Urinary incontinence

By Dr David Moore, 21 August 2013

What is urinary incontinence?

Urinary incontinence, or just incontinence, is the involuntary leakage of urine from the bladder.(1)

This leakage may significantly impact a womans confidence in her personal, professional, and social life, and reduce her overall quality of life. Unfortunately, incontinence is often portrayed as being a normal part of aging, and so many women suffer with symptoms without seeking expert help. Fortunately, however, several treatment options exist and these are generally very effective.

How common is incontinence?

As with prolapse, the precise proportion of women who experience incontinence is not known, because many women with symptoms do not seek medical attention. However, incontinence probably affects up one in three women at some time in their lives, making it a very common condition.(2)

What causes incontinence?

As your kidneys produce urine, it passes through small tubes to the urinary bladder, where it is stored until you find a convenient time to empty your bladder. The bladder has a muscular wall, which must r help drain the bladder. The tube that drains the bladder to the outside (the urethra) also has a muscular part to help keep fills to a certain level, you feel the need to pass urine; when you choose to pass urine the urethra relaxes, the bladder co In addition, the upper urethra is supported by tissues of the pelvic floor; normally, increased pressure (for example, from the urethra against the vaginal wall, assisting in preventing bladder leakage.

Incontinence may result when one or more of these mechanisms do not work properly.

Stress incontinence is leakage that occurs when increased pressure in the abdomen (stress from coughing, laughing, the urethra. It occurs without the bladder contracting, and may be due to problems with the urethra itself or, more comm

the urethra to be more mobile and not compressed against the vaginal wall. This pelvic floor weakness has simila incontinence is the most common cause of incontinence in younger women.

Urge incontinence is leakage of urine associated with a sudden need to pass urine.(3) It is thought to be due to overa bladder). It may be caused by irritation of the bladder by infection, nicotine (cigarette smoking), caffeine, or dietary fact specific cause may not be found.

Mixed incontinence is considered when women have symptoms of both stress and urge incontinence.

Overflow incontinence occurs when poor bladder emptying causes the bladder to become overfull and dribble almost normal bladder draining (for example, due to severe prolapse), or incomplete emptying of the bladder (for example, due t

What are the symptoms of incontinence?

Although suggestive, the types of symptoms a woman may have do not necessarily predict the type or cause of her i include:

- Leakage of urine with coughing, sneezing, laughing, jogging, lifting, or sexual intercourse
- The sudden urge to empty the bladder, sometimes with leakage on the way to the bathroom
- Pain with urinating, or relieved after emptying the bladder
- The need to wear pads or tissue in the underwear to catch urine
- Symptoms of prolapse
- Unfortunately, embarrassment and loss of self-esteem are also common symptoms

How is incontinence diagnosed?

If you have urinary incontinence, the type may be suggested by a history or questionnaire, and pelvic examination by y and, although cumbersome, a bladder diary (a log of symptoms, fluid intake and bladder emptying) are also useful. In ad urethra, called urodynamics, is sometimes required to make a diagnosis.

Can incontinence be prevented?

Symptoms of incontinence may be reduced by:

- Avoiding heavy lifting or straining
- Reducing the total volume of fluid you drink, especially before bed
- Reducing dietary intake of known bladder irritants
- Ceasing cigarette smoking
- Losing weight if you are overweight
- Discuss your regular medications with your doctor, to determine if any could potentially be making your symptoms w
- Pelvic floor exercises: these strengthen the muscles that help control urine flow, and are best taught by a quali womens pelvic floor rehabilitation

How is incontinence treated?

Treatment options depend on the type of incontinence you may have, and include specialised physiotherapy with bladd continence pessaries, or surgery.

Pelvic floor rehabilitation exercises (also called Kegel exercises) may be recommended by your doctor. These aim to str may improve symptoms of incontinence, and improve the degree of any associated prolapse. Although instructive aic pamphlets, many gynaecologists would suggest that best results are seen when these exercises are taught and monitor training in womens pelvic floor rehabilitation. I have established professional relationships with, and can recommend,parti

Bladder retraining is used to treat urge and mixed incontinence, and involves developing good bladder habit by progress toilet so that, ultimately, *you* determine when you go to the toilet not your bladder. Relaxation techniques help to treat t retraining can be very successful, especially when undertaken with the expertise of a specially-trained physiotherapist diary is useful to assess progress.

Electrical therapy involves either the monitoring of electrical signals from your pelvic floor to help physiotherapists tai electrical stimulation to improve pelvic floor function.(1) This technique is generally supervised by specially-trained physio

There are some medications available that can improve the symptoms of urge incontinence by calming down overac medications may include a dry mouth and constipation, and these may be bothersome enough to limit their use. conjunction with bladder retraining programs to assist in their success, with the aim of eventually weaning these medicat In addition, the use of oestrogen replacement therapy, in the form of a cream applied inside the vagina, has bee incontinence (stress and urge) in women after menopause. However, oestrogen replacement in the form of tablets appea the improvement seen with oestrogen creams is less dramatic than the improvement seen with pelvic floor rehabilitation.(

Vaginal pessaries are small devices that are inserted inside a womans vagina to support the walls, usually to reduc different shapes and sizes, and a few are specially designed to treat stress incontinence. These work by compressing th thereby increasing the resistance to flow in the urethra to prevent leakage. Continence pessaries are useful alternatives may be unfit for surgery due to other medical conditions. These are generally shaped like a large tampon, and require rer

Surgery is highly effective for treating stress incontinence, but usually ineffective for urge incontinence. Surgery aim episodes of increased abdominal pressure (such as coughing or laughing). Several surgical techniques are available procedures, which involve inserting a small piece of mesh as a sling underneath the urethra. These procedures are effe years since surgery.(8) If indicated, I will discuss with you the most suitable surgical technique, depending on your particu

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David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Queensland. He is highlyskilled in the management of complex and high-risk pregnancies, and has specia endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medi management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Queensland Medical School, and has published both medical journal and textbook contributions.

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