

Treating Urinary Incontinence

Urinary [YOOR-in-air-ee] incontinence [in-KAHN-tih-nens] is when urine leaks out before you can get to a bathroom. If you have urinary incontinence, you're not alone. Millions of women have this problem. More than 13 million Americans—men and women, young and old— have incontinence. Women are more likely to leak urine than men.

Older women have more bladder control problems than younger women. It does not have to be a normal part of aging. Many medical conditions can cause incontinence problems. Loss of bladder control is a symptom of an underlying disorder, a sign that something is wrong. The worst thing you can do is to ignore it. The best thing you can do is to talk to your doctor. Acknowledge the problem. Tell your doctor. Get treatment. Learn how to manage incontinence. Most cases of poor bladder control can be improved greatly, and some even cured.

Some Causes of Urinary Incontinence

Many possible reasons cause women to leak urine. Sometimes it's caused by an illness, and bladder control returns when the illness goes away. For example, bladder infections and infections in the vagina can cause incontinence for a short time. Being unable

to have a bowel movement or taking certain medicines also may make it hard to control your bladder.

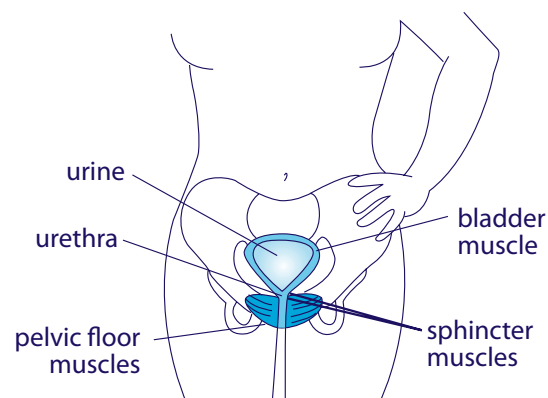
Sometimes, women find urinary incontinence to be an ongoing problem. In this case, the reason may be that

- ◆ the bladder cannot empty completely
- ◆ the muscles that help to hold or release urine are weakened
- ◆ a urinary passage is blocked
- ◆ the nerves that control the bladder are damaged

Leaking can also result from some medical conditions, including neurologic injury, birth defects, strokes, multiple sclerosis, and physical problems associated with aging.

Sometimes, diseases such as arthritis and Alzheimer's disease can make it hard to get to the bathroom in time. They can make it even harder to control urine leakage.

Bladder Control System



Pregnancy, Delivery, and Urinary Incontinence

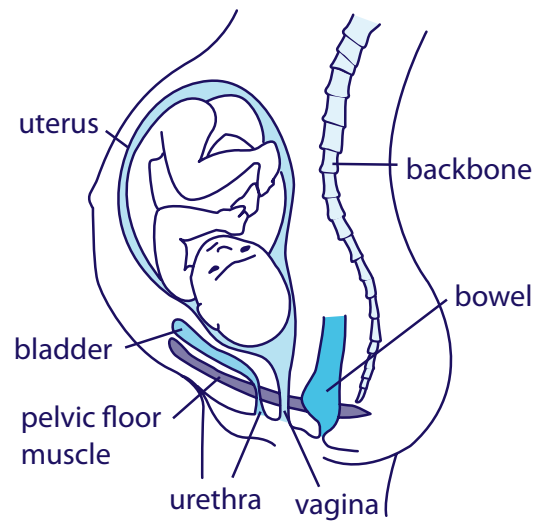
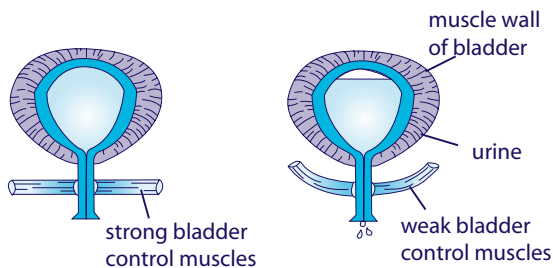
Being pregnant can cause urine leakage, but don't panic! Unborn babies push down on the bladder, urethra (the tube that you urinate from), and the pelvic muscles. If you lose bladder control after having a baby, the problem often goes away by itself. Your muscles may just need time to recover.

Being pregnant can also cause leakage due to

- ◆ the extra pressure of the baby on the bladder and pelvic muscles
- ◆ a vaginal delivery
- ◆ an episiotomy, where the doctor makes a cut in the muscle that makes it easier for the baby to come out
- ◆ damage to the nerves that control the bladder

If you still have bladder problems six weeks after having your baby, talk to your doctor. Without treatment, the loss of bladder control can become a long-term problem.

Sometimes bladder control problems show up years after you've had your baby. Some women do not have problems until later, often in their 40s.



Menopause, Aging, and Incontinence

Some women do have bladder control problems after they stop having periods, which is called menopause or the change of life. After your periods end, your body stops making the female hormone estrogen [ES-truh-jun]. Some experts think this loss of estrogen weakens the vaginal tissue.

Incontinence is more common among adults 60 years of age or older. It is one of the most common reasons for adults to be admitted to a nursing home. Urinary incontinence is NOT a normal part of the aging process. It doesn't HAVE to happen in later life. You do not have to live with it in silence or shame. It is almost always treatable, and sometimes it can be cured.

Different Types of Urinary Incontinence

- ◆ **Stress incontinence.** Leakage happens when you cough, sneeze, exercise, laugh, lift heavy things, and perform other movements that put pressure on the bladder. It is the most common type of incontinence. It can be treated and sometimes cured.
- ◆ **Urge incontinence.** This type of incontinence is sometimes called “overactive bladder.” Leakage usually happens after a strong, sudden urge to urinate. This sudden urge may occur when you don’t expect it, such as during sleep, after drinking water, or when you hear or touch running water.
- ◆ **Functional incontinence.** Leaking occurs because you can’t get to a toilet in time. People with this type of incontinence may have problems thinking, moving, or speaking that keep them from reaching a toilet. For example, a person with Alzheimer’s disease may not plan a trip to the bathroom in time to urinate. A person in a wheelchair may be unable to get to a toilet in time.
- ◆ **Overflow incontinence.** Urine leaks because the bladder doesn’t empty completely. Overflow incontinence is less common in women.
- ◆ **Mixed incontinence.** Some women have two or more types of incontinence together, most often stress and urge incontinence.

- ◆ **Transient incontinence.** Urine leaks because of an illness such as a bladder infection. The urine leakage stops when the illness is treated.

How to Talk to Your Doctor

Most people don’t want to talk to their doctor about such a personal topic. But keep in mind that urinary incontinence is a common medical problem. Millions of women have the same problem, so your doctor has probably heard many stories like yours.

Even if you feel shy, you have to be the one to take that first step. Some doctors don’t treat bladder control problems, so they may not think to ask about it. Others might expect you to bring up the subject. If your doctor doesn’t treat bladder problems, ask for help finding a doctor who does.

It may help you to write down when you leak urine. Be sure to note what you were doing at the time. Were you sneezing, coughing, laughing, or sleeping? Take this log with you when you visit your doctor.

Some Questions You Should Ask Your Doctor

- ◆ Could what I eat or drink cause bladder problems?
- ◆ Could my medicines (prescription or over-the-counter) cause bladder control problems?
- ◆ Could other medical conditions cause loss of bladder control?

- ◆ What are the treatments to regain bladder control? Which one is best for me?
- ◆ What can I do about the odor and rash caused by urine?

Tests for Urinary Incontinence

Step 1

See your doctor. Again, if your primary doctor doesn't treat bladder problems, get a referral for someone who does.

Step 2

Your doctor will do a physical exam of you to look for signs of health problems that can cause incontinence. He or she will ask you the following questions:

- ◆ What are your symptoms?
- ◆ What is your medical history?
- ◆ How often do you empty your bladder?
- ◆ How and when do you leak urine?
- ◆ How much urine do you leak?

Step 3

Your doctor will perform tests. One test is done to figure out how well your bladder works and how much urine it can hold. For this test, you will drink water and urinate into a measuring pan. Then your doctor will measure any urine still remaining in your bladder.

One or more of these tests might be ordered:

- ◆ **Stress test.** While you cough or bear down, the doctor watches for loss of urine.
- ◆ **Urinanalysis.** You give a urine sample to your doctor or nurse. The sample is then tested for signs of infection and other causes of incontinence.
- ◆ **Blood test.** You give a blood sample, which is sent to a lab where it is tested for signs of other causes of incontinence.
- ◆ **Ultrasound.** Sound waves are used to take a picture of the kidneys, bladder, and urethra. Your doctor will look to see if any problems in these areas could cause incontinence.
- ◆ **Cystoscopy.** A thin tube with a tiny camera is placed in the urethra to view the inside of the urethra and bladder.
- ◆ **Urodynamics.** A thin tube is placed into your bladder, and your bladder is filled with water. Your doctor measures the pressure in the bladder.

Your doctor may ask you to write down when you empty your bladder and how much urine you produce for a day or a week.

One Way to Help Prevent Urinary Incontinence

Not all types of urinary incontinence can be prevented. But exercising your pelvic floor muscles regularly can help prevent some bladder problems. These exercises are called Kegels. They are also used as a treatment for urinary incontinence.

How To Do Kegel Exercises

1. It may be easier to begin practicing these exercises while lying down.
2. Squeeze the muscles in your genital areas as if you were trying to stop from passing gas. Try not to squeeze the muscles in your belly or legs at the same time.
3. Relax. Squeeze the muscles again and hold for 3 seconds. Then relax for 3 seconds. Do this 8 more times. Work up to 5 sets of 10.
4. When your muscles get stronger, do your exercises sitting or standing. You can do these exercises any time, while sitting at your desk, in the car, waiting in line, doing the dishes, etc.

Be patient. It may take 3 to 6 weeks before you see results.

If you're not sure you're doing Kegel exercises right, ask your doctor or nurse to check you while you try to do them. If you aren't squeezing the right muscles, your doctor or nurse can teach you the right way to do the exercises. A pelvic floor physical therapist may be available in your area to help teach you how to strengthen these muscles or help you with other treatments listed below.

Treatments for Urinary Incontinence

Many treatments are available to you. Your doctor will work with you to find the best treatment for you. Treatments may include

- ◆ **Pelvic Muscle Exercises (Kegel exercises).** These easy exercises help make your pelvic muscles stronger. Doing these exercises every day can help reduce or cure stress leakage.
- ◆ **Electrical Stimulation.** Electrodes are placed in the vagina or rectum for a short time to stimulate nearby muscles and make them stronger. This treatment can reduce both stress incontinence and urge incontinence.
- ◆ **Biofeedback.** Biofeedback helps you learn how your body works. A therapist puts an electrical patch over your bladder and urethral muscles. A wire connected to the patch is linked to a TV screen. You and your therapist watch the screen to see when these muscles contract, so you can learn to control these muscles. Biofeedback can be used with pelvic muscle exercises and electrical stimulation to help control stress incontinence and urge incontinence.
- ◆ **Timed Voiding or Bladder Retraining.** In timed voiding, you urinate at set times instead of waiting for a strong urge. To do bladder retraining, you slowly increase the time between your scheduled voiding times to train your bladder to hold urine better. These treatments can reduce urge incontinence and overflow incontinence. A doctor can tell you if they may help you.
- ◆ **Weight Loss.** Extra weight puts more pressure on your bladder and nearby muscles, which can cause bladder control

problems. If you're overweight, work with your doctor to plan a diet and exercise program that works for you.

- ◆ **Dietary Changes.** Certain foods and drinks can cause incontinence, such as alcohol and caffeine, which is found in coffee, some sodas, chocolate, and tea. Limiting these foods and drinks can reduce incontinence.
- ◆ **Medications.** Medications can reduce some types of leakage. Certain drugs can tighten or strengthen urethral and pelvic floor muscles. Other medicines can calm overactive bladder muscles and nerves. Talk to your doctor to see if medication is right for you.
- ◆ **Pessary.** A pessary is a small device that fits in your vagina and helps hold it up. A pessary can help reduce leakage. Your doctor or nurse will decide which type and size of pessary are right for you. He or she will check the pessary regularly.
- ◆ **Implants.** Your doctor may suggest injecting a material into the space around the urethra with a needle. This material thickens the area around the urethra, so you can control your urine flow better.
- ◆ **Surgery.** Surgery can fix problems such as blocked areas. It can also support the bladder or the urethra to prevent loss of urine. A surgeon can also put a small device in the body that acts on nerves to control bladder activity.
- ◆ **Urethral Inserts.** A urethral insert is a thin tube that you place inside the urethra that blocks urine from coming out. You take the tube out when you need to urinate, and then put it back in again until you need to urinate again.
- ◆ **External Urethral Barrier.** This device is a small foam or gel disposable pad that you place over the opening of the urethra. The pad seals itself against your body, keeping you from leaking. When you go to the bathroom, you take it off. After urinating, you place a new pad over the urethra.
- ◆ **Catheters.** If nothing else helps, your doctor may suggest catheters, which are thin tubes placed in the bladder by a doctor or by you. A catheter drains the bladder for you, sometimes into an attached bag.

Then and Now

Women who lose control of their bladder often restrict their outings, avoid their friends, and drop out of some social activities. Even going to the grocery store might have to be planned around how to get to a bathroom quickly enough. Many of these women do not seek professional help. Others deny that they have a problem. But treatment for incontinence is now highly successful. Tell your doctor. Restore your quality of life.