want to give women suffering with incontinence their lives back -- pure and simple. If that means they can wear sexy clothes once again, enjoy a game of tennis, or leave the house without fear of an accident or constant "bathroom mapping" -- that is what we want to achieve. Women should have control over their bladders – not the other way around. No one should be forced to move to an assisted care facility because they have incontinence – because they can be cured!

Q: What are the symptoms of "pelvic pain," and why did you include this in your book?

A: Women's magazines are peppered with articles about sex. What about the women who have severe pain with sexual intercourse? For these women, their daily bowel movements are dreaded, as the pelvic floor is painfully stretched. Tense trigger points make even sitting on a chair painful. One in seven women suffers with pelvic pain, and articles need to be written for them, too.

Diagnosing pelvic pain is no easy matter, and many women end up seeing dozens of doctors before the accurate diagnosis of "pelvic floor dysfunction" is made. Once the proven physical therapy methods of stretching, massage, exercise, and relaxation training for the pelvic floor muscles are implemented, pain-free living returns! If more women are made aware that physical therapy techniques are so successful for this painful

condition, they can become more pro-active in seeking help sooner. TBK hopes to do just that.

Q: What is “pelvic organ prolapse,” and why did you include it in your book about incontinence?

A: The pelvic floor muscles have a second very important role besides controlling urine and feces. These same muscles support the abdominal organs. If the pelvic floor becomes too thin and weak, the bladder, the rectum, or the uterus can drop down into the vaginal space and create a most uncomfortable “falling out” feeling in the vagina. The American Urological Society (2008) reports that pelvic organ prolapse occurs in 35% to 65% of women. A recent Norwegian study proved that pelvic floor strengthening, through physical therapy, was successful in lessening the degree of prolapse. Since physical therapy is non-invasive, it should be tried before surgical repair. The FDA has issued a warning against the use of certain mesh slings for bladder suspension surgeries. Physical therapy corrects the underlying cause – lack of support due to pelvic floor weakness—without any complications whatsoever. We figured women ought to know this, so they can make a more informed decision about surgery and get the relief they deserve.

Q: Should MEN read this book?

A: Some men suffer from incontinence, urgency, frequency, and nocturia. Urinary incontinence strikes hard after prostate surgery for cancer. All of the curative home exercises can be applied to men, who do not want to live life in pads.

Q: How many separate topics does *The Bathroom Key* cover that could be presented in individual articles / media segments?

A: *The Bathroom Key* can be divided into the following 20 separate topics, making it well suited for a series of articles/shows:

1. Bladder misconceptions: a True / False QUIZ
2. Kim (coauthor) shares her first-person story about incontinence
3. 8 other women share their trials and tribulations with incontinence, organ prolapse, pelvic pain, and depression.
4. Stress urinary incontinence
5. Urge urinary incontinence
6. Mixed urinary incontinence
7. Gas incontinence
8. Urinary tract infections (UTIs) with 30 things one can do to prevent them
9. How to make the urge to urinate disappear, without emptying the bladder.
10. How to retrain the bladder to prevent too-frequent bathroom trips, thus eliminating the need to map out where every bathroom is while running errands or traveling.
11. Pelvic organ prolapse (preventing and reducing cystocele, urethrachele, rectocele, and uterine prolapse)
12. Pelvic pain and dyspareunia (overcoming painful sexual intercourse)

13. Pilates (for core strengthening with photos/bio of Joseph Pilates and photos of instructional exercises)
14. Pilates Mat Exercise techniques (with instructional photos).
15. Arnold H. Kegel, MD, FACS (with never-before-published photos and biographical information)
16. The link between urinary incontinence and depression
17. Diet and Hydration: What you eat and drink affects your bladder function.
18. Kassai Self-Assessment for Urinary Control questionnaire: Tells sufferers what type of incontinence they have and how bad it is – with a numeric rating
19. Cited quotations (from 53 prestigious medical references), proving the efficacy and the medical community's acceptance for treatment of the above topics.
20. Home-use products for pelvic floor rehabilitation: exercise equipment and self-massage tools to complement the book's program.