Urinary Incontinence FAQ Sheet

Are you reluctant to talk to your doctor about your bladder control problem? Don’t be. There is help.

Loss of bladder control is called urinary incontinence. It can happen to anyone, but is very common in older people. At least 1 in 10 people age 65 or older has this problem. Symptoms can range from mild leaking to uncontrollable wetting. Women are more likely than men to have incontinence.

What causes urinary incontinence?
Aging does not cause incontinence. It can occur for many reasons. For example, urinary tract infections, vaginal infection or irritation, constipation, and certain medicines can cause bladder control problems that last a short time. Sometimes incontinence lasts longer. This might be due to problems such as:

- weak bladder muscles,
- overactive bladder muscles,
- blockage from an enlarged prostate,
- damage to nerves that control the bladder from diseases such as multiple sclerosis or Parkinson’s disease, or
- diseases such as arthritis that can make walking painful and slow.

Many people with bladder control problems hide the problem from everyone, even from their doctor. There is no need to do that. In most cases urinary incontinence can be treated and controlled, if not cured. If you are having bladder control problems, don’t suffer in silence. Talk to your doctor.

Bladder Control
The body stores urine in the bladder. During urination, muscles in the bladder contract or tighten. This forces urine out of the bladder and into a tube called the urethra that carries urine out of the body. At the same time, muscles surrounding the urethra relax and let the urine pass through. Spinal nerves control how these muscles move. Incontinence occurs if the bladder muscles contract or the muscles surrounding the urethra relax without warning.
Types of Incontinence

There are several different types of urinary incontinence:

- **Stress incontinence** happens when urine leaks during exercise, coughing, sneezing, laughing, lifting heavy objects, or other body movements that put pressure on the bladder. It is the most common type of bladder control problem in younger and middle-age women. In some cases it is related to childbirth. It may also begin around the time of menopause.

- **Urge incontinence** happens when people can’t hold their urine long enough to get to the toilet in time. Healthy people can have urge incontinence, but it is often found in people who have diabetes, stroke, Alzheimer’s disease, Parkinson’s disease, or multiple sclerosis. It is also sometimes an early sign of bladder cancer.

- **Overflow incontinence** happens when small amounts of urine leak from a bladder that is always full. A man can have trouble emptying his bladder if an enlarged prostate is blocking the urethra. Diabetes and spinal cord injury can also cause this type of incontinence.

- **Functional incontinence** happens in many older people who have normal bladder control. They just have a hard time getting to the toilet in time because of arthritis or other disorders that make moving quickly difficult.

Diagnosis
The first step in treating a bladder control problem is to see a doctor. He or she will give you a physical exam and take your medical history. The doctor will ask about your symptoms and the medicines you use. He or she will want to know if you have been sick recently or had surgery. Tests such as X-rays, cystoscopic examinations, blood chemistries, urine analysis, and special tests to determine bladder capacity, sphincter condition, urethral pressure, and the amount of urine left in the bladder after voiding may be required.

In addition, your doctor may ask you to keep a daily diary of when you urinate and when you leak urine. Your pattern of urinating and urine leakage may suggest which type of incontinence you have.
**Treatment Options for Incontinence**

Today there are more treatments for urinary incontinence than ever before. The choice of treatment depends on the type of bladder control problem you have, how serious it is, and what best fits your lifestyle. As a general rule, the simplest and safest treatments should be tried first. Approximately 80% of those affected by urinary incontinence can be cured or improved. Because incontinence is a symptom and not a disease, the method of treatment depends on diagnostic results. Sometimes simple changes in diet or the elimination of medications such as diuretics can cure incontinence. More frequently, treatment involves a combination of medicine, behavioral modification, pelvic muscle re-education, collection devices, and absorbent products. Despite the high success rates in treating incontinence, only one out of every twelve people affected seeks help. Many types of treatment are available for incontinent people. After considering your specific case, we can recommend the treatment that is appropriate for you.

**The three major categories of treatment are:**

- behavioral
- pharmacological
- surgical

**Behavioral techniques sometimes include the following:**

- **Bladder Control Training** Your doctor may suggest you try to get back control of your bladder through training. With bladder training you can change how your bladder stores and empties urine. There are several ways to do this:
  
  - **Pelvic muscle exercises** (also known as Kegel exercises) work the muscles that you use to stop urinating. Making these muscles stronger helps you hold urine in your bladder longer. These exercises are easy to do. They can lessen or get rid of stress and urge incontinence.

  - **Kegel Exercises**
    The muscles you want to exercise are your pelvic floor muscles. These are the ones you use to stop the flow of urine or to keep from passing gas. Often doctors suggest that you squeeze and hold these muscles for a certain count, and then relax them. Then you repeat this a number of times. You will probably do this several times a day. Your doctor will give you exact directions.
Biofeedback helps you become more aware of signals from your body. This may help you regain control over the muscles in your bladder and urethra. Biofeedback can be used to help teach pelvic muscle exercises.

Timed voiding and bladder training also can help you control your bladder. In timed voiding, you keep a chart of urination and leaking to determine the pattern. Once you learn that, you can plan to empty your bladder before you might leak. When combined with biofeedback and pelvic muscle exercises, these methods may help you control urge and overflow incontinence.

Pharmacologic therapy (medications or drugs) is another common treatment for incontinence. Physicians can prescribe medications to help control incontinence, and sometimes they will take a person off a drug that is causing or contributing to incontinence. Of course, only your healthcare professional should tell you to stop using a drug he/she has prescribed. Some drugs prevent unwanted bladder contractions. Some relax muscles, helping the bladder to empty more fully during urination. Others tighten muscles in the bladder and urethra to cut down leakage. These drugs can sometimes cause side effects such as dry mouth, eye problems, or urine buildup. Vaginal estrogen may be helpful in women after menopause. Talk with your doctor about the benefits and side effects of using any of these medicines for a long time.

Surgical treatment should be performed only after receiving a thorough diagnosis from a healthcare professional. All appropriate nonsurgical treatments should be tried before deciding on surgery. Sometimes surgery can improve or cure incontinence if it is caused by a problem such as a change in the position of the bladder or blockage due to an enlarged prostate. Common surgery for stress incontinence involves pulling the bladder up and securing it. When stress incontinence is serious, the surgeon may use a wide sling. This holds up the bladder and narrows the urethra to prevent leakage. Other surgical procedures include periurethral bulking injections (collagen injections around the urethra), or implantation of an artificial urinary sphincter or sacral nerve stimulator. There are many different surgical procedures that may be used to treat incontinence. The type of operation recommended depends on the type and cause of your incontinence. Your healthcare professional will thoroughly discuss any procedure you might need.

For those people who are awaiting treatment, there are other devices or products to help manage incontinence. These include catheters, pelvic organ support devices, urethral inserts (plugs), external collection systems, penile compression devices, and absorbent products.
If you suffer from urinary incontinence, tell your doctor. Remember, under a doctor’s care, incontinence can be treated and often cured. Even if treatment is not fully successful, careful managing can help you feel more relaxed and comfortable.