

Urinary Incontinence in Women



Allina Health

General Information

Urinary incontinence means that you cannot always hold your urine. It is a common — and treatable — problem.

Incontinence is often temporary. It can be caused by an underlying medical condition. Strokes, multiple sclerosis and physical problems that develop with aging are common causes of incontinence in both men and women.

Pregnancy, childbirth, menopause and the structure of the female urinary tract can also cause incontinence in women. Women are incontinent more often than men, and older women are affected more than younger women.

If you are incontinent it is most likely due to problems with the muscles that help to hold or release urine. Urine is water and wastes removed by your kidneys and stored in your bladder. Your bladder connects to your urethra, the tube that carries urine outside your body.

When you urinate, muscles in the wall of your bladder contract. This forces urine out of your bladder and into your urethra. At the same time, muscles around your urethra relax, letting urine pass out of your body.

You become incontinent if your bladder muscles contract suddenly or if the muscles around your urethra relax suddenly.

Types of Incontinence

Stress incontinence

If you leak urine when you cough, sneeze, laugh or put other pressure on your bladder, you may have stress incontinence. This is the most common form of incontinence in women. It is often caused by physical changes from pregnancy, childbirth and menopause.

Weakened pelvic floor muscles can cause stress incontinence. Your pelvic floor muscles support your bladder. If they weaken, your bladder can move downward toward your vagina. This prevents your urethra muscles from squeezing tight enough to hold your urine, causing leakage during physical stress. Weak urethra muscles may cause leaking urine even if your bladder has not moved downward.

Stress incontinence is also related to lowered estrogen levels. Less estrogen may cause weaker urethra muscles. If you have periods, you may notice that incontinence is worse the week before your period. If you are in menopause, you have a greater risk of developing stress incontinence.

Urge incontinence

Urge incontinence is when your bladder contracts at improper times. You may feel the urge to urinate suddenly and lose urine. Or your bladder may empty during sleep, or after drinking a small amount of liquid, or upon hearing water run.

If your bladder contracts at improper times, your health care provider may describe it as an overactive, spastic or unstable bladder. Your health care provider may call your condition reflex incontinence if overactive nerves are controlling your bladder.

Damage to your nervous system (spinal cord or brain), bladder nerves or muscles may trigger improper bladder contractions. Other causes of urge incontinence are multiple sclerosis, Parkinson's disease, Alzheimer's disease, stroke, brain tumors, injury and surgery.

Functional incontinence

You may have functional incontinence if problems with moving, thinking or communicating prevent you from reaching a toilet in time. For example, someone in a wheelchair may not be able to get into a public restroom. This type of incontinence is common in elderly women in nursing homes.

Overflow incontinence

If you always have a full bladder and it constantly leaks urine, you may have overflow incontinence. Very few women have this type of incontinence. There are two main causes of overflow incontinence:

- weak bladder muscles due to nerve damage from diabetes or other diseases
- urethral blockage.

Mixed incontinence

You may have more than one type of incontinence. Many women have both stress and urge incontinence.

Transient (temporary) incontinence

If you have transient incontinence, it will go away when the cause of it is removed. This type may be caused by medicines, urinary tract infections, severe constipation, mental impairment or restricted mobility.

Diagnosing Incontinence

A health care provider who understands incontinence well can determine the type of incontinence you have and recommend the best treatment for you. Any of the following health care providers may be able to help you:

- urologist (urinary tract specialist)
- gynecologist or obstetrician (reproductive tract specialist or childbirth specialist)
- urogynecologist (female urology problems specialist)
- family practitioner or internist.

Your health care provider will do a number of things to help diagnose the type of incontinence you have. He or she will:

- ask about signs of incontinence and record your medical history. Your voiding (urinating) pattern and urine leakage may help determine the cause of your incontinence. Tell your health care provider about any medicines you take or any recent illness or surgery you've had.
- do a physical exam.
- measure your bladder's capacity and residual urine to see how well your bladder muscles function. You will need to drink a lot of fluids and urinate into a measuring pan.
- order any of the following:
 - stress test to show loss of urine while you cough
 - urinalysis to check for an infection
 - blood tests to check for other possible causes of incontinence
 - ultrasound to see your kidneys and bladder

- cystoscopy to see inside your urethra and bladder
- urodynamics to measure pressure in your bladder and your urine flow.

Your health care provider may ask you to record your urination pattern for up to a week. He or she may also ask you to measure the amount of urine you produce. There is a special pan that fits over the rim of a toilet to help you measure.

Treating Incontinence

There are several ways to treat incontinence. Your health care provider may recommend any of the following:

- Kegel exercises to reduce or cure stress leakage. These exercises strengthen or retrain pelvic floor muscles and sphincter muscles. Your doctor or other health care provider will show you how to do these exercises. Sometimes weighted cones are used. For this exercise, you stand and hold a cone within your vagina. Cones of increasing weight are used to improve muscle tone and keep the urethra closed.
- electrical stimulation to reduce stress and urge incontinence. This treatment can strengthen muscles in much the same way as exercise does. During this treatment, you have electrodes placed into your vagina or rectum to stimulate nearby muscles.
- biofeedback to relieve stress and urge incontinence. This treatment measures and tracks when your bladder and urethral muscles contract. By knowing this, you can gain control over these muscles. Biofeedback is often used with pelvic muscle exercises and electrical stimulation.

- timed voiding (urinating) or bladder training for urge and overflow incontinence. For timed voiding, you fill in a chart that shows urinating and leakage patterns. You use the chart to empty your bladder before you would otherwise leak urine. Bladder training uses biofeedback and muscle conditioning to alter your bladder's schedule for storing and emptying urine.
- medicines to reduce many types of leakage. Your health care provider may prescribe a medicine to:
 - inhibit contractions of an overactive bladder
 - relax muscles so a bladder can empty during urination
 - tighten muscles to prevent leakage
 - restore normal function of muscles used in urination.

Some medicines may have harmful side effects if used for a long time. Talk with your health care provider about the risks and benefits of taking a medicine on a long-term basis.

- pessaries to reduce stress leakage. A pessary is a stiff ring inserted into your vagina by a health care provider. It presses against the wall of your vagina and nearby urethra to reposition it. The pressure reduces leakage. A pessary can cause vaginal and urinary tract infections so you will need to see your health care provider on a regular basis.
- implants to reduce stress incontinence. Implants add bulk to the tissues around your urethra to help close it and reduce leakage. Your health care provider will inject a substance into the tissues, either collagen (natural tissue from cows) or fat from your body. The procedure takes about a half hour using a local anesthesia (pain killer).

Implants do not work for everyone. You will need to get repeat injections because your body will slowly get rid of the substance. Before you can have an injection of collagen, you will need a skin test to see if you have an allergic reaction to the substance.

- surgery to relieve stress incontinence if other treatments have not worked. In most cases, stress incontinence occurs from the bladder moving down toward the vagina. If you have surgery, a surgeon will raise your bladder to a more normal position and secure it there with string or a sling attached to muscle, ligament or bone.
- self-catheterization to relieve overflow incontinence. If your bladder never empties completely, your health care provider may recommend that you use a catheter so you can empty your bladder by yourself. A catheter is a tube you insert through your urethra into your bladder to let urine flow out of your body. You may use a catheter once in a while or all the time. If you use a catheter all the time, the tube connects to a bag attached to your leg to catch the urine. You will need to watch for urinary tract infections.
- disposable absorbent products for protecting clothing. Many women use disposable pads or undergarments to catch slight leakage.





Information adapted from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health.



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urol-ah-22912 (4/09)