

Description

The present invention relates to devices for controlling urinary incontinence and to vaginal and rectal prolapse in females. Particularly, the invention relates to a device which may be removably inserted into the vagina.

Female urinary incontinence is a common problem and is particularly prevalent where damage to the bladder or neck of the bladder has occurred during child birth. In elderly female patients, urinary incontinence is wide spread.

In normal continent patients, in the erect posture, there is no descent of the bladder neck below the pelvic floor muscle, thereby equal distribution of intra-abdominal pressure to the bladder and bladder neck and pelvic urethra occurs, and continence is maintained. However, in stress incontinence this is lost due to descent of the bladder neck below the pelvic floor muscle. On coughing or sneezing or physical exercise, i.e. when strain is put upon the bladder, an involuntary spurt of urine is released from the bladder. This involuntary urine release is unpleasant and embarrassing. The released urine may irritate the groin region and result in an offensive odour.

Vaginal and rectal prolapse are quite common conditions in females, particularly those who have vaginally delivered one or more children. These conditions may be painful, and uncomfortable. Additionally, sexual intercourse may be impaired by occlusion of the vagina.

It is a generally accepted view that surgical treatment is most appropriate for cure of stress incontinence and vaginal and rectal prolapse. However, in elderly or infirm patients the risk of surgery is too great, so that often these conditions go untreated.

Previously proposed devices to treat incontinence and avoid recourse to surgery have generally been unsatisfactory. Particularly, they are cumbersome, difficult to use, need to be replaced frequently, are inadequate in cases of permanent incontinence and often fail to prevent involuntary urinary leakage.

A previously known intra-vaginal device for controlling urinary incontinence in females is disclosed in US Patent 4,139,006. This previously known device has as its object the deflection of the urethra. More particularly it has the object of displacing a surface of the superior wall of the vagina, and an intermediate section of the urethra adjacent thereto, toward to pubic bone, to reduce the urethro-viscicle angle to restore the patient's natural control over the flow of urine through the urethra from the bladder to the urethral opening. The device is slightly convex and has a pair of forward projections which lie on either side of the urethra intermediate portion and apply a force thereto to deflect the intermediate portion of the urethra toward the pubic bone. The preamble of Claim 1 corresponds to this prior art device.

One aspect of the present invention has the object of providing an intra-vaginal device to aid in controlling urinary incontinence.

There is disclosed herein an intra-vaginal device to aid in controlling urinary incontinence in females, said device having a central portion of an arcuate cupped configuration and shaped to be retained, within the vagina of a user, in an upwardly convex configuration, a rearward portion extending rearwardly from said central portion to engage the posterior vaginal wall, a forward portion extending upwardly from said central portion to engage the anterior vaginal wall adjacent the bladder neck and to lift the bladder portion located adjacent thereto, a bladder neck cradle provided by said forward portion positioned to cradle the bladder neck, and wherein said device is formed of resiliently deformable material so as to flex into engagement with the posterior and anterior vaginal wall to retain the device in its upwardly convex position with the forward portion lifting the bladder and cradling the bladder neck.

Further preferred embodiments are specified in the depended claims.

The present invention will now be describes by way of example only with reference to the following drawings, in which:

Figure 1 is a schematic bottom plan view of an intra-vaginal device to aid in controlling urinary incontinence;

Figure 2 is a schematic sectioned side elevation of the device of Figure 1 sectioned along the line 8-8; and

Figure 3 is a schematic end elevation of the device of Figure 1.

In Figures 1 to 3 there is schematically depicted an intra-vaginal device to aid in controlling urinary incontinence. The device 30 is formed of resilient material so that in use it is resiliently deformed within the vagina so as to be biased outward into contact with the posterior and anterior vaginal wall. The device is about 8 cm in diameter. The device 30 includes a central portion 31 of an arcuate cupped configuration having an aperture 32 to allow for the discharge of menstrual blood and vaginal secretions.

Extending rearwardly from the central portion 31 is a rear portion 33 which in this particular embodiment comprises a pair of rearwardly extending projections 34.

Also extending from the central portion 31, is a forward portion 35 which projects generally upwardly and in use, extends both forwardly and upwardly to engage the anterior vaginal wall adjacent the bladder neck. The forward portion 35 includes a pair of upwardly extending projections 36 which engage the anterior vaginal wall to lift the bladder adjacent the bladder neck. The projections 36 are about 2 cm high. Defined between the portions 36 is a cradle 37 within which the bladder neck lies to be cradled thereby. It

should be appreciated that the pressures applied to the bladder neck are minimized by the cradle neck 37.

Preferably the device 37 would be integrally formed of moulded elastomeric material having sufficient resilience so that upon being deformed and inserted in the vagina, the rear portion 33 and forward portion 35 are resiliently biased into contact with the posterior and anterior wall of the vagina.

The central portion 31 has sides 38 which also engage the sides of the vaginal wall to aid in retaining the device 30 in position, that is convex upwardly so that the forward portion 35 engages the anterior vaginal wall adjacent the bladder.

In the above embodiment the device 30 is preformed so as to be "cup" shaped. However, the central portion 31 could be of a more planar configuration, so that in position within the vagina it is resiliently deformed into an arcuate or "cup" shaped configuration.

The above discussed preferred embodiment of the present invention has the advantage that it may be placed in position by a medical practitioner without anaesthetic, with immediate results achievable.

Claims

1. An entirely intra-vaginal device for controlling incontinence in females comprising:

a body (30) having an annular configuration and being at least slightly convex; and

two projections (36) located adjacent one another on a forward portion (35) of the body (30), the projections defining therebetween a cradle (37),

the device being formed from a resilient material and being retainable within the vagina, characterised in that

the body is convex in a direction which is, when the device is in position within the vagina, substantially upward, the projections (36) extend, in the same direction as the body is convex, to engage the anterior vaginal wall so that the bladder is lifted and supported by the cradle (37).

2. The device of claim 1, wherein the upwardly extending projections (36) also extend forwardly of the annular body.

3. The device of either claim 1 or claim 2, wherein the body has a cupped configuration which, in use, is flexed into engagement with the vaginal walls.

4. The device of any one of claims 1 to 3, wherein the body is only slightly convex so as to be of a more planar configuration and which in use, is flexed into engagement with the vaginal walls.

5. The device of any one of claims 1 to 4, wherein the body further comprises rearwardly extending projections (34) which aid in biasing the device against posterior walls of the vagina.

Patentansprüche

1. Vollständig intravaginale Vorrichtung zur Regelung von Inkontinenz bei Frauen mit

einem Körper (30) mit einer ringförmigen und wenigstens etwas konvexen Gestalt und

zwei Vorsprüngen (36), die nebeneinander an einem Vorderabschnitt (35) des Körpers (30) angeordnet sind, wobei die Vorsprünge zwischen sich eine Mulde (37) begrenzen,

wobei die Vorrichtung von einem elastischen Material gebildet ist und in der Vagina zurückhaltbar ist, dadurch gekennzeichnet, daß der Körper in einer Richtung, die, wenn die Vorrichtung sich in ihrer Lage in der Vagina befindet, im wesentlichen aufwärts führt, konvex ist und sich die Vorsprünge (36) in der gleichen Richtung, wie der Körper konvex ist, erstrecken, um an der vorderen Vaginalwand anzuliegen, so daß die Blase gehoben und von der Mulde (37) unterstützt wird.

2. Vorrichtung nach Anspruch 1, bei der sich die sich aufwärts erstreckenden Vorsprünge (36) auch von dem ringförmigen Körper nach vorn erstrecken.

3. Vorrichtung nach Anspruch 1 oder Anspruch 2, bei der der Körper eine ausgehöhlte Gestalt hat, die bei Verwendung in Anlage an die Vaginalwände gebogen wird.

4. Vorrichtung nach einem der Ansprüche 1 bis 3, bei der der Körper nur etwas konvex ist, so daß er von mehr ebener Gestalt ist und bei der Verwendung in Anlage an die Vaginalwände gebogen wird.

5. Vorrichtung nach einem der Ansprüche 1 bis 4, bei der der Körper außerdem sich nach hinten erstreckende Vorsprünge (34) aufweist, die ein Vorspannen der Vorrichtung gegen die hinteren Wände der Vagina unterstützen.

Revendications

1. Dispositif entièrement intravaginal de contrôle de l'incontinence chez la femme, comprenant :

un corps (30) ayant une configuration annulaire et étant au moins légèrement convexe ; et

deux parties en saillie (36) adjacentes l'une à l'autre, situées sur une partie avant (35) du corps (30), les parties en saillie définissant entre elles un support en berceau (37),

le dispositif étant en une substance élastique et pouvant être retenu à l'intérieur du vagin, caractérisé en ce que

le corps est convexe dans une direction qui est sensiblement vers le haut lorsque le dispositif est en place à l'intérieur du vagin, que les parties en saillie (36) s'étendent dans la même direction que la convexité du corps, pour s'appuyer contre la paroi vaginale antérieure, de sorte que la vessie est soulevée et soutenue par le support en berceau (37).



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3. The device of either claim 1 or claim 2, wherein the body has a cupped configuration which, in use, is flexed into engagement with the vaginal walls.

4. The device of any one of claims 1 to 3, wherein the body is only slightly convex so as to be of a more planar configuration and which in use, is flexed into engagement with the vaginal walls.

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2. Dispositif selon la revendication 1, dans lequel les parties en saillie (36) s'étendant vers le haut s'étendent également en avant du corps annulaire.

3. Dispositif selon la revendication 1 ou la revendication 2, dans lequel le corps a une configuration en cuvette qui, lors de l'emploi, est fléchi en compression contre les parois vaginales.

4. Dispositif selon l'une quelconque des revendications 1 à 3, dans lequel le corps est uniquement légèrement convexe de façon à avoir une configuration plus plane et, lors de l'emploi, est fléchi en compression contre les parois vaginales.

5. Dispositif selon l'une quelconque des revendications 1 à 4, dans lequel le corps comprend en outre des parties en saillie (34) s'étendant vers l'arrière qui contribuent à incliner le dispositif contre les parois postérieures du vagin.



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