

Urinary Incontinence



written by Harvard Medical School



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Few things are more distressing than incontinence. It affects up to 30% of women and 20% of men over 60—some 13 million Americans in all. Many hide the problem because of embarrassment and shame. But since treatment can often control incontinence, it's best to discuss it with your doctor.

For more information about urinary incontinence from Harvard Health Publications, go to www.patientedu.org.

Your Bladder

Your bladder is a hollow organ that expands to hold urine coming from your kidneys. As the amount of urine approaches the average bladder's 16-ounce capacity, you'll feel the need to void. When the time is convenient, your nervous system activates two key muscle groups. The muscle in the bladder wall (the detrusor muscle) contracts and the muscles at the bladder outlet (the sphincter muscles) relax, allowing urine to pass.

For good urinary control, the bladder wall muscle cannot contract prematurely and the outlet muscles cannot be weak. The tissues at the base of the bladder must also support the organ properly, and in men the prostate cannot pinch the flow of urine. Add a properly functioning nervous system, and you can see why problems can develop at so many steps.



Why Does Urine Leak?

Here are some common types of incontinence:

Urge incontinence, the “overactive bladder.”

Most common in older adults, it’s caused by sudden contractions of the bladder wall muscle before the bladder is full. People experience an uncontrollable urge to void, often resulting in a small leak of urine before they can get to a bathroom.



Stress incontinence. The problem here is weakness of the tissues that support the bladder and/or the outlet muscles, usually in women who have had many children or men who have had prostate surgery. A cough, a sneeze, or exercise increases pressure on the bladder, forcing urine out.

Mixed incontinence. A combination of stress and urge problems, it occurs most often in older women and can produce large-volume leakage.

Overflow incontinence. The bladder fills beyond its normal capacity because an enlarged prostate or some other problem prevents normal emptying. Most common in older men, symptoms include dribbling and frequent voiding of small amounts.



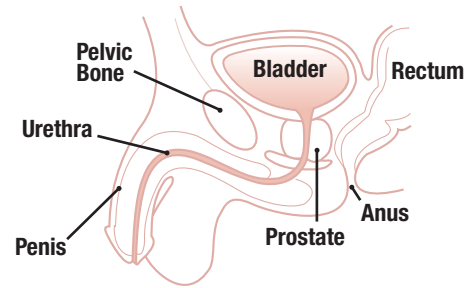
Other causes. Urinary tract or vaginal infections, constipation that leads to impacted stool, and certain medications, including many over-the-counter cold remedies, can also cause incontinence. Dementia and other neurological problems can impair urinary control, and some people are just not able to get to the bathroom fast enough.

Diagnosis

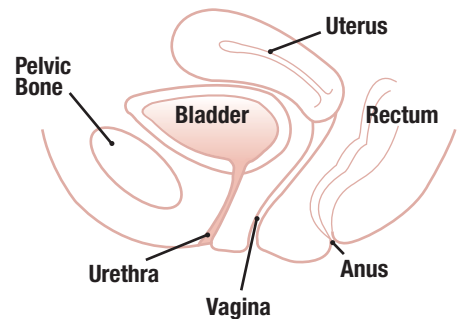
Your doctor will start by reviewing your symptoms and may ask you to keep a diary of when you urinate. A pelvic exam is important for women, as is a prostate exam for men. Your urine will be checked for infection, and you may have blood tests to evaluate your kidney function and general health. Tests that measure bladder pressure, urine flow, and bladder emptying may also be helpful. Additional studies may be in order, particularly if your doctor suspects neurological problems.



The Male Bladder



The Female Bladder



Treatment

Therapy will be tailored to your type of incontinence. Here are some major options:

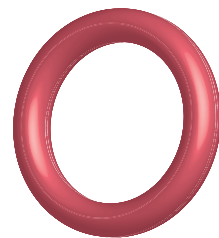
- **Kegel exercises.** Because they strengthen the bladder outlet and support muscles, Kegels are the place to start for urge and stress incontinence. To “squeeze for relief,” practice tightening your pelvic muscles by repeatedly interrupting the flow of urine or rectal gas. Detailed directions are available.
- **Bladder training** involves learning to resist the urge to urinate, thereby lengthening the time between trips to the bathroom; it may also involve scheduled toileting to help prevent leaks.
- **Avoiding caffeine and alcohol**, which are diuretics, and **restricting fluids** during the evening hours can slow urine buildup.
- **Anticholinergic medications** slow contractions of the bladder wall muscle and can be very helpful for urge and stress incontinence. Examples include tolterodine, oxybutynin, trospium, darifenacin, and solifenacin.



- Men with overflow incontinence due to prostate enlargement often benefit from drugs that **relax the outlet muscles**, such as tamsulosin and alfuzosin, or those that shrink the gland, such as finasteride and dutasteride. Various surgical treatments are also available.

- **Botox injections** into the bladder are very promising, but they're still experimental.

- For women whose problem is caused by a sagging (prolapsed) uterus, **a firm rubber ring that supports the bottom of the uterus** may help. This device, called a pessary, is inserted in the vagina by a physician and worn continuously.
- **Surgery** may be very helpful if behavioral and medical treatments fail and doctors identify an anatomical cause for incontinence.



For some people, eliminating excess fluid intake is all it takes to control incontinence.

Living With Your Bladder

Although pads or adult diapers can offer security, they should not be the first or only treatment for incontinence. Your doctor can help you understand why you leak urine and can help plan treatment. If all goes well, a sneeze will just be a sneeze, and you'll once again be able to enjoy a good laugh.





To learn more about urinary incontinence, visit the **Pri-Med Patient Education Center Health-e-Library** at www.patientedu.org.

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