



supporting women's unique needs

The IWK provides women with health care services tailored to their unique needs and concerns. Our women's health researchers are known for their creativity and leadership in devising new solutions to women's health problems.

'FREE TO BE ME'

Linda Conrad finally feels free. After 25 years of guarding her every move, she can now run and laugh and just be herself without fear.

"I've limited my activities for more than two decades," says Linda, 50, whose problems with stress urinary incontinence began after she gave birth in her mid-20s. "I couldn't do anything more strenuous than walking without the embarrassment and discomfort of leakage." Her problem got steadily worse over the years, to the point that her self-esteem, health and ability to perform in her professional sales career suffered.

Kegel pelvic exercises did nothing and Linda thought her only option was surgery—until she met **Dr. Scott Farrell** at the IWK. He recommended she try the *uresta*®, a device he has developed to help women just like her. "I haven't had a single accident since," Linda says. "It's like an enormous weight has been taken off my shoulders... I don't have to think or worry about it anymore." With her newfound freedom, Linda is finally able to fearlessly enjoy being active out of doors.



Dr. Scott Farrell designed the *uresta*® continence care device to be so easy to use that no prescription or doctor visit is required and women can safely, effectively and inexpensively manage stress urinary incontinence on their own.

A USER-FRIENDLY SOLUTION TO URINARY INCONTINENCE

Sometimes called 'the last medical taboo,' stress urinary incontinence affects as many as one in four women. "Stress urinary incontinence is so common, the overall impact is staggering," says **Dr. Scott Farrell**, an IWK gynecologist who specializes in urinary problems. "While it isn't life threatening, it is certainly life-altering, with potentially serious consequences for a woman's mental and physical health."

Often an after-effect of childbirth, stress urinary incontinence occurs when tissues in the pelvis are damaged and no longer support the urethra. Any pressure on the pelvic floor—from coughing, sneezing, laughing, lifting, or exercising—can trigger an involuntary release of urine.

"Millions of Canadian women are avoiding physical activity, social events, and even going out on errands because of urinary incontinence," Scott says. "These women are much more likely than other women to develop depression and/or inactivity-related illnesses such as diabetes and heart disease." Research shows that many women don't seek help for incontinence—perhaps because they're embarrassed to talk about it, or because they don't think there's anything that can be done.

Stress urinary incontinence is typically treated by surgery or pessary—a device prescribed and fitted by a professional and inserted into the vagina to support the urethra. The surgery carries some considerable risks, however, and many women find traditional pessaries difficult to use.

Scott has developed a safe, effective, easy-to-use solution that doesn't require women to seek professional help. It's called the *uresta*® and works much like a traditional pessary, except its design is so user-friendly it does not need to be professionally fitted. Women can simply pick it up at their local pharmacy.

Produced and sold by a Dartmouth-based spin-off company, EastMed Inc., the *uresta*® has won prestigious awards for its innovative design. More importantly, women who use the product report positive results, such as: "I can feel confident again," "I feel very comfortable going out in public," and "I can run 10 kilometres." Exactly what Scott Farrell had in mind.



TAILORMADE PAIN RELIEF

Women's safety and comfort is **Dr. Dolores McKeen's** top priority as an anesthesiologist and medical director of research in Women's and Obstetric Anesthesia. "Giving birth and having breast-cancer or gynecologic surgery carry serious risks and the potential for acute pain that can lead to chronic pain if not properly managed," notes Dolores. She and her colleagues are conducting an array of clinical trials to improve anesthesia practice during cesarean and vaginal delivery, prevent extreme headaches that can occur after epidural or spinal anesthesia, and minimize women's pain after hysterectomy and breast-cancer surgery.