

Urinary incontinence

Urology Department

Patient Information Leaflet

Introduction

This leaflet is for people who have been diagnosed with urinary incontinence. It contains information about the bladder, types of urinary incontinence, why incontinence occurs and how it can be treated.

What is urinary incontinence?

If you have urinary incontinence, it means that you pass urine when you do not mean to (an involuntary leakage of urine). It can range from a small dribble now and then, to large floods of urine. Incontinence can cause distress as well as hygiene problems.

Urinary incontinence is common and women are affected much more commonly than men. There are different causes. Many cases can be treated, particularly stress and urge incontinence which are the two most common types of incontinence.

Understanding urine and the bladder

The kidneys make urine all the time. A trickle of urine is constantly passing to the bladder down the ureters. These are the tubes from the kidneys to the bladder (see figure 1). You make different amounts of urine depending on how much you drink, eat and sweat.

The bladder is made of muscle and stores the urine. It expands like a balloon as it fills with urine. The outlet for urine (the urethra) is normally kept closed. This is helped by the muscles beneath the bladder that sweep around the urethra (the pelvic floor muscles).

When a certain amount of urine is in the bladder, you become aware that the bladder is getting full. When you go to the toilet to pass urine, the bladder muscle contracts (squeezes), and the urethra and pelvic floor muscles relax.

Complex nerve messages are sent between the brain, the bladder and the pelvic floor muscles. These tell you how full your bladder is, and tell the right muscles to contract or relax at the right time.

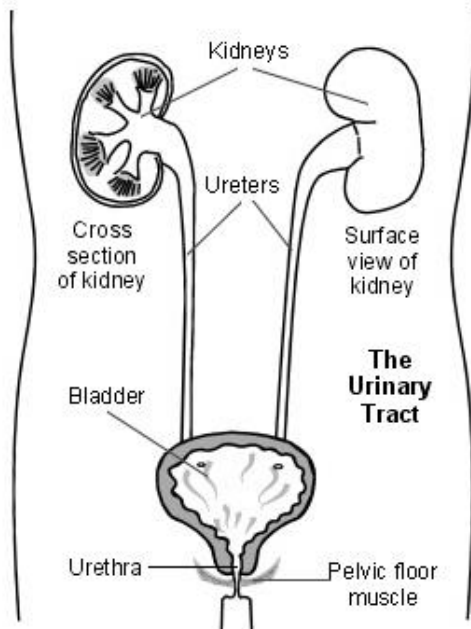


Figure 1 shows the urinary tract

How common is urinary incontinence?

Urinary incontinence is common especially in women. It can occur at any age but it is more likely to develop the older you become. It is estimated that about three million people in the UK are regularly incontinent. Overall, this is about four in every 100 adults. About one in every five women over the age of 40 has some degree of urinary incontinence.

The number of people affected may be even higher as many people do not tell anyone about their problem. One reason why some people do not tell their doctor about incontinence is embarrassment. Some people also think that incontinence is a normal part of aging or that nothing can be done about it. This is wrong as it can be treated in many cases.

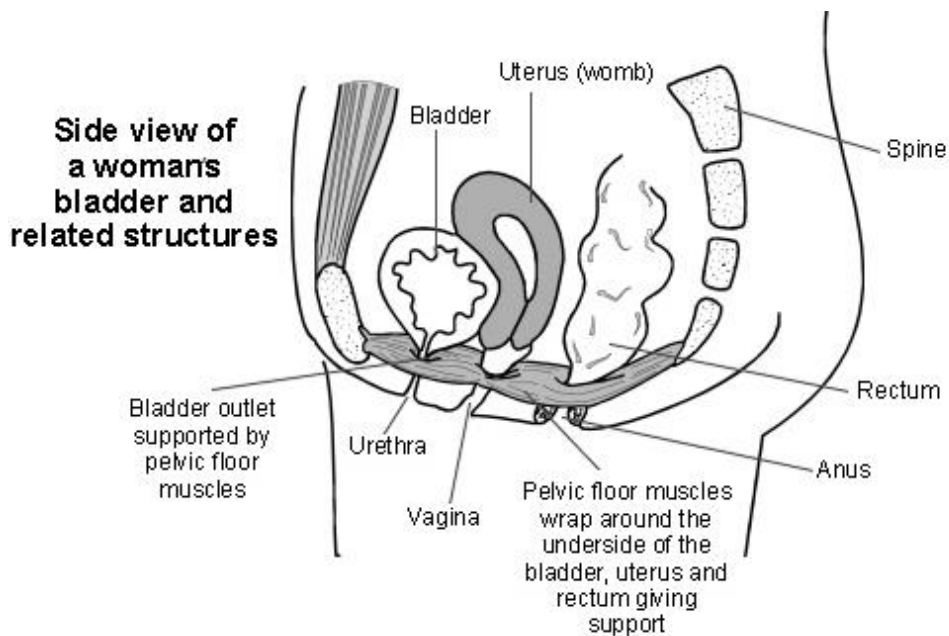
What are the causes of urinary incontinence?

There are different types of urinary incontinence:

Stress incontinence

This is the most common type. It occurs when the pressure in the bladder becomes too great for the bladder outlet to withstand. It usually occurs because the pelvic floor muscles which support the bladder outlet are weakened (see figure 2). The common reason for the pelvic floor muscles to become weakened is childbirth. Stress incontinence is common in women who have had several children. It is also more common with increasing age and with obesity.

Urine tends to leak most when you cough, laugh or when you exercise, such as when you jump or run. In these situations, there is a sudden extra pressure ('stress') inside the abdomen and on the bladder. Small amounts of urine may leak but sometimes it may be quite a lot and cause embarrassment.



Brayshaw et al. (1994)

Figure 2 shows the female pelvic floor muscles

Urge incontinence (unstable or overactive bladder)

This is the second most common cause. This is when you get an urgent desire to pass urine. Sometimes urine leaks before you have time to get to the toilet. The bladder muscle contracts too early and normal control is reduced. The cause is not known but it seems that the bladder muscle gives wrong messages to the brain, telling the brain that the bladder is fuller than it actually is.

Mixed incontinence

Some people have a combination of stress and urge incontinence.

Other causes

More than nine out of every 10 cases of urinary incontinence are due to the above causes. Other causes are less common. They include:

Neuropathic incontinence – this is when the nerves that control the bladder and surrounding structures are affected in some way. For example, some people with multiple sclerosis, spinal cord damage, brain disorders etc. develop this type of incontinence.

Overflow incontinence – this is when there is an obstruction (blockage) to the outflow of urine. The obstruction prevents the normal emptying of the bladder. A pool of urine constantly remains in the bladder that cannot empty properly and pressure builds up behind the obstruction. The normal bladder emptying mechanism becomes faulty and urine may leak past the blockage from time to time.

An enlarged prostate gland in men is the common cause of this. Treatment depends on the cause; for example, the prostate may be removed if an enlarged prostate is the cause.

Bedwetting (enuresis) – occurs in many children but some adults are affected.

How can urinary incontinence be treated?

Urinary incontinence can usually be improved and can be cured in many cases. Each type of urinary incontinence is treated differently. For this reason, it is important to know what type of incontinence you have.

Assessment

Tell your doctor if you leak urine on a regular basis. He or she will be able to assess your symptoms, examine you and may do some simple tests to try to work out the cause. You may also be asked to keep a diary for a few days to assess how often you go to the toilet, how much urine you pass each time and how often you leak urine. Sometimes, a referral to a specialist is needed to clarify the type of incontinence.

Your GP or the specialist may carry out the following tests:

- **Urinalysis** – this is test of your urine. Your GP or specialist will use a dipstick to check for infection, blood or protein in your urine.
- **Residual urine** – this test finds out if any urine is left in your bladder, and how much urine is left, after you have gone to the toilet. The most accurate way of doing this is for a doctor or nurse to pass a thin catheter (a thin soft tube) into the bladder through the urethra. Urine then drains out and can be measured.

Another way this test may be carried out is to use an ultrasound scan of the bladder although this can be a less accurate measurement.

- **Vaginal and anal examination** – a doctor or nurse may insert a gloved finger into the vagina and rectum (back passage). This can assess the strength and tone of the pelvic floor muscles. For men, the rectal examination can also assess the size of the prostate gland.
- **Urodynamics** – these are tests of urine flow that are sometimes carried out in a hospital unit, if the cause of the problem is not clear.

Treatment

Treatment depends on the type of incontinence, for example, pelvic floor muscle exercises may cure stress incontinence, bladder training may cure urge incontinence, an alarm system may cure enuresis, medicines are sometimes used to help stop urge and stress incontinence, and also to stop enuresis. Other types of incontinence are less common and treatments vary, depending on the cause.

Your GP may advise on treatment or refer you to a continence advisor for advice on such things as pelvic floor exercises or bladder training.

In some situations, you and your doctor may decide to wait and see how things go before trying treatment. This is because some mild cases get better over time without treatment. Sometimes a specialist needs to be involved in more difficult cases. Surgery is sometimes used to treat incontinence, especially stress incontinence.

If your incontinence persists and is not helped by treatment, your local continence advisor can give practical advice on how to cope with it. They may be able to supply incontinence pants, pads etc. These days, there are many different aids, gadgets and appliances that can greatly help when living with incontinence.

Can I find out more?

You can find out more from the following weblink:

NHS Choices

[Urinary incontinence](#)

Contact information for urology clinical nurse specialists

If you have any questions, you would like more information, or if there is anything you do not understand about this leaflet, please contact:

Urology clinical nurse specialists on 01384 456111 ext. 2873 or

mobile 07787 512834 (8am to 4pm, Monday to Friday)

Ward C6 on 01384 244282

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/urology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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