

# What are the treatment options?

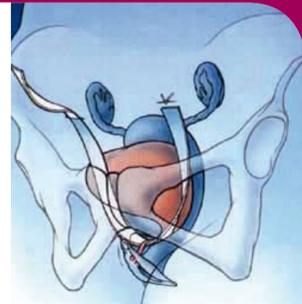
## Women

### Stress incontinence

Pelvic floor exercises (also known Kegel exercises) are the best way to help strengthen the pelvic floor muscles. Some people may be referred for treatment with electric stimulators. These are used on your pelvic floor muscles to help increase their strength.

Some women find that addition oestrogen improves the strength and elasticity of their muscles, so hormone replacement therapy may be a consideration.

If this brings no relief, cure can be brought by a surgical repair procedure putting the organs involved back in place by fixing them to the pelvic bone or increase the urethral pressure by injections, lifting or sling procedures. An example is tension-free vaginal tape (TVT) (see figure). This involves placing a U-shaped piece of synthetic tape underneath the urethra and stitching it to the abdominal wall.



TVT tape

### Urge incontinence

The best way to improve urge incontinence may be to retrain the bladder. Over time, you can gradually stretch the bladder so that it can hold more urine. This means that you will have more time to get to the toilet after you feel the urge and you are less likely to leak urine. Your doctor or nurse will explain how to do bladder retraining.

There are drugs available to relax the bladder by blocking certain nerve impulses. These drugs are called anticholinergics. They may have side effects so you should speak to your doctor about which one will suit you best.

If you have a bladder infection it may respond to treatment with antibiotics.

Often, a combination of drugs and bladder retraining is the best treatment. Surgery, or treatment with electric nerve stimulators, is occasionally used in the treatment of urge incontinence.

## Men

### Stress incontinence

If the exercises fail, sling procedures or prosthesis are a solution to strengthen or replace the sphincter function.

### Urge incontinence

The same procedures as those used for women.

## Conclusion

Urinary incontinence – the loss of bladder control – is a common and often embarrassing problem. Although urinary incontinence affects millions of people, it isn't a normal part of aging or, in women, an inevitable consequence of childbirth or changes after menopause. It's a medical condition with many possible causes, some relatively simple and self-limited and others more complex.

If you're having enough trouble with bladder control that it affects your day-to-day activities, do not hesitate to see your urologist/doctor. In many situations, urinary incontinence can be stopped.

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# Don't want to lose a few drops?



## Urology Week 15-19 September 2008

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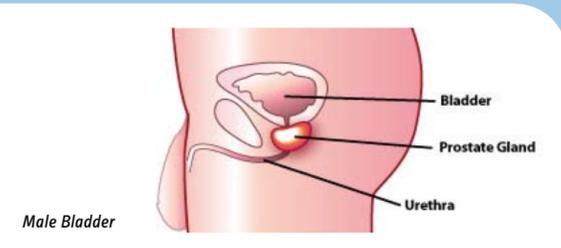
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# Urinary incontinence (UI)

More people than you might imagine experience urinary incontinence (UI) at some point in their lives. If that comes as a surprise, it's probably because UI - the sudden, unintentional release of urine - is one of those things that no one finds particularly easy to talk about. It can be a nuisance. It can be embarrassing. It can be uncomfortable. And sometimes, it is much more - UI can limit your quality of life. You may end up restricting or avoiding physical activity, travel or social relationships because of it. Consulting your urologist/doctor is the best thing to do.



## What is urinary incontinence?

The bladder is a muscular bag that collects urine. It is located in the middle of the pelvis at the lowest point in the abdomen. A small amount of urine drips constantly from your kidneys to your bladder through tubes called ureters. The amount of urine made depends on a number of things including how much you drink, eat and sweat.

The bladder relaxes and stretches like a balloon as it fills with urine. The bladder normally fills up without you noticing to about 280ml of urine. A full bladder can contain much more.

The outlet for urine (the urethra) is normally kept closed even when it is under pressure from a full bladder. The ring of muscle at the opening at the neck of the bladder is called the sphincter. The muscles beneath the bladder that surround the urethra are called the pelvic floor muscles. Your pelvic floor muscles help to hold your bladder and urethra in place. When these muscles get weak, it is hard to stop urine from leaking out.

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 make you aware of how full your bladder is and tell the right muscles to contract, or relax, at the right time.

If you have UI, either the muscles or the nerve supply are not working properly to control your bladder, so you pass urine when you do not mean to. It can range from a small 'dribble' now and then, to large floods of urine.

UI becomes more common as people get older although it does not only affect older people. It is twice as common in women than men and affects many women who have had children.

## Types of urinary incontinence

### Stress incontinence

Stress incontinence is the most common type of incontinence. This is when a small amount of urine leaks out during physical activity, including coughing, sneezing, laughing or heavy lifting. This is because your pelvic floor muscles are weak and cannot tighten (contract) properly. Usually only a little bit of urine leaks out but it can be very embarrassing, especially when you forgot to empty your bladder before physical activity. This type of incontinence is common in women after having children or after menopause. It may occur in men after radical removal of the prostate, radiation treatment or any procedure that damages the sphincter.

### Urge incontinence

Urge incontinence is the second most common type of incontinence. With this type of incontinence, the bladder contracts involuntarily, leading to a loss of bladder control and the release of urine. This happens because there is a problem with the messages between the brain and the bladder. The bladder may feel fuller than it is and tells the brain it is full too early. The bladder muscle squeezes too early and empties completely - often before you have a chance to get to a toilet.

Urge incontinence may happen during any activity, even when you sit still. People with urge incontinence often go to the toilet a lot during the night.

## Who is at risk?

### Women

#### Causes stress incontinence:

- Pregnancy
- Injuring or straining the area when giving birth to a child.
- The weakening of the muscles as you get older, especially after the menopause
- Lack of hormones causes atrophy of the mucosa.

#### Causes urge incontinence:

- Infections of the bladder or urinary tract, including cystitis.
- Sphincter disorders or neurological disorders that affect the nerves including stroke, Parkinson's disease, brain tumours, multiple sclerosis, spinal cord injury.
- Blockages caused by bladder stones or - very occasionally - tumours.
- An irritable or unstable bladder where the bladder muscle tightens from time to time, pushing out a little urine into the top of the urethra where the sphincter helps to keep the tube closed. The pressure of urine at this point causes a strong desire to relax the sphincter and pass urine.

### Men

- Stress and urge incontinence may be caused by prostate disease treatments
- Surgery removes the upper sphincter and decreases the resistance of the urethra. Therefore exercises of these muscles are recommended before and after surgery to keep the situation normal. Physical exercise may cause occasional drops.

# What will happen at the doctor's?

Do not be embarrassed about going to see your doctor about your incontinence. It may be useful to keep a diary of your bladder habits because they will ask you questions such as:

- How often do you need to go to the toilet?
- Do you need to go to the toilet during the night?

You may need to have some examinations and you may be referred to a urologist. Tests may include:

- Urinalysis
- Urinary flow rate
- Digital rectal examination (DRE)
- Cystoscopy (a procedure that uses a special instrument, called a cystoscope, to examine the inside of the bladder)
- Sometimes specific tests of bladder function and pressure are requested.

These tests will help your urologist verify the correct diagnosis, ranging from infection to cancer.

