

URINARY INCONTINENCE

What is Urinary Incontinence?

Urinary incontinence (UI) is uncontrollable leakage of urine or loss of bladder control. UI is not a normal part of aging. The condition can affect men and women, and it is more common as you get older. It is a problem more common in women who have had children.

Understanding Bladder Control

The average adult produces about 6 cups (48oz) of urine a day. Urine, produced by the kidneys, travels down a pair of tubes called the ureters into the bladder, a muscular sac that stores urine.

When you urinate, your bladder muscle contracts, forcing urine out of the bladder. At the same time, the ring-like muscles around the opening of the bladder, called the urinary sphincter, relax, letting urine out of your body through a short tube, which is connected to the neck of the bladder, called the urethra. The urinary sphincter is supported by the surrounding pelvic floor muscles that help to hold and release urine. When your bladder is full, nerves from the bladder to the spinal cord send messages to the brain to signal the urge to urinate.

The bladder can normally hold between 1½ - 2½ cups of fluid. On the average, a person urinates every 2 to 4 hours.

Types of Urinary Incontinence

1. Stress Incontinence - This is the most common type of incontinence. Coughing, laughing, sneezing, jumping, exercising or lifting heavy objects increase pressure in the bladder resulting in a small leakage of urine.
2. Urge Incontinence - Also known as overactive or spastic bladder. It is a sudden and intense urge to urinate followed by uncontrolled loss of urine.



3. Overflow Incontinence - Frequent dribbling of urine from a full bladder. Often bladder fullness sensation is decreased and urine flow is weak.
4. Mixed Incontinence - A combination of any of the above conditions.

Common Causes of Urinary Incontinence

1. Weakening of the pelvic muscles, bladder and/or urinary sphincter muscles from pregnancy, childbirth and menopause.
2. Sagging of the pelvic organs such as a dropped (“prolapsed”) uterus or bladder.
3. Tissue injury from hysterectomy, prostate surgery or radiation treatment for prostate cancer.
4. An enlarged or inflamed prostate gland in men can make it difficult to urinate.
5. Nerve damage from diabetes, stroke, Parkinson’s disease, multiple sclerosis, and spinal cord injury.
6. Certain medications such as sleeping pills, diet pills, diuretics (water pill), muscle relaxants, antidepressants, heart/blood pressure medications, allergy/cold medicines.

7. Excessive intake of alcohol and/or caffeine (tea, coffee, chocolate, cola)
 8. High impact or vigorous exercise
 9. Obesity
 10. Chronic constipation
 11. Urinary tract infection
 12. Uterine fibroids
 13. A chronic cough
5. Pelvic muscle exercises or Kegel exercises: Contract the pelvic muscles as if trying to stop urination. Hold for 3-5 seconds, relax for 3-5 seconds, then repeat. Do this at least 20 times in a row and twice a day.
 6. Medications
 - Prescription drugs to decrease bladder contractions, tighten or relax the urinary sphincter, shrink an enlarged prostate gland or relax muscles around the urethra.
 - Antibiotics to treat urinary tract infection or an inflamed prostate gland.

Diagnosis of Urinary Incontinence

Your primary care physician will take a careful medical history; perform a physical exam (including pelvic and/or rectal exam), and a urine analysis to check for infection or abnormalities. In some cases, a referral may be made to an urologist (a specialist in diseases of the urinary tract) or a gynecologist (a specialist in the female reproductive system) for further evaluation.

Treatments for Urinary Incontinence

Treatment varies depending on the type of incontinence, its cause and the severity of the problem.

1. Limit or avoid alcohol and caffeine
 2. Drink normal amounts, but not too much liquid (48-64 oz a day), and limit intake before bedtime.
 3. Maintain a healthy weight
 4. Bladder retraining or timed urination gradually extends the length of time between urination from every half hour to every 2-4 hours.
7. Collagen (a naturally occurring protein) or Botox injections into the lining of the urethra to reduce leakage.
 8. Medical devices such as pessaries (designed specifically for women and available by prescription only). The devices are inserted into the vagina and placed above the urethra to help support the bladder and reinforce the sphincter.
 9. Surgery
 - Removal of an enlarged prostate gland or uterine fibroid
 - Repositioning of the uterus or bladder or reinforcement of these structures to the pelvic wall.
 10. Implants - Artificial urinary sphincter or sacral (spinal) nerve stimulator to regulate bladder control.

If you experience urinary incontinence, talk to your doctor about ways to manage and treat the problem. For additional information, contact the National Association for Continence at (800) 252-3337 or visit their website at www.nafc.org