URINARY INCONTINENCE

What is urinary incontinence?

Urinary incontinence is the accidental leakage of urine from the bladder. It is a disconcerting and very common problem. Although it affects older women more frequently, it is not a normal part of aging, as it can affect young women as well. It is a treatable condition.

Types of urinary incontinence

In the vast majority of women, the incontinence is either related to physical efforts that put pressure on the bladder (**stress**), or it may be related to the involuntary contraction of the muscle that surrounds the bladder (**urgency**).

Stress incontinence — Stress incontinence occurs when the muscles and tissues around the urethra do not close properly when there is increased pressure ("stress") in the abdomen, leading to urine leakage. As an example, coughing, sneezing, laughing, or running can cause stress incontinence.

Urgency incontinence — Urgency incontinence (also called overactive bladder) occurs when there is a sudden, uncontrollable urge to urinate. You may leak urine on the way to the toilet. Common triggers of urgency incontinence include unlocking the door when returning home, going out in the cold, turning on the faucet, or washing your hands.

Mixed incontinence — Women can have both, stress and urge incontinence, and it is called mixed incontinence.

Overflow incontinence — Overflow incontinence occurs when the bladder does not empty completely, causing leakage when it is overly full. It may mimic the symptoms of either stress or urgency incontinence or both.

How to make the diagnosis

Taking a proper history is extremely valuable at providing a clue of the problem. These are the most important questions that you'll get asked:

When do you leak? (When you get a sudden urge, or with coughing, sneezing, laughing),

How many times you go to urinate? Can you hold it? Do you get up at night to pee? Have you had any bladder infections recently? Have you seen any blood in the urine?

Have you tried any treatments to reduce leakage?

Are there any medications that you are taking that might be worsening the problem (diuretic medicine for high blood pressure?

Because vaginal or uterine prolapse, bowel and sexual issues often coexists with , added questions may include:

Do you feel any bulge in the vagina? Do you have to push it up to be able to pee?

Do you have any leakage of stools (or gas)?

Do you have sexual problems?

What examination is required?

A gynecological examination is mandatory. It may reveal contributing factors, such as thinning of the vaginal walls, small polyps in the urinary passage, a drop of the bowel, and many other

abnormalities that may need to be dealt with. You may be asked to cough during the exam to look for the source of the leakage.

A test to see how well you empty your bladder after urinating may be required. This can involve inserting a small catheter in the bladder or a simple ultrasound (after voiding).

Are there any tests necessary?

Further tests are required, especially in women have mixed incontinence. You may be asked to record of how much urine you make and how frequently you go during a 24-hour period **(bladder diary**). You should write down how much fluid you drink and how much urine you void and record any leakage and the activities that caused leakage. This diary may provide useful information about the cause(s) and potential treatment of your leakage.

A **urinalysis** (and a urine culture, if necessary to test for bacteria) is often done to look for signs of infection or blood in the urine. **Blood tests** may occasionally be requested to measure the kidney function.

In a **urodynamic** test, small catheters are placed inside the bladder and vagina to measure how much urine your bladder can hold, what makes you leak urine, and whether there are problems emptying the bladder. A **cystoscopy** involves inserting a telescope inside the bladder, to check for tumors, stones and other abnormalities of the inside of the bladder. These tests are conducted at KGH and may be recommended if surgery for urine leakage is being considered, or if the cause of your leakage is not clear.

What treatments are available?

It obviously depends on the cause of the leakage, but certain principles at the outset apply to all cases**.**

Certain **medical conditions** such as asthma, COPD, chronic cough, obesity, constipation, and certain medications, such as diuretics, may increase the leakage of urine and would need to be addressed.

Some **lifestyle modifications** may help symptoms of urinary leakage:
Fluid management – If you drink large amounts of fluids, you may find that cutting back on fluids will reduce your leakage. A total of 2 liters of all liquids (water, juice, milk, etc.) per day is sufficient for most people; you may need more fluid when you are active and sweating or if it is hot. Is probably better to drink a small amount of fluid at regular intervals throughout the day (rather than drinking larger amounts all at once).

The so called **'bladder diet'** involves reducing the amount of alcoholic, caffeinated, and carbonated beverages you drink. This may help decrease urinary urgency and leakage. If you get up frequently during the night to urinate, stop drinking fluids three to four hours before you go to bed.

Pelvic muscle exercises — Pelvic muscle exercises, also known as Kegel exercises, strengthen the muscles involved in controlling urine leakage. They also minimize episodes of urgency, leakage of gas or stools, and reduce the bulging sensation in women with prolapse. You can try and learn how to do the Kegels yourself. You need to identify the muscle by placing a finger inside the vagina and squeezing the muscles around it. After you learn which muscles to tighten, you can do the exercises in any position (sitting in a chair or lying down). Do the exercises 3 times a day, on 3 or 4 days a week. Each time, flex your muscles 8 to 12 times, and hold them tight for 6 to 8 seconds each time you tighten. Keep up this routine for at least 3 to 4 months. You will probably notice results in a few weeks, but it might take a little longer. Some women benefit from working with a physiotherapist to receive more detailed instructions and to ensure that you use the correct technique. Physiotherapists may use biofeedback to improve your exercise technique and strength. Biofeedback uses a computer monitor to show you as the muscles contract and relax, and also indicates if you use the wrong muscles.

Bladder drilling or retraining — Bladder retraining can help you learn to go to the bathroom less frequently by "retraining" your bladder to hold more urine. Bladder retraining has two components: going to the bathroom on a schedule while you are awake and using strategies to control sudden urges.

- Go the bathroom at specific intervals during the day, starting with a short time interval between trips to the bathroom. For example, if you currently go to the bathroom every 30 to 45 minutes, you would start by going every 45 minutes, whether you feel the need to go or not. Many people can start by going every 1-2 hours.
- If you have an urgent need to urinate before it is time to go the bathroom again, try to suppress the urge by standing or sitting still, performing the pelvic muscle (Kegel) exercise and thinking of the urge as a wave that is fading away.
- As your urine control improves, increase the time between bathroom trips by 30 to 60 minutes. The goal is to slowly increase this time up to a more normal interval. It is normal to urinate approximately every three to four hours during the day and for older adults to wake from sleeping to urinate up to once per night.

Topical vaginal estrogen — Vaginal estrogen may be helpful, especially in post-menopausal women with urinary urge incontinence and vaginal atrophy (thinning of the vaginal walls).

Treatments specific for stress incontinence

Vaginal pessaries – A vaginal pessary is a flexible device made of silicone that can be worn in the vagina. When fit properly, you will not feel any discomfort with the pessary.

The pessary must be removed and cleaned with soap and water periodically. Many women can learn to do this on their own and remove it overnight once every week or two. For those women who cannot remove the device, the pessary can be removed, cleaned, and reinserted every three to six months in the office There is a small risk that the pessary can cause irritation or an erosion of the skin inside the vagina. There is more information about pessaries in the prolapse section.

Surgery – Surgery offers the highest cure rate of any treatment for stress urinary incontinence, even in older adult women. There are several surgical procedures for the treatment of stress incontinence. They are commonly known as the 'sling procedure'. Each technique has its own risks, benefits, complications, and chance of failure. These issues should be discussed in detail with a surgeon who is experienced in performing procedures to treat incontinence, most commonly, a urologist.

Treatments for urgency incontinence and overactive bladder

If you continue to have symptoms despite initial lifestyle modifications for urgency incontinence, there are useful **medications** called **anticholinergics**. They slow the bladder muscle down, but they are prone to cause side effects. The most common ones are dry mouth, constipation, high blood pressure and heartburn. Rarely, they can prevent the bladder from emptying.

Other therapies include acupuncture, botox, percutaneous tibial nerve stimulation (placing a hair-thin needle into a nerve near the ankle), and sacral neuromodulator (a sacral nerve stimulator is a device, about the size of a pacemaker, which can be surgically implanted). While pads are not a recommended treatment for incontinence, they are necessary in some cases. Pads and protective undergarments are available in a variety of sizes and absorbencies, depending upon how much you leak. Pads designed for menstrual bleeding are usually not typically adequate.

Please don't hesitate to ask about urinary incontinence. It may be embarrassing, but it is a very common problem that can be improved or cured.

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