Urinary Incontinence

PATIENT Fact Sheet

Introduction

Urinary incontinence is defined as the uncontrolled or involuntary loss of urine of any amount. Urinary incontinence affects as many as 25 million Americans, both men and women. Incontinence is a symptom, not a disease, and is never due to "just old age." Incontinence is a treatable and often curable condition.

Four Different Types of Incontinence

- **Stress Incontinence** – The leakage of urine due to increased abdominal pressure when sneezing, laughing, lifting, changing position, or exercising (i.e. jogging).
- **Urge Incontinence** – The leakage of urine due to a strong urge to urinate, usually on the way to the bathroom.
- **Mixed Incontinence** – A combination of both stress and urge incontinence.
- **Chronic Retention of Urine/Overflow Incontinence** – A flaccid or enlarged bladder. It is the leakage that occurs when the bladder cannot fully empty. It may be due to obstruction or injury, such as enlarged prostate in men, scarring, or narrowing of the urethra (as a result of previous surgery, congenital defects, sexually transmitted diseases or straddle injuries). Other causes include diabetes, stroke, multiple sclerosis, spinal cord injury, and other neurological disease. Overflow incontinence may also be a side effect of medications.

Symptoms You May Notice

- Leakage of urine with physical activities, such as exercise, coughing, laughing, sneezing, or changing positions.
- A strong urge to urinate followed by uncontrollable leakage.
- A need to strain when passing urine.
- Frequent urination; urinating more than 8 times per day or more than 2 times per night.

Signs Your Healthcare Provider May Find on Examination

- Leakage of urine when asked to cough or bear down during an examination with or without a full bladder.
- Uncontrollable bladder contractions found on specialized bladder testing.
- Large amounts of urine left in the bladder after voiding found on an ultrasound evaluation or other specialized testing.
- Narrowing or blockage of the urethra found after specialized testing.

Treatment

- Limit your consumption of bladder irritants, including alcohol, caffeine, artificial sweeteners, carbonated beverages, and foods and beverages high in sugar and citric acid.
- Retrain your bladder with regular, timed voiding throughout the day. When voiding, try to empty your bladder completely.
- Perform daily exercises to strengthen the pelvic muscles. Studies have shown that the best way to learn to do pelvic floor exercises is to work with a trained healthcare professional. To perform these exercises: squeeze your rectum like you are trying to stop from passing gas as this localizes the correct muscles. Another way to locate these muscles, try to stop the flow of urine during voiding (do not do this often). Perform quick and long contractions (holding and relaxing). You may do these exercises lying/sitting down or standing throughout the day.
- Discuss with your healthcare professional whether or not medications that can reduce uncontrollable urges to urinate are right for you. Also ask about the possibility that your current medications may be affecting your bladder.
- Ask your healthcare professional if you need a referral to a specialist (urologist, gynecologist, or urogynecologist) to talk further about your diagnosis and treatment options.

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- Treatments for **stress incontinence** include lifestyle changes (weight loss; reducing dietary irritants, such as caffeine, artificial sweeteners); avoiding constipation and smoking cessation. Non-surgical treatments include pelvic floor muscle exercises, pessary placement in women; and possible bulking agent injections, such as collagen. Surgical treatments include placement of an artificial urinary sphincter, bladder neck suspension, or urethral sling.
- Treatment for **urge incontinence** include: fluid management; time and amount of fluid, limiting alcoholic and caffeine beverages, dietary management and weight reduction, avoiding constipation, pelvic floor exercises, bladder retraining and medications including antimuscarinics, mirabegron, and botulinum toxin injections. Surgical treatments include: placement of sacral nerve stimulators, percutaneous tibial nerve stimulation (PTNS), and bladder augmentation.
- Treatment for **mixed incontinence** includes combinations of the above treatments.
- Treatments for **overflow incontinence** include surgical repair of urethral strictures, removal or reduction of the obstruction, scheduled timed voiding, clean intermittent catheterization, and most importantly, addressing or curing the underlying condition or cause.

Prevention

- Maintain a healthy weight. Obesity can lead to incontinence.
- Empty your bladder regularly (at least every 2 to 4 hours). It is also important to sit on or stand in front of the toilet and wait for your bladder to empty completely.
- Practice pelvic muscle exercises regularly to strengthen the muscles that support your pelvic organs.
- Stop smoking. Coughing due to smoking can increase abdominal pressure and may contribute to stress incontinence. Nicotine may cause frequency and urgency, leading to urge incontinence.
- Limit the use of alcohol. Alcohol can cause urgency and frequency, leading to incontinence.
- Have a regular bowel routine. Constipation can lead to difficulty emptying the bladder. Maintaining an adequate amount of fiber, whole grains, fruits, and vegetables in your diet will promote regularity.
- If you suspect a problem, keep a record of your diet and voiding habits, and take them with you to your next appointment. This information will help your healthcare professional discuss any concerns you may have.
- Talk to your healthcare professional and find out how your medications may be affecting your bladder control. Changes in dosage or times may prevent incontinence.
- Be informed. Educate yourself by attending lectures, seminars, and health fairs in your community to learn more about the causes of and treatment options for urinary incontinence.

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Reference

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