

BLADDER HEALTH:
Urinary Incontinence

Loss of Bladder Control

Urinary Incontinence



Urology Care
FOUNDATION™
The Official Foundation of the
American Urological Association



Don't Let Urinary Incontinence Keep You from Enjoying Life.

What is Urinary Incontinence?

Urinary incontinence is the uncontrolled leaking of urine. More than 15 million American men and women suffer from urinary incontinence.

Any Leakage of Urine Is Abnormal.

If urinary incontinence prevents you from doing the activities that you want to do, talk to your health care provider.

What Causes Urinary Incontinence?

Urinary incontinence is not a disease. It is a symptom of a wide range of conditions. These may include diabetes, stroke, multiple sclerosis, Parkinson's disease, some surgeries or even childbirth or **menopause*** (change of life) for women. Certain types of medications can cause or make incontinence worse. These medications include diuretics, sedatives, narcotics, antidepressants, antihistamines, calcium channel-blockers and alpha-blockers. In men, the most common cause of incontinence is surgery of the **prostate**. There are three different types of incontinence.

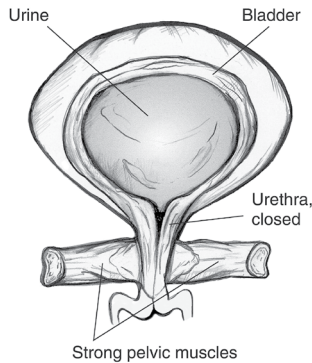
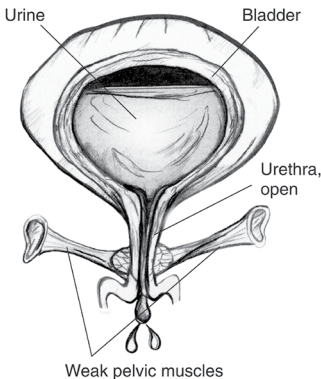
* Words that are bold are explained in the glossary

Stress Urinary Incontinence (SUI)

SUI is the most common type of leakage. This occurs when urine is lost during activity. This may include walking, exercise or even sneezing and coughing. The added pressure on the **abdomen** from these activities can cause urine to leak. Pelvic floor muscles support the **bladder** and **urethra**. When they become weak or damaged, they may not work well enough to hold urine in the body.



In stress incontinence, weak pelvic muscles can let urine escape when a cough or other action puts pressure on the bladder.



Weak pelvic muscles and strong pelvic muscles

Overactive Bladder (Urgency Incontinence)

The major symptom of OAB is a sudden, strong urge to urinate that you can't ignore. This "gotta go" feeling makes you afraid you will leak urine if you don't get to a bathroom right away. If you live with OAB, you may urinate many times during the day. You may also wake from sleep more than once a night to go.

People with multiple sclerosis (MS), stroke or spinal cord injury are more likely to get OAB.

It is Possible for You to Experience more Than One Type of Urinary Incontinence.

Overflow Urinary Incontinence

This type of urinary incontinence occurs when the bladder is full. For many reasons, the bladder is unable to empty and may leak urine. Frequent small urinations and constant dribbling are symptoms. This is rare in women and more common in men with a history of prostate problems or surgery.

How Is Urinary Incontinence Diagnosed?

A urologist or other health care provider will ask questions about your habits and fluid intake. He or she will also want to know about your family, medical and surgical history. A medical exam will look at reasons for leakage that can be corrected. This includes impacted stool, **constipation**, and **hernias**. Your health care provider may recommend tests such as a cough stress test. He or she may conduct a urinalysis, which is a test of your urine sample that can show problems of the urinary system, or **urodynamic testing**, which includes several painless tests.

Some of the causes of incontinence are temporary and easily reversible. These include urinary tract infection, vaginal infection or irritation, medication, constipation and restricted mobility. Although pads or diapers may prevent embarrassing leakage, other

treatment options currently available can eliminate your need to wear such protection. The options listed here are good ways to start taking control of your bladder.

How Is Urinary Incontinence Treated?

Fluid management

If you have urinary incontinence you may need to keep track of the fluids you drink. You may need to reduce your intake of caffeine or other drinks that irritate the bladder. These include some fruit juices, colas, coffee and tea. You should also increase your water intake. This helps to produce an adequate amount of non-irritating, diluted urine. Six to eight glasses per day is a recommended water intake.

Bladder training

A bladder diary is the starting point for bladder training. You write down your fluid intake and urination times. You also record when urine leakage occurs. If you are someone who urinates infrequently, this information will help your health care provider instruct you to do “timed urination.” This is a way of learning to urinate every one to two hours while you are awake. With regular bladder emptying, you should have fewer leaks. Timed urination may help with both urgency and stress urinary incontinence.

Bladder retraining

If you urinate often, you may benefit from retraining your bladder. The goal of retraining is to increase the amount of urine that you can hold within your bladder. You keep a bladder diary to write down how often and when you urinate. You gradually increase the time between urinations by 15 to 30 minutes per week. The goal is to have you urinate every two to four hours while awake with less urgency and less incontinence.

Pelvic floor exercises

Known as Kegel exercises, these exercises can help strengthen the external **sphincter** muscle and the **pelvic floor muscles**. If you are able to contract and relax your pelvic floor muscles, you can improve their strength by doing the exercises regularly. The contraction of the pelvic floor with the Kegel exercise can interrupt a contraction of the bladder that would otherwise trigger the urge to urinate. This may stop or delay leaks. You may need help from a health care professional to learn how to contract these muscles. Whether you have stress incontinence or urgency incontinence, you will benefit from Kegel exercises. Like any fitness program, you must continue to do the exercises to maintain their benefit.

Drug treatment

Drugs that tighten the bladder neck can also treat stress incontinence. The decongestant pseudoephedrine causes constriction of the blood vessels in the nose. It also causes the muscles at the **bladder neck** to contract, helping to control bladder leakage. If you have a history of high blood pressure please discuss this option with your physician.

Anticholinergic drugs can treat urgency incontinence. They allow the bladder muscle to relax. These drugs work well to treat urgency incontinence but may have side effects. These may include dry mouth, confusion, constipation, blurred vision and an inability to urinate. You may also be using other medications that cause the bladder muscle to relax or the smooth muscles at the bladder neck to contract, so you should mention these to your health care provider.

If you have incontinence after menopause, you may benefit from hormone treatment. Hormone replacement may improve the health of the bladder neck and urethral tissues. This may help incontinence symptoms. There are some medical reasons not to use hormones. Speak to your health care provider about the best treatment options for you.

All therapies mentioned can improve incontinence but may not be a cure. Improvement may take a while and it takes time to learn new

behaviors. It may take three to six months before you see changes with pelvic floor exercises. Some patients may notice an immediate effect with medical therapy. Others may not see improvement for up to four weeks. Urinary incontinence may also recur after treatment. Good habits may help prevent incontinence. These include regular urination, pelvic floor exercises, avoiding constipation, avoiding bladder irritants and drinking enough water.

If you have urinary incontinence, talk to your health care provider. It

may be necessary for you to see a urologist who specializes in treating this condition. You can help your doctor by bringing a list of your medications to your appointment. You may want to record the amount and type of liquids that you consume, the number of times you urinate and the number of leaks you had for two to four days before your appointment. There is help if you have urinary incontinence.

Glossary

Abdomen

Also referred to as the belly. It is the part of the body that contains all of the internal structures between the chest and the pelvis.

Anticholinergic drugs

One type of drug often used to treat overactive bladder by relaxing the bladder muscle to prevent it from contracting when it isn't full.

Bladder

The hollow, balloon-shaped organ in which urine is stored before it moves through the urethra.

Bladder neck

Area of thickened muscle fiber where the bladder joins the urethra. Acting on signals from the brain, bladder neck muscles can either tighten to hold urine in the bladder or relax to allow urine out and into the urethra. In males, these muscles also tighten during ejaculation to prevent backflow of semen into the bladder.

Bladder training

A behavioral technique that teaches the patient to urinate on a regular

schedule and to empty the bladder completely.

Constipation

A condition in which a person has difficulty eliminating solid waste from the body and the feces are hard and dry.

Hernia

A condition in which part of an internal organ projects abnormally through the wall of the cavity that contains it.

Menopause

The time in a woman's life when menstrual periods permanently stop.

Pelvic floor muscles

The hammock or sling of muscles in the pelvic floor that normally assists in maintaining continence by supporting the pelvic organs.

Prostate

In men, a walnut-shaped gland that surrounds the urethra at the neck of the bladder. The prostate supplies fluid that goes into semen.

Sphincter muscle

A circular muscle at the bottom of the bladder. It normally prevents urine leakage by closing tightly like a rubber band around the opening of the bladder.

Urethra

In males, this thin tube carries urine from the bladder out of the body. It also carries semen and extends from the bladder to the tip of the penis. In females, this short, thin tube carries urine from the bladder out of the body.

Urodynamic testing

Studies that show how well the bladder and urethra are storing and releasing urine.

Where Can You Go for More Information about Incontinence?

For more information about bladder health and urologic conditions, please visit the Urology Care Foundation's website, **UrologyHealth.org**. For information specifically about Stress Urinary Incontinence, visit **UrologyHealth.org/SUI**. For information specifically about Overactive Bladder, visit **UrologyHealth.org/OAB**. To find a urologist near you visit **UrologyHealth.org/FindAUrologist**.

About the Urology Care Foundation

The Urology Care Foundation is committed to advancing urologic research and education. We collaborate with researchers, health care professionals, patients and caregivers to improve patients' lives. The Urology Care Foundation is the official foundation of the American Urological Association (AUA).

The Urology Care Foundation provides this information based on current medical and scientific knowledge. This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please see your urologist or other healthcare provider regarding any health concerns and always consult a health care professional before you start or stop any treatments, including medications.

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