



‘I can’t believe I lived for so long with something that made me feel so terrible’

*Nice handbag, great hair – and an incontinence problem. Despite the fact that one in three women are affected, many suffer in silence for years, including **Fiona Golfar**, until a new treatment changed her life*



**THIS WAS THE STATE OF THINGS.**

I would be on my way home from work. To the outside world, I look perfectly normal. Nicely dressed, good bag, a respectable-looking middle-aged woman. As I approached my front door, key in hand, I would think “I need a pee” and that was that. To put it bluntly: there was no pause between thought and action. I was peeing. On my doorstep, key poised, nice clothes... and a gush. There was nothing I could do to stop it. No leg crossing, no muscle control... just the helpless sound of “No, no, no, no”, which I would hear myself repeat like some hopeless mantra.

The excitement wasn’t only reserved for my doorstep. I know the fastest routes to half the loos in London, and forget joining the queue in a theatre or cinema — I’ll search out the disabled loo or barge to the front.

Like an estimated one-third of women in the UK, I have long suffered from stress urinary incontinence. What’s surprising is that it’s only one in three: postnatally, and following a vaginal delivery, there is a physical loosening of the vaginal canal. This stretching and subsequent loss of tightness is more common after a second child or delivering a large baby (my first one was 10lb and, as my mother liked to tell total strangers, I had “no stitches”) and, essentially, you pee when you sneeze, cough or run.

I really started to notice it 21 years ago, when I was pregnant with my second child. (I am now 57.) I was going to a wedding and we had to learn how to — of all things — waltz. So there I was, bouncing around to Strauss, when I started to notice that every time my foot hit the ground so did a little trickle of wee. Not my finest moment, although I quite liked the waltzing.

Looking back, no postnatal physiotherapy was ever suggested to me other than pelvic floor exercises; I recently learnt that in France postnatal women are automatically provided 20 sessions of physio to re-educate their pelvic floors. These exercises are not easy at the best of times, but nowadays there are more options available to help with this. Websites such as Cult Beauty offer a home-use pelvic floor training gadget by Elvie — a pod that is inserted into the vagina and, via Bluetooth, connects to an app on your phone that will guide you through a series of five-minute workouts. If you want a more intensive experience, more gynaecologists are investing in the BTL Emsella chair, which you sit on fully clothed while thousands of contractions are sent into the muscles for 30 minutes, strengthening and restoring the support of the pelvic organs.

Back then it was the mid-1990s and, mortified by my waltzing wee, I went to see a bladder specialist.

He recommended I try TVT tape, wherein a piece of mesh made of a synthetic material called Prolene is inserted through a small cut in the front wall of the vagina and then passed under the urethra to support it. (I will never forget running into a woman I knew in the waiting room. We didn't even say hello, but nodded in a silent pact never to mention where we had met.)

The mesh was only really effective for about five years, and gradually the peeing got worse again, until it wasn't just a sneeze's worth of pee but an unstoppable flow. This was mortifying, and even though my family gently teased me about it and I made endless self-deprecating jokes, it wasn't really funny — yet whenever I brought up the subject around a group of my girlfriends, I was amazed that so many of them said they share my problem.

Then earlier this year I started a podcast called The Guinea Pig with Maryam Zamani, a leading aesthetic doctor. It is supposed to be an informative and fun look at everything to do with beauty and tweakments. I'm not a beauty journalist, but I am — like many women — curious about what is out there, so I trial procedures guided by Maryam and other experts. Recently, when I was asked what I wanted to investigate next, I found myself mentioning my incontinence. I could feel myself welling up as I said it because it felt so shaming — but it occurred to me that if I, who is so willing to talk about anything personal (from tummy tucks to neck lifts and everything in between), found this so hard to be open about, then other women must feel the same.

For the past couple of years I have been hearing about radio-frequency and laser treatments as being helpful for

vaginal tightening. But newer still is the idea of combining them with platelet-rich plasma (PRP) injections — where your own blood is injected into the vagina to help repair blood vessels and stimulate collagen production. Some patients have PRP injected into the clitoris to enhance orgasm, but I was told it could also be beneficial when it comes to incontinence.

To say I was curious would be the understatement of the century, so I went to see Dr Tania Adib, a consultant gynaecologist at the Medical Chambers in Kensington. "You have vaginal laxity," she coolly observed during the examination, "and I can barely see your womb."

"Oh," I heard myself say, in a muck sweat of shame. "Is that normal?" I looked desperately at the lovely nurse standing in the room. "How old are you?" I asked.

"Twenty-two," she said.

"You will be lax one day," I heard myself say dejectedly.

Adib recommended a course of three radio-frequency sessions, four weeks apart, which would cause regeneration and restructuring of the vaginal walls to support my bladder. With the final treatment, she would add a shot of PRP close to my urethra to aid tissue repair around the bladder and walls of the urethra.

As I lay back in a chair with my legs up, Adib inserted the InMode Votiva Radio-Frequency Therapy

probe into my vagina and started gently to move it back and forth, up and down. It looks a bit like a long firelighter. The treatment takes 20 minutes internally and a further 10-15 minutes on the vulva. It is not at all painful; it feels warm and only a bit uncomfortable, which was a relief, as I was terrified it would feel pleasurable!

There is something disconcerting about having someone probing around in there for so long, but Adib was so friendly and matter of fact that my embarrassment soon abated. She did warn me that I might pee more than usual for the next few days, but that I should start to notice results after a couple of weeks. I did: by the third appointment I had noticed a decrease in the urgency with which I usually need to go. I had the PRP injection both internally, which was painless, and clitorally (how could I resist?), which hurt like hell for about one second.

Three months later, the results have been fantastic — and liberating. After the internal PRP injection I noticed I could control any urge to pee about 90% better. I don't know that the clitoral injection made much difference, but I do feel more confident and happier in my body. I can expect the effects to last for up to a year, maybe longer.

I can't believe I lived so long with something that made me feel so terrible. Life is so different now. Apart from anything else, I can take my time opening the front door. And who knows, I might revisit my love of the waltz. ■

*Single radio-frequency treatment, £850, and PRP, £1,150; themedicalchambers.com. The BTL Emsella chair is available at 23MD clinic, £300 per session; 23md.co.uk*

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